Hospital Schools in the United States

By

CLELE LEE MATHEISON

In cooperation with the Office of Education

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OFFICE OF EDUCATION - - - - - - - - - - *J. W. Studebaker*, Commissioner

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FOREWORD

Among the exceptional children for whom special educational facilities are essential are those who must spend weeks or months or years in a hospital or a sanatorium. Many of these children, while undergoing physical treatment, can very profitably engage in school work. Comparatively little has been written about this phase of educational activity, and little has been known of the extent to which it has progressed or of the character of the programs under way.

The study reported in this bulletin represents, therefore, a significant investigation, in that it involves an analysis of data received from 162 hospital schools located in 33 States, Hawaii, and the Philippine Islands. It was carried on at the University of Michigan, and is being published in cooperation with the Office of Education. The compilation and analysis of material and the interpretation of the findings are to be credited solely to the author. The Office of Education is responsible for suggesting certain rearrangements of material and for editorial revision of the manuscript.

The Office of Education is pleased to make available this document on an important phase of the educational program. It is believed that the report represents a contribution to the literature on the education of exceptional children, and it is hoped that it may stimulate thought and action with reference to the further development of hospital instruction as an integral part of the educational program.

BESS GOODYKOONTZ,
Assistant Commissioner of Education.

PREFACE

Most studies of the education of atypical children have given little, if any, attention to the education of children who, while confined in a hospital, may profitably engage in some type of school activities. The present study of hospital schools was made for the purpose of determining from present practices general principles and standards fundamental to the extension of such schools. It is obvious that no uniform scheme can be proposed to fit the many local situations, or the educational organization in the several States. However, the common experiences of workers in hospital schools and the methods and expedients which have been successful in their operation should reveal certain guiding principles for the establishment or the improvement of such institutions.

This study is concerned primarily with hospital schools which offer "academic training" (i. e., subjects ordinarily found in the public-school curriculum) for the education of physically handicapped children who have been temporarily hospitalized. The findings are based upon an analysis of existing legislation concerning hospital schools and an investigation of present practices as reported by 162 hospitals in continental United States and its outlying parts.

The writer is deeply indebted to the members of the staff of the University of Michigan who have supervised this study, especially to Dr. A. B. Moehlman and Dr. L. W. Keeler, for their helpful suggestions and advice as the study progressed. Acknowledgment also is due the many hospital schools which have cooperated in furnishing information concerning their programs.

CLELE LEE MATHEISON.

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CHAPTER I: THE NEED FOR HOSPITAL SCHOOLS

Any child who cannot properly or advantageously be educated in the regular classes of the public schools presents an educational problem. Such cases include children who are confined in a hospital for physical treatment and are thus unable to attend regular school classes. The situation has been met in some localities through the establishment of hospital schools, in which, upon the recommendation of the attending physician, instruction is given at the bedside or, for ambulatory cases, in a special classroom. While such hospital schools are more prevalent than is generally believed, there is still much room for progress.

Need for hospital schools.—None of the studies of the education of atypical children has attempted to estimate the total number of children in hospitals in need of special educational facilities. The White House conference report,[1] which is one of the most comprehensive documents in this field and which gives the estimated incidence of children in the United States needing special educational facilities, as well as the number enrolled in special schools or classes, does not include consideration of children in hospitals in the estimates which it presents.

The number of pupils enrolled in hospital schools as compared with the capacity of the hospitals should give one index by which an estimate can be made of the number of children needing hospital school instruction. The membership of 113 of the hospital schools which replied to the questionnaire used in this study is 5,377.8, and the total capacity of these hospitals is 37,877. Accordingly, in these hospitals the ratio of hospital school membership to hospital capacity is 1 to 7. Table 1 gives a tabulation of the school membership and the capacity by types of hospital.

The American Medical Association[2] reported in 1937 that there were 1,096,721 beds in American hospitals. The capacity of hospitals for mental cases was given as 548,952. The capacity of other types of hospitals was therefore 547,769. Applying the ratio of membership

[1] White House Conference on Child Health and Protection. Special Education: The Handicapped and the Gifted, Section III-F, p. 5. Education and Training. New York, The Century Company, 1931.

[2] Hospital Service in the United States. *In* Journal of American Medical Association, 108: 1035-59 March 27, 1937.

to capacity as given in the foregoing table, one might estimate that there are approximately 75,000 available students for hospital schools. This is based on the assumption that all hospitals are uniformly occupied, and that the age groups are uniformly distributed.

TABLE 1.—*Membership of hospital schools and hospital capacity of 113 hospitals in the United States*

Type of hospital	Number of hospitals	Membership in hospital schools	Hospital capacity	Ratio of hospital school membership to hospital capacity
1	2	3	4	5
Children's	37	1,894.0	5,073	1 to 2.7
Tuberculosis	43	2,052.7	12,002	1 to 5.8
General and others	33	1,431.1	20,802	1 to 14.5
Total	113	5,377.8	37,877	1 to 7.0

The proportion of children's hospitals and tuberculosis hospitals included in the 113 indicated in table 1 is probably greater than in the total number of hospitals, and these have a greater proportion of pupils enrolled in hospital classes. Moreover, hospitals for the aged and infirm were not sent questionnaires, since they offer no pupils for a hospital school. The greater proportion of children's hospitals and tuberculosis hospitals included in the study and the omission of hospitals for the aged and infirm affect the ratio of available students to hospital capacity, so that the estimate of 75,000 pupils would need to be corrected downward. However, there is another factor involved which would require a correction upward and which would probably to a large extent compensate for the first. This is the fact that many hospital schools are not offering educational facilities to all the children needing them. The White House conference [3] reported a waiting list of several hundred children in seven State hospitals for crippled children and university hospitals. No doubt parallel figures can be given for many other institutions.

The White House conference [4] also reports that in New York City there are 11 crippled children enrolled in hospital schools for every 10,000 of the total school population. If New York is caring for all crippled children needing this type of service and if the percentage of crippled children in hospitals in New York is representative of the average for the Nation, there would be, on the basis of a total school population of 25,000,000, about 27,500 crippled children in hospitals in the entire country in need of educational facilities.

[3] White House Conference on Child Health and Protection. Op cit., p. 35.
[4] Ibid., p. 44.

Crayton [5] reports 60 children in average daily attendance in three hospital schools for the crippled in Louisville, Ky. These represent approximately 2 per 10,000 of the general city population of 307,745. On this basis there would be in the United States about 26,000 crippled children in hospitals needing special educational facilities. Los Angeles [6] reports 270 children in tuberculosis hospitals receiving instruction. This number represents a ratio of 2 to 10,000 of the general population. The use of this same ratio for the United States would mean that a total of 26,000 children in tuberculosis hospitals alone are in need of educational facilities.

Since crippled and tuberculous children are only two of the types of physically handicapped children found in hospitals, it is evident from the estimates given above that there must be many thousands of children in American hospitals who need special educational facilities. A very conservative estimate would probably place the figure at about fifty or sixty thousand.

The aims of the hospital school.—The hospital school has three objectives. First, through its therapeutic values it aids the patient's physical recovery. The child is in the hospital primarily to improve his physical condition, and in all activities this purpose should be kept in mind. Hospital routine for the physical care and treatment of the patient, however, takes comparatively little of the patient's time. Unless other activities are provided, he will have much opportunity to worry about his misfortune—a situation not conducive to recovery. Reading, handwork, recreation, and other school activities may be employed to keep his mind occupied—to turn his attention from his illness. The result of such activities serves as a stimulant to recovery.

A second aim of the hospital school is vocational. Many patients of employable age leave the hospital with their physical condition impaired to such an extent that they can no longer continue their regular vocations. A large number of children will never be able to work as normal individuals. The hospital school should help such a patient to select a vocation in keeping with his expected future physical condition, and it can do much toward preparing him to become self-supporting.

The third aim of the hospital school, and the one which is of primary concern in this study, is to give to the child the same education that he would receive under normal conditions in the regular school. For the majority of patients the hospital school merely bridges the gap that occurs while they are temporarily in the hospital and unable to attend

[5] Crayton, Sherman C. A Proposed Program for the Care and Education of Kentucky's Handicapped Children. Bulletin of the University of Kentucky, Vol. VII, No. 1, Lexington, University of Kentucky, 1934. p. 90.

[6] Los Angeles, Calif., city school district. Education of the Physically Handicapped in Los Angeles City Schools. Los Angeles, City School District, 1936. pp. 22-23.

regular school classes. In a survey of 34 hospital schools made in 1932, it was found that the average length of time spent by a pupil in the hospital school was 75.8 days.[7] For the average pupil, a loss of 2½ months of school creates a serious problem resulting in probable failure to advance to the next grade at the end of the school term. For other patients, the hospital school serves as the only means for securing an education. Many of those suffering from poliomyelitis, osteomyelitis, and diabetes spend most of the time over a period of years in hospitals, with short intervening periods at home when they are unable to attend school. A large percentage of persons entering hospital schools are those returning to the hospital from time to time for further treatment.

As a result of the lack of educational continuity characterizing the progress of hospital school pupils, they show a greater amount of educational retardation than one finds in the regular schools. During 1932 a comparison was made of retardation in the University of Michigan Hospital School with that of the regular public schools in Ann Arbor. Table 2 shows the results of this comparison.[8] The percentage of pupils retarded in the University Hospital was more than three times the percentage in the Ann Arbor public schools. When only those retarded 3 years or more were considered, the percentage at the University Hospital was eight times that in the Ann Arbor public schools. Studies made elsewhere indicate similar results regarding the educational retardation of hospital school children.

TABLE 2.—*Pupils accelerated, retarded, and at-age, University of Michigan Hospital School and Ann Arbor public schools, February 1932*

Educational progress	University Hospital School		Ann Arbor public schools	
	Number	Percent	Number	Percent
1	2	3	4	5
Accelerated	21	7.1	384	9.0
At-age	133	45.6	3,265	76.5
Retarded	138	47.3	621	14.5
Total	292	100.0	4,270	100.0

That such retardation does not appear to be due to low mentality on the part of hospital school children is shown in a study of handicapped children in the Phalen Park Hospital for Crippled Children.

[7] Matheison, C. L. Academic Training in University of Michigan Hospital School. Unpublished manuscript. Ann Arbor, University of Michigan, School of Education, 1932. p. 49. [*Also* Matheison, C. L. Present Practices in Thirty-four Hospital Schools. Hospital Social Service, 28: 113, July 1933.] Compare data accruing from the larger number of hospitals investigated in the present study, as given on page 30.

[8] Ibid., p. 10.

Miss Hare [9] reported that 87 percent of the children in the hospital school gave evidence of satisfactory mental development. Of the 292 hospital children included in table 2, intelligence quotients were available for 130. The average intelligence quotient for this group was 93, which, while somewhat lower than the theoretical standard of 100, is still within the normal range. Apparently the serious educational retardation of hospital children is due to lack of educational opportunity more than to low mentality. The hospital school can make a valuable contribution toward the provision of such educational opportunity.

[9] Hare, Helen. A Study of Handicapped Children. Indiana University Studies. Vol. VI. No. 41. p 13. Bloomington, Ind., University of Indiana, 1919.

Individual bedside teaching in an attractive setting helps to make the hospital experience [illegible]

CHAPTER II: GROWTH AND DEVELOPMENT OF HOSPITAL SCHOOLS

Several articles have appeared in the literature on special education concerning the development of individual hospital schools, but there is no previously published study concerning the history of the movement as a whole. Most investigators of the history of special education have considered the problem from the standpoint of the various types of permanent disability, as related to the crippled, the deaf, the delicate, the blind, and others. The hospital school serves all types of disability, primarily the temporarily incapacitated. Moreover, many studies have been concerned chiefly with special day schools and classes in the regular public-school buildings and not with institutional care and education.

Kunzig, in his investigation of the education of atypical children in cities with a population of 100,000 or more, reported hospital schools located in 19 cities, 28 percent of the total number of cities reporting. However, because such schools did not fall within the types he considered as "principal," he gave them little attention. Heck [1] finds that hospital instruction for crippled children is limited, only seven cities reporting such facilities. Hospital schools have to date not been given special consideration in the biennial reports of the Office of Education of the United States Department of the Interior. In these reports classes for handicapped children have been grouped according to disability, and hospital schools are only occasionally mentioned. The White House Conference on Child Health and Protection, while pointing out the values and aim of the hospital school, did not list the need of such schools along with its other significant findings;[2] neither did it include in its report a consideration of the status and development of the hospital school.

THE FIRST HOSPITAL SCHOOLS

The hospital school movement in the United States has grown in a haphazard manner, the first ones being established in hospitals for crippled children, and their growth being closely associated with the

[1] Heck, Arch O. Education of Crippled Children. United States Department of the Interior, Office of Education, Bulletin 1930, No. 11. p. 39.

[2] White House Conference on Child Health and Protection. Special Education: The Handicapped and the Gifted, Section III-F, Education and Training. New York, The Century Company, 1931. p. 5.

movement to provide for the care, treatment, and education of crippled children. The extension of educational facilities in hospitals to patients other than crippled children has been gradual and is still in a transitional stage. Many of the early legislative provisions for hospital schools limited services to crippled children. Later many of these laws were changed in such a way as to provide hospital school facilities for all children regardless of disability.

All the early schools were the result of private initiative, since responsibility for public support of such schools had not yet been recognized. The first hospital school for which any record could be found was established in New York in 1861 by Dr. Knight and his daughter, Cornelia, at Dr. Knight's home.[3] The home served as a combined school, hospital, and home for crippled children. The teaching was done by Miss Knight, who conceived the idea of the school.

Two years later, in 1863, the efforts of Dr. Knight and his daughter were combined with those of the New York Society for Ruptured and Crippled Children, and the Hospital of the Society for Ruptured and Crippled was established. This was the first institution to employ a teacher for hospital children.[4] In 1870 a new building was constructed and school provisions were extended. As teachers prepared for this type of school were not available, those employed by the institution were trained in service. The hospital and its school are still in existence, and the school, so far as is known, enjoys the distinction of being the oldest hospital school in the United States.

The second hospital school for which any record was found was established in 1882 at Baldwinsville, Worcester County, Mass. Its early history is described in the directory of American and Canadian Hospitals as follows:[5]

> Lucius Willard Baker, M. D., son of Deacon Willard Baker and Sarah E. Dustin, was born in the north part of the town of Templeton, now called Baldwinsville, on February 17, 1852. He was educated in the schools of the town and Wilbraham Academy and studied for the practice of medicine with Ira Russell, M. D., of Winchenden. After his study with Dr. Russell he entered and was graduated from New York University Medical College (now University and Bellevue Medical College). While there, his interest was aroused by seeing the little waifs brought to the Bellevue Dispensary, only to go back home where the prescribed treatment was unlikely to follow. Dr. Baker returned home determined to establish an institution which would provide for the treatment of children with deformities and nervous conditions, which, untreated, would provide a lifelong handicap. He furthermore recognized that such children were debarred the privilege of schooling. Therefore, his design was to plan an institution that would provide hospital treat-

[3] Monroe, Paul. Cyclopedia of Education. Vol. 11. New York, The Macmillan Company, 1911, 1913. p. 232.
[4] Ibid., p. 232.
[5] Fifield, James Clark. American and Canadian Hospitals. American Hospital Association, Minneapolis, Midwest Publishing Company, 1933. pp. 480-481.

ment, a school, and at the same time a temporary home. On August 31, 1881, Dr. Baker, with his father and several others, sought the advice of the Rev. Dwight L. Moody at his home in Northfield. At the time Rev. Moody and several others placed their signatures in approbation of the movement and later, with the signatures of several other prominent people, among whom was the former Governor Claffin and many medical men, the way was paved for the organization. Deacon Willard Baker, at his own expense, provided the two original cottages on Pleasant Street, in the village of Baldwinsville, which were completed in the spring of 1882 and were dedicated on June 17 * * *. An incorporation was obtained on December 9, 1882 * * *. One of the two buildings was used as a school * * *. In 1887 an application was made for State aid. The hospital was granted $10,000 for payment of debts and improving the water supply, with the proviso that it was to care for 10 State patients for 1 year free, and that the State appoint two of the trustees * * *. State aid was asked for again. By act of May 25, 1888, the State appropriated $15,000 for the erection of a structure appropriate for the accommodation of 50 patients. The State appropriated $55,000 for building April 9, 1889, and May 30, 1890, $30,000 more * * *. The State contributed nothing for running expenses but paid $3.25 per week for each patient * * *. School was conducted in the main building in the room called the Chapel * * *. In 1897, a group of women raised funds to erect a school building and connect it with the west wing.

This institution has maintained a school since it was founded, and is known today as "The Hospital Cottages for Children." It is still a private institution, employs a staff of 3 full-time teachers, and the school has an average enrollment of 62 pupils. While the institution was the first to receive State aid for a hospital school, the hospital today is independent of any State supervision of the educational work and is financed from the hospital budget and by the Woman's Auxiliary.[6]

OTHER EARLY HOSPITAL SCHOOLS

The history of the hospital school movement after the establishment of the two schools mentioned above is indefinite, due to a lack of material on the subject. This lack of information is reflected in some of the replies to the questionnaire sent out in connection with the present study. In answer to the question, "When was your hospital school first started?" the reply from one hospital was, "January 2, 1920, supposedly the first in the United States." From another came the reply, "1920. It was the first hospital school in Massachusetts and in the east." Questionnaires were received from 48 hospital schools established before 1920, and from 2 in Massachusetts which had been established before 1900—1 in 1882 and the other in 1894.

A hospital school at the Home of the Merciful Savior for Crippled Children in Philadelphia was established in 1884. Details of the early history of the school were not available. The hospital is a private crippled children's hospital home. Another hospital school

[6] Facts obtained through questionnaire received from the institution.

was begun at the New England Peabody Home for Crippled Children of Newton Center, Mass., in 1894. This is also a private crippled children's hospital home. The school is supported entirely by private funds, from the general funds of the Home. The Jefferson Hospital of Philadelphia, Pa., reports that its hospital school was established in 1891. This is a general hospital and the school at present is supported from the hospital budget.

There seems to be some difference of opinion among investigators concerning the first State to offer education in a hospital school by legislative enactment. Abt [7] states that on April 23, 1897, Minnesota passed the first law to provide for the care, treatment, and training of crippled children. Keesecker [8] states that this law provided for the care and treatment of crippled children but not for their education, such provision being made by chapter 81 of the 1907 laws. He points out that, in the meantime, the Massachusetts Legislature (ch. 446, laws of 1904) established the Massachusetts School and Home for Crippled and Deformed Children for the purpose of providing education and care for crippled and deformed children of the Commonwealth. He states:

> Massachusetts appears not only to be the first State to have provided public education in general, but also the first to have established at public expense a school for crippled children.

Howett [9] states that the first State institution for the care of crippled children was started at West Haverstraw, N. Y., in 1900, and that Massachusetts was the first to provide for their education.

Conclusions were evidently drawn by Howett and Keesecker from an examination of the legislative provisions as they were expressly stated, and in this respect they are correct. However, it is evident that the hospitals in Minnesota and New York both had schools from the date these hospitals were founded—schools established under implied provisions of the statutes and maintained from legislative appropriations to the institutions. This point of view seems verified from a section of the annual report of the New York institution, which reads:

> The New York State Reconstruction Home is a development of the New York State Orthopedic Hospital which was opened at Tarrytown, N. Y., in December 1900. Governor Theodore Roosevelt approved the legislation establishing the hospital * * *. In 1897, the Hon. William Rhinelander Stewart, at that time the president of the National Conference of Charities and Corrections, and Dr. Newton M. Shaffer solicited the aid of the State in their effort to establish this hospital.

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[7] Abt, Henry E. The Care, Cure, and Education of the Crippled Child. Elyria, Ohio, International Society for Crippled Children, 1924. p. 10.

[8] Keesecker, Ward W. Digest of Legislation for the Education of Crippled Children. United States Department of the Interior, Office of Education, Bulletin 1929, No. 5. pp. 1–2.

[9] Howett, Harry. Legislation for Crippled Children, Welfare Magazine, 19: 628, May 1928.

It was felt that there was a strictly dependent and even a much neglected class of handicapped youngsters not being properly cared for and it was the opinion that the educational and charitable systems of the State should be adapted to meet the demands of this class of crippled and deformed as fully as those for the deaf, dumb, the blind, or the insane. It was the opinion that a child suffering from a remedial deformity should have the educational advantages of a school while under treatment, so that when he returned to his home he could take his place as a useful, and, in many instances, a self-sustaining member of his community. The hospital was therefore established with this thought in mind. There is the satisfaction that these principles have continued to be the guide. While advantage has been taken of modern scientific knowledge, the basic principle still remains and the hospital is operating successfully under three main divisions, a hospital proper, a treatment center, and a school, separate and distinct as to function with a centralized authority over all activities * * *. The hospital was moved to West Haverstraw in 1905.[10]

The above quotation clearly indicates that the original purpose was to have a school in the hospital, and that one was established with the hospital, even though educational provisions were not expressly stated in the original legislative provisions.[11] The questionnaire received from this institution states that the hospital school began work in 1900, the year in which the institution was founded. The same is evidently true of Minnesota, the Gillette State Hospital for Crippled Children reporting a school begun in 1897, the year in which the hospital was established.

FROM 1901 TO 1936[12]

During 1901, the Brooklyn Free Kindergarten Society provided a kindergarten teacher at King's County Hospital, Brooklyn, N. Y. In 1917 the Board of Education of Brooklyn took over the work, appointing a kindergarten teacher. Another teacher was appointed in 1918, but in 1921 the number was again reduced to one. At present there are three teachers in the hospital, others being appointed by the board of education in 1923 and 1935. This is the first report of a school in a municipal hospital.

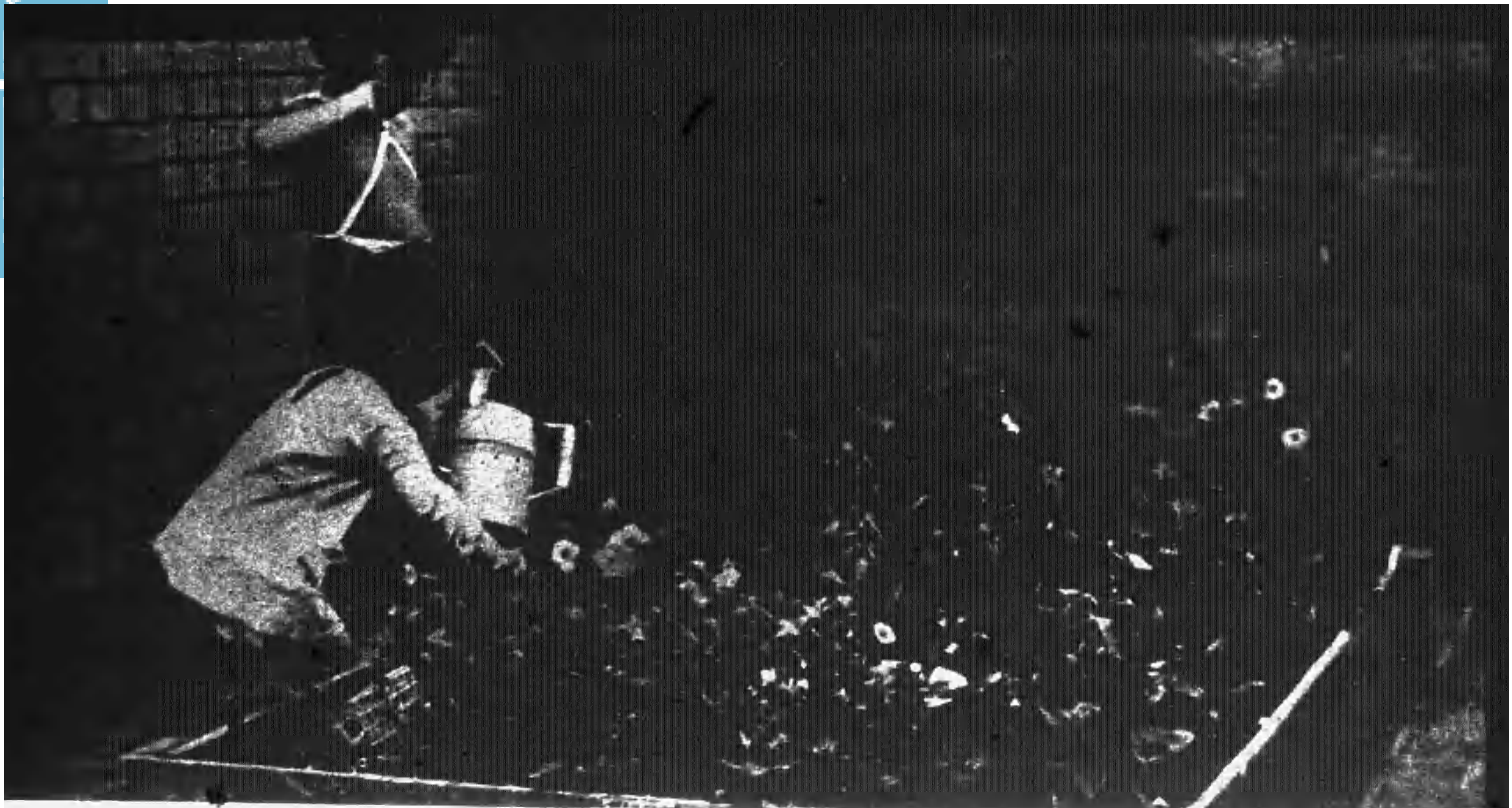
A school was established at the Industrial Home for Crippled Children, Pittsburgh, Pa., during 1902. This is a private hospital home for crippled children. From 1902 until 1916 the school was financed by the institution and in 1916 the board of education took over the school, furnishing the teacher for the home. There are now four teachers in the home, all furnished by the board of education.

Baltimore furnishes the earliest reference found to the provision of hospital instruction by the local board of education, though other

[10] Thirty-fourth Annual Report of the New York State Reconstruction Home. Legislative Document, 1935, State of New York. p. 10.

[11] Laws of New York, 1900, ch. 369.

[12] Much of the information given in this section was obtained from the questionnaires filled in by the institutions concerned.



Courtesy of University Hospital, Ann Arbor, M

Helping to make the garden grow is an important business for these little patients.

instances may have existed earlier. In 1912 the Board of Education of the City of Baltimore appointed a teacher for service in a local hospital.[13]

The Massachusetts School and Home for Crippled and Deformed Children, established in 1904, was by legislative enactment in 1907 called the Massachusetts Hospital School. School has been maintained in this hospital continuously, and in 1936 it had a staff of 10 teachers and an average enrollment of 224 pupils. The State of Massachusetts has furnished financial support to the hospital since it began.

In 1907 a hospital school was established in another State crippled children's hospital, namely, at the Nebraska Orthopedic Hospital, Lincoln, Nebr. The school and the teacher were at first sponsored by a club from the city. The books used were donated to the patients by pupils of the grade schools. School was operated on a half-day basis as there was only one large room available, and this had to be used for a playroom as well as a schoolroom. Equipment and conveniences were below standard, as there were no blackboards on which to write, and only a few books and desks. After several years, with the help and persuasion of the hospital superintendent and other influential people, the State legislature recognized the need of a school for the patients and appropriated funds for supplies and teachers' salaries, as well as for the general maintenance of the hospital.

A school was established at the State Sanatorium, Cresson, Pa., in 1915, with an adult patient in charge who had been a teacher. The class met in a small room in the hospital known as the "lecture hall." Later two small frame schoolhouses were erected, and still later a third. The three schoolhouses were of light construction and were heated with coal stoves. The only textbooks were those that had been sent to the institution after being discarded by the public schools. Money for the purchase of equipment was raised through the sale of reed work made by the children and through entertainments. Teachers were all patients: Professional teachers when they were available; when not, those patients whose qualifications best fitted them for teaching. In 1920 the policy was adopted of having one full-time nonpatient teacher to take charge of the school. In 1921 the number of nonpatient teachers was increased to two.

At the Indiana State Sanatorium, Rockville, Ind., a school was organized in 1918 in a renovated chicken house, with 1 teacher and 25 pupils. At the Lake Tomahawk State Camp, Lake Tomahawk, Wis., a hospital school began during the winter of 1934 under the emergency educational program of the Federal Government. In Boston, the school committee furnishes a teacher in the main division

[13] Wallin, J. E. W. A Brief Survey of Special Education in the Public Schools of Baltimore. Bulletin of the Department of Education, Baltimore, Md., 1929. p. 13.

of the Boston City Hospital, but not at the south department (contagious ward). Funds for a teacher in this department are raised by an annual play.

The efforts of the Leahi Home, Honolulu, Hawaii, to secure educational services are described in the following letter received from that institution:

> Educational work for ambulatory children up to 14 years of age has been carried on at Leahi Home since 1918. At that time the Parke Estate donated $2,600 to build and equip a school as a memorial for Russell-Parke Waldbridge, a child who passed away at the home. The teacher for this school is supplied by the Department of Public Instruction. * * *
>
> Though much in sympathy with the desire of the members of the hospital staff for educational work among the bed patients, the Department of Public Instruction for some time had not been able to see its way clear to comply with their request for teachers. However, through the cooperation of the CWA (later FERA, and now WPA) they were able to appoint a teacher to handle this phase of the work.
>
> On January 30, 1934, a survey was begun to ascertain if there was a desire among the patients themselves for instruction. The interest manifested was most gratifying and far beyond expectations. But how was one individual to meet the demands of so many? This was a staggering problem. Again the CWA came to the aid and in March most generously furnished two assistants.
>
> Considering the newness of the work and the shortage of material, the work progressed nicely, but the unstableness of the organization was a source of constant worry; so, as soon as possible, steps were taken to place it on a more substantial footing than the CWA afforded.
>
> When the commissioners of education met in August, Will Crawford, who was at that time the superintendent of public instruction, requested that they make the position at Leahi Home a permanent one, and, much to the gratification of those interested, they did.
>
> The superintendent of public instruction then appointed one of the CWA employees principal of the educational work among the patients of school age (6 to 18 years of age). We are grateful that the two assistants have been able to remain with us, but regret that they, too, were not placed under the department of public instruction.

FACTORS CONTRIBUTING TO HOSPITAL SCHOOL DEVELOPMENT

Influence of private initiative.—The influence of private organizations and individuals upon the early growth of hospital schools has been seen from the history of these institutions as given in the preceding pages. This private initiative was responsible not only for promoting the idea of a hospital school among hospital authorities but in most cases for the financial support of the school as well.

One of the most influential organizations in the promotion of the hospital school movement has been the Rotary Club. The interest of Rotarians in the hospital school movement, especially hospital schools for crippled children, began in Ohio in 1916. The first Ohio Society for Crippled Children originally consisted of representatives of 48

Rotary Clubs in the State. From Ohio, the Rotarians extended the idea of State societies for crippled children to Michigan, New York, Kentucky, Tennessee, Indiana, Illinois, and Ontario. In 1921, the various State societies formed the National Society for Crippled Children, and in 1922, the International Society for Crippled Children was organized.

Other organizations which have been interested and influential in the hospital school movement are the King's Daughters, Woman's Auxiliary, Shriners, Elks, Kiwanis Clubs, and Children's Aid Societies. The King's Daughters were instrumental in the establishment of a hospital school at the University of Michigan Hospital, providing the funds for one teacher in 1922 and continuing financial assistance even after the State of Michigan had begun to contribute to its support in 1927. The Shriners have influenced local boards of education to furnish teachers in all Shriners' Hospitals for Crippled Children, which are located in 15 cities. The Cleveland Kiwanis Club, No. 2, supports a school in the Rainbow Hospital of Cleveland, Ohio. The Elks of Atlantic City Lodge, No. 276, conduct and maintain a hospital school in the Betty Bacharach Home at Longport, N. J.

Development of State and local educational responsibility for hospital school support.—The first instance of a State accepting any responsibility for the support of a hospital school is found in Massachusetts.[14] In 1887 the State appropriated $10,000 for the Hospital Cottages for Children at Baldwinsville, Mass. This hospital, as already indicated, was a private institution for the care, education, and training of crippled children. During the years 1888, 1889, and 1890 the State of Massachusetts appropriated funds for additional buildings at this institution. Between 1897 and 1908, as previously mentioned, three States—Minnesota, New York, and Massachusetts—passed laws providing State institutions for the care and education of crippled children.

The development of special education as a whole came by progressive steps in the various States, with provisions made for one type of disability at a time. Similarly, the responsibility for hospital schools showed progressive stages of growth. This is illustrated in Massachusetts, where in 1904 provision was made for a hospital school, but in only one institution, and only for crippled children.[15] The original law was amended in 1907 by changing the name of the institution; in 1924, by making a charge of $6 per week against the town in which a child in the school resided; and in 1928, by striking out the pauper clause.[16] Legal provision for other hospital schools, under the auspices of local boards of education, was made by the Massachusetts Legisla-

[14] Fifield, James Clark. Op. cit., p. 481.
[15] Laws of Massachusetts, 1904, ch. 446.
[16] Ibid., 1907, ch. 226; 1924, ch. 344; 1928, ch. 155.

ture in 1930, but such provision applied only to crippled children.[17] This law was amended in 1932 to provide similar instruction for all handicapped children.[18]

The same type of development is found in New York. In 1900, the legislature provided for care, treatment, and training of crippled children in establishing a State school.[19] In 1917, local boards of education were required to provide special classes or schools for the deaf, blind, crippled, and other physical defectives.[20] The law was amended in 1918 by making minor exceptions to its provisions; in 1924, by prescribing teacher qualifications and State aid; in 1930, by changing the basis of State aid; and in 1931, by making clear application of the provisions of the law to all physically handicapped children.[21]

This acceptance of responsibility by the State has been accompanied by similar action on the part of many local educational authorities. In some cases State legislation authorizes or requires local boards of education to establish and maintain hospital schools. Accordingly, it is the policy in certain cities to assign teachers to all hospitals in which there are enough children to make this advisable. New York, St. Louis, and Los Angeles are examples of cities in which this policy is followed.

Other contributing factors.—Some of the hospital schools discussed in this chapter offer examples of other factors contributing to the growth of the movement. The voluntary cooperation of adult patients who had been professional teachers or of other persons who were qualified has been a significant item in schools for which no funds were available. In other cases annual plays and similar special projects were the means of raising funds to employ a teacher. One of the most recent sources of help has been the emergency educational program of the Federal Government. Other emergency agencies of the Government have likewise rendered assistance in particular situations.

NUMBER OF HOSPITAL SCHOOLS

There is no record to show how many hospital schools exist in the United States and its outlying parts. In the preparation of a list of hospital schools for this study, all available sources were examined. The directory of American and Canadian Hospitals furnished the greatest number.[22] Other hospitals with schools were located through letters from the various State departments of education, and from other studies on special education.

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[17] Ibid., 1930, ch. 368.
[18] Ibid., 1932, ch. 159.
[19] Laws of New York, 1900, ch. 369.
[20] Ibid., 1917, ch. 559.
[21] Ibid., 1918, ch. 378; 1924, ch. 193; 1930, ch. 171; and 1931, ch. 297.
[22] Fifield, James Clark. "American and Canadian Hospitals. American Hospital Association, Minneapolis, Midwest Publishing Company, 1935.

The final list compiled consisted of 356 hospitals. Of the 216 hospitals replying to the questionnaire, 75 percent indicated that they had a school department. A very conservative estimate, therefore, would probably place the total number of hospital schools in the United States at from 300 to 400. The rate of growth of the movement can be determined by the dates at which the various schools reporting in this study were established. During the decade from 1880 to 1889, 2 were organized; from 1890 to 1899, 3; from 1900 to 1909, 9; from 1910 to 1919, 36; from 1920 to 1929, 63; and from 1930 to 1936, 21. The number reported for the last period is probably not representative, first, because the period is less than a decade, and, second, because schools which were begun since 1930 are likely not to be so well known and hence to be omitted in the compilation of source lists.

The figures given above show that the number of schools increased each decade up to 1930, with the greatest increase between 1920 and 1929, when 63 hospital schools were founded. Their increase indicates that a growing number of States are recognizing their responsibility for a complete program of special education for all atypical children.

SUMMARY

The first hospital school in the United States was established in 1861 as a private project at the home of Dr. Knight, in New York City. The second hospital school was organized in the Hospital Cottages for Children in Baldwinsville, Mass., founded in 1882, which also was a private undertaking, although the first to receive a State appropriation. The first hospital school in a State institution was established in Minnesota in 1897.

Private initiative has been an important factor in the growth and development of hospital schools through the support and influence of individuals and philanthropic agencies.

State and local educational authorities are increasingly recognizing and assuming their responsibility for this important branch of special education, but the transition from private to public support is not yet complete.

The number of existing hospital schools is conservatively estimated at from 300 to 400.

CHAPTER III: PRESENT STATUS OF HOSPITAL SCHOOLS

LEGAL PROVISIONS RELATING TO HOSPITAL SCHOOLS

The statutes of each of the 48 States and the outlying parts of the United States, in effect in 1937, were examined for provisions relating to hospital schools. In 17 States laws have been passed which have some bearing upon this subject. These are California, Illinois, Indiana, Maryland, Massachusetts, Michigan, Minnesota, New Jersey, New York, Ohio, Oregon, Pennsylvania, Tennessee, Texas, Washington, Wisconsin, and Wyoming.

No attempt was made to include a study of the rehabilitation laws operating in the States, since these are primarily concerned with the vocational training of physically handicapped adults and young people of employable age. Neither was consideration given to provisions relating to the physical and medical care and treatment of the physically disabled, or to laws relating to residential institutions for the mentally deficient. In short, only laws with specific provisions concerning hospital schools for the physically disabled, or laws with provisions for special schools or classes of a type which might clearly include hospital schools,[1] were considered in the study.

The most common provisions of the statutes in the 17 States having laws relating to hospital schools concern the following items:

1. Requirement or authorization of hospital schools.
2. Age and disability of pupils served.
3. Special provisions for State aid.
4. Administrative control of school.
5. Instructional supervision.
6. Qualifications of teachers.
7. Census of handicapped children.

The laws of the States vary in many respects in regard to the provisions made. Many of the laws apply only to "crippled children," others to "physically handicapped," or to "educationally exceptional" children. In most of the provisions, hospital schools are expressly mentioned; in others, the statutes refer to "special schools or classes," which might be interpreted as including hospital schools. Some of the laws require and others authorize hospital schools; some require and others authorize special State aid or local support.

[1] Statutes providing for "special schools or classes," with no specific reference to either "day" schools or "hospital" schools, were included upon approval of State educational authorities, since in these cases hospital schools might be considered as within the meaning of "special schools or classes."

Mandatory vs. permissive legislation.—Ten of the seventeen States have passed mandatory provisions and 13 have passed permissive legislation regarding the establishment of hospital schools or "special schools" which might imply hospital school facilities. In six of the States there are both mandatory and optional provisions. In New York the schools are mandatory if there are 10 or more children available, and optional if fewer than 10 children are available. In Massachusetts only five children are needed to make the provision mandatory. In New Jersey and Tennessee the mandatory provisions apply to crippled children and the optional provisions apply to other physically disabled. In Michigan the mandatory provisions apply to action by the State Crippled Children Commission and the optional provisions to the local boards of education. In Minnesota the mandatory provisions apply to the Gillette State Hospital for Crippled Children and the optional to local boards of education.

Pupils served.—In 12 of the 17 States the provisions of the law regarding hospital schools apply to all physically handicapped children. In five States the provisions apply to children with special handicaps—in three to crippled children only; in one to crippled and tuberculous children; and in one to tuberculous children only.

Special State aid.—Special provision for State aid is made in 15 of the 17 States. The special State aid granted is given on one of four different bases:

1. The State pays the excess cost, or a definite fraction of the excess cost, above the average cost for a normal child in the regular public-school classes.
2. The State pays a definite portion of the teacher's salary.
3. The State pays a definite amount per pupil enrolled.
4. The State pays the entire cost.

The initial reimbursement from State funds is provided on the basis of excess costs in eight States. California, Maryland, and Michigan [2] pay an amount up to $200 per child; Minnesota up to $250; Illinois and Ohio up to $300; Wisconsin up to $300 for resident pupils, and $400 for nonresident pupils. Indiana pays three-fourths of the excess cost. Massachusetts, New York, New Jersey, and Pennsylvania pay a part of the teacher's salary. New Jersey also provides State reimbursement for half of any excess cost incurred after the original contribution toward the teacher's salary has been made. When State school funds are distributed in the State of Washington, apportionment is made to schools for "defective" children on the basis of twice the total number of days of attendance the previous year, with an

[2] In Michigan this provision applies to hospital schools established by local boards of education. Hospital schools in Michigan established by the Crippled Children Commission receive an amount, fixed by the Commission, per day for each pupil instructed 9 days or more, of which 20 cents per day is charged to the pupil's home district.

additional amount per room unit for second and third class districts. In Tennessee and Wyoming the statutory provision for State aid is dependent upon the parent's financial ability to pay. In Oregon and Texas no special State aid is provided.

Administrative control.—In 10 of the 17 States all hospital schools are under the control of local boards of education; in 2 States they are under the control of a special State board or of the hospital board; in 4 States some of the hospital schools are under the control of local boards of education, and others under the control of a State or hospital board; and in 1 State the statutes do not specify how the hospital schools are to be administered. In Ohio, hospital schools in district, county, or municipal tuberculosis hospitals are under the control of the boards of trustees of the respective hospitals; in Minnesota, the hospital school in the Gillette State Hospital for Crippled Children is similarly directed; in Michigan, hospital schools established by the Crippled Children Commission are under the control of that body; and the school in the Massachusetts Hospital School is under the control of a board of five trustees. In each of these four States, other special hospital classes established by local boards of education are administered by such board.

Instructional supervision.—In 16 of the 17 States[3] authority is given the State to supervise the work of the hospital schools through the State superintendent or State board of education. In some instances such supervision is not indicated in the act which establishes the hospital schools, but it is presumably covered in the statement giving the State superintendent general supervision over all educational activities.

Qualifications of teachers.—Special qualifications for all teachers in hospital schools are implied in the laws of eight States. For none of these are the requirements specified in detail, but it is usually stated that the teacher shall be "specially qualified" or that the State superintendent or some State board shall determine the qualifications for teachers in the schools. In one State special requirements are specified for teachers of crippled children, but not for teachers in tuberculosis hospital schools. In eight States the regular requirements made for teachers in general appear to apply to all hospital schools.

Census of handicapped children.—Eleven States require an enumeration of handicapped children, two of them specifying crippled children only. This item is included with other legislative provisions made by the various States as summarized in table 3.[4] The accompanying chart gives the geographical distribution of the States concerned.

[3] The school laws of Texas give the State superintendent general supervision over all activities covered by the school laws. The statute regulating hospital schools is a part of the public health law. For this reason, supervision by the State superintendent does not apply in this State.

[4] See appendix A, pp. 61 to 74 for digest of laws.

They are for the most part in the North Central, North Atlantic, and Pacific coast regions.

TABLE 3.— *Principal features of laws relating to hospital schools*

State	Hospital schools		Groups served			Special State aid	Administrative control		State supervision	Teacher qualifications [1]		Enumeration of handicapped children
	Required	Authorized	Tuberculous	Crippled	All physically handicapped		Board of education	Other board		Regular requirements	Special requirements	
1	2	3	4	5	6	7	8	9	10	11	12	13
California		X			X	X	X		X	X		
Illinois		X		X		X	X		X		X	X
Indiana		X			X	X	X		X	X		
Maryland		X			X	X	X		X		X	X
Massachusetts	X	X			X	X	[2] X	[2] X	[2] X	X		X
Michigan	X	X		X		X	[3] X		X		X	X
Minnesota	X	X		X		X	[4] X	[4] X	X		X	[4] X
New Jersey	[7] X	X			X	X	[4] X		X		X	X
New York	X	X			X	X	X		X	X		X
Ohio	X		X	X		X	X	[4] X	X	[8] X	X	X
Oregon	X				X		X		X	X		[4] X
Pennsylvania	X				X	X	X		X		X	X
Tennessee	[7] X	X			X	X		X	X	X		X
Texas		X	X					X			X	
Washington		X			X	X	X		X	X		X
Wisconsin		X			X	X			X		X	
Wyoming	X				X	X			X	X		
Total	10	13	2	4	12	15	14	6	16	9	9	11

[1] States which give authority to the State superintendent or other State board to prescribe requirements of teachers for special classes are considered as having provision for special-teacher qualifications.

[2] Massachusetts Hospital School under control of special State board; classes in local districts under control of boards of education.

[3] Applies to special classes established by boards of education only.

[4] Applies only to classes established by local boards of education, not to classes established by Crippled Children Commission.

[5] Crippled children only.

[6] Gillette State Hospital under control of special State board; other hospital schools under control of local boards of education.

[7] Mandatory provisions apply to crippled children only.

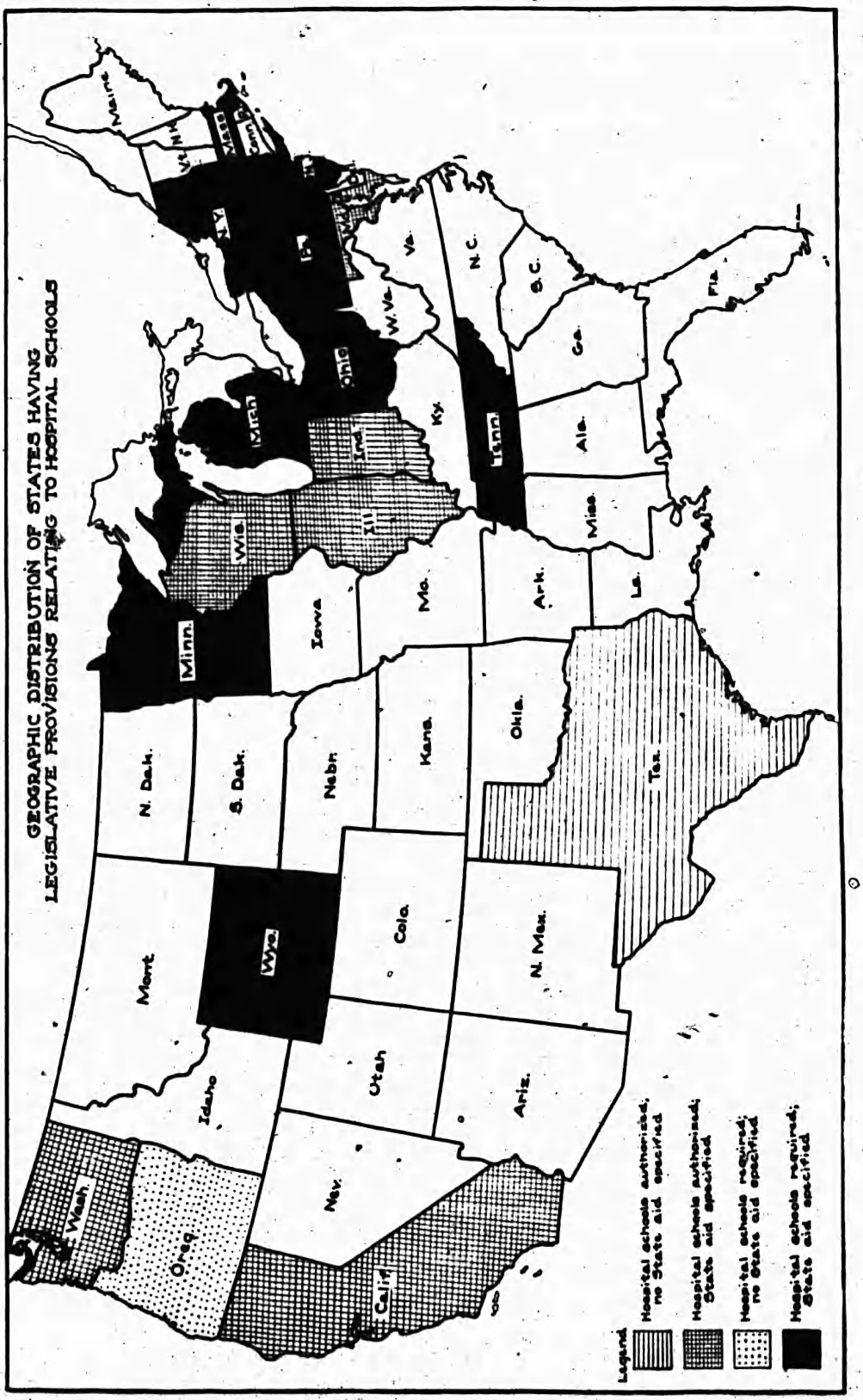
[8] Schools in tuberculosis hospitals under control of board of trustees of the hospital for other than educational program.

[9] Applies to teachers in tuberculosis hospitals.

INEQUALITIES IN HOSPITAL SCHOOL FACILITIES

There are thousands of atypical children in the United States who are not given the same educational opportunities offered to normal children as to grades covered, curriculum, number of hours of instruction per day, or days per year. Many educators have not given much consideration to atypical children or have not regarded their education within the scope of normal educational activities. The White House Conference on Child Health and Protection reported with respect to the extent of special educational facilities in the United States: "No

GEOGRAPHIC DISTRIBUTION OF STATES HAVING LEGISLATIVE PROVISIONS RELATING TO HOSPITAL SCHOOLS



large city in the United States is providing special education for all its handicapped children who need it." [5] The education of the hospitalized has been neglected more than that of other types of handicapped children. Often they escape the enforcement of the provisions of compulsory education laws, especially in those States [6] in which a physician's certificate is not required as an excuse for absence.

In the absence of mandatory legislation, many local boards of education have not established hospital schools, even though they might have done so under existing permissive laws. On the other hand, some progressive school officials provide such schools without specific legislation, either mandatory or permissive. Of the 162 hospital schools responding in this study, 33 were located in 18 States which have made no specific legislative provision authorizing their establishment. Many of these are operated and maintained by local boards of education under the broad general powers granted them to establish any type of school needed.

In some States, even where there are mandatory provisions requiring hospital schools, we find cities in which there are none. For instance, the statutes of one State require all school districts to provide for the education of physically handicapped children in special classes, in the home, or in an institution outside the regular public-school classes. In the questionnaires returned from that State there were six representing hospitals in which no hospital school was reported.

In a questionnaire study of the education of atypical children in cities of the United States with a population of 100,000 and over, Kunzig [7] reports hospital schools in only 19 of these cities, or 28 percent of those which replied to the questionnaire. For other types of atypical children he reports facilities as follows: For the subnormal, in 97 percent of the cities; for open-air classes, in 72 percent; for the deaf, in 69 percent; for the visually defective, in 59 percent; for cripples in 57 percent; for speech-defectives, in 41 percent; for disciplinary cases, in 41 percent; for the home-bound, in 16 percent; and for the gifted, in 15 percent. It is evident that some types of atypical children are better cared for than others.

Educational facilities provided for normal children include both elementary and high-school instruction. This is not always the case for hospital school children. In Oregon [8] the mandatory provisions for handicapped children apply only to pupils who are not eighth-grade graduates. For instruction beyond the eighth grade the pro-

[5] White House Conference on Child Health and Protection. Organization for the Care of Handicapped Children. Section IV-A, The Handicapped: Prevention, Maintenance, Protection. New York, The Century Company, 1932. p. 11.

[6] *See* White House Conference on Child Health and Protection. Special Education: The Handicapped and the Gifted, Section III-F, Education and Training. New York, The Century Company, 1931. p. 32.

[7] Kunzig, Robert W. Public-School Education of Atypical Children. United States Department of the Interior, Office of Education, Bulletin 1931, No. 10. pp. 61–63.

[8] See appendix A, p. 69, for digest of legislative provisions in Oregon.

visions are optional with local boards of education. This situation appears to be quite general. Only 73 hospital schools reported high-school work—less than half the number which reported instruction below the high school. If hospitalized children are to have educational opportunity equal to that of normal school children in the regular public-school classes, the same grades of work should be offered in the hospital schools that are offered in the regular schools.

Sixty-four hospital schools reported school work for all physically handicapped children. The remainder indicated that school work was offered only for children with certain types of handicaps. This situation is due in part to the restrictions of legislation and in part to the influence of organized groups which have brought pressure to bear on educational authorities to establish schools for children with the type of handicap in which they are most interested.

In one State from which returns were made, children from 5 to 20 years of age are considered of school age. The questionnaire from one hospital school in that State indicates that children are not admitted to the hospital school if over 16 years of age. In another State the provisions of the statutes apply to all children under 21 years of age. According to questionnaire replies, one hospital school in this State limits the benefits of the school to patients under 14 years of age and two others to pupils under 17 years of age, while other hospitals in the same State have an upper limit of 21 years. All of these hospitals are under the jurisdiction of their respective local boards of education. Thus the questionnaire returns indicate that within the same State, under the same laws, there are age discriminations within different hospital schools.

Practically all the hospital schools are in urban communities. It is true that the number of children in a given rural community is relatively small and that the problem of adequate education is complicated by this fact, particularly if they are in need of special facilities. Nevertheless, the provision of educational opportunity for disabled children is just as important in rural areas as in the larger centers

SUMMARY

In 17 States legislative provisions have been made relating to hospital schools or to special schools and classes of a type which might include hospital schools.

In these 17 States much variation exists in the types of provisions made by law affecting the status, support, and administration of hospital schools.

The extent to which hospital schools have been established and the provisions made for their maintenance are inadequate to meet the needs of physically disabled children requiring their services.

It is fun to be in the rhythm band even when one has to wear braces.

Courtesy of Detroit Orthopaedic Clinic, Detroit

CHAPTER IV: PRESENT PRACTICES IN HOSPITAL SCHOOLS

Questionnaires were sent in April 1936, to 356 hospitals which were reported, from various sources, to have school departments. Replies were received from 216 hospitals, or 60.7 percent of the total number. Of these, 54 reported no school in the hospital. The remaining 162, or 75 percent of those replying, constitute the basis of this report. As in most investigations of this kind, not all schools replied to all questions asked in the inquiry form. Hence the findings on each item will need to be considered in the light of the number responding to the particular question involved.

These 162 hospital schools are located in 33 States of the United States, in the Hawaiian Islands, and in the Philippine Islands. They are distributed among 124 different cities. More replies were received from New York State than from any other, 34 hospitals reporting hospital schools there. Massachusetts was second with 16 hospital schools; California third with 13; and Pennsylvania fourth with 12. The distribution by States and territories is given in table 4. The name and location of each of these hospitals, by States and cities, are given in appendix B.

TABLE 4.—*Location, by State, of 162 hospital schools included in study*

State or outlying part	Number of schools	Number of cities	State or outlying part	Number of schools	Number of cities
Arizona	1	1	New Jersey	9	8
California	13	10			
Colorado	2	1	New York	34	25
Connecticut	1	1	North Dakota	1	1
Georgia	2	2	Ohio	10	7
			Oklahoma	1	1
Illinois	8	5	Oregon	2	2
Indiana	3	3			
Iowa	2	2	Pennsylvania	12	7
Kansas	2	2	Rhode Island	1	1
Kentucky	1	1	South Carolina	1	1
			Tennessee	2	2
Maine	2	2	Texas	2	2
Maryland	2	1			
Massachusetts	16	11	Utah	1	1
Michigan	5	4	Washington	3	3
Minnesota	2	1	Wisconsin	7	6
			Hawaiian Islands	3	2
Mississippi	1	1	Philippine Islands	1	1
Missouri	7	4			
Montana	1	1	Total	162	124
Nebraska	1	1			

TYPES OF HOSPITALS

Table 5 indicates the types of hospitals which conduct school departments. All except 11 of those reporting gave the auspices under which they operated. There were 55 private hospitals—more than of any of the other 5 types listed. Four hospitals reported combined auspices. All except 5 of the 162 hospitals listed the types of patients admitted, 64 of them being tuberculosis hospitals. Twenty-nine were reported as admitting two or more types of patients.

TABLE 5.—*Auspices of 151 hospitals and types, by patients admitted, of 157 hospitals included in study*

Auspices [1]	Number of hospitals	Types, by patients admitted [1]	Number of hospitals
Municipal	27	General	24
County	32	Children's	23
State	22	Crippled Children's	44
State university	4	Tuberculosis	64
Private	55	Convalescent	15
Other	15	Other	16

[1] Hospitals reporting combined auspices and those serving several types of patients are listed under each of the respective categories concerned.

GRADES AND SUBJECTS OFFERED IN HOSPITAL SCHOOLS

All but five of the hospitals reported that academic instruction was offered in the hospital school. Thirty-seven reported vocational work, 47 reported recreational activities, and 39 indicated that therapeutic work was offered.

All except four of the schools indicated the grades in which school work was provided. Seventy-five reported kindergarten work; 146 reported primary grades; 143, intermediate grades; 149, grammar or junior high school grades; 73, high-school work; and 14, work beyond high school.

TABLE 6.—*Subjects offered below the high-school level in 150 hospital schools and in the high schools of 73 hospital schools*

Below high-school level		High-school level	
Subject	Number of hospitals	Subject	Number of hospitals
Arithmetic	150	English	71
Reading	150	Mathematics	65
English	149	Social studies	53
History	147	Science	41
Geography	145	Foreign languages	38
Penmanship	141	Commercial work	30
Health	112	Music	17
Art	104	Art	15
Music	94	Others	15
Others	61		

One hundred and fifty of the one hundred and sixty-two schools listed the subjects offered below the high school, and the 73 schools which offer work in the high school listed the subjects given there. Table 6 indicates for these the frequency with which each subject is reported. Eight of the seventy-three hospitals providing high-school work offer ninth-grade subjects only. Fifteen report high-school work in only three or fewer subjects, and three offer high-school work in only one subject.

PUPILS

Number and percent cared for.—One hundred and fifteen hospitals reporting both number of patients of school age and school membership, had in these groups 8,578 patients, and 5,677.7 of these were enrolled in the school. Accordingly, 66 percent of the patients in these hospitals who are of school age appear to be receiving school instruction. Some hospitals, however, reported only hospital school membership, giving no data on total patient population of school age. One hundred and forty-seven schools reported a total average membership of 7,326.2 pupils, or an average of 49.8 pupils per hospital school. The membership ranged from 6 to 300. One school reported that only 25 percent of the pupils able to be enrolled were cared for; others reported up to 100 percent of the available pupils as enrolled in school. The average for 139 hospital schools was 92.2 percent.

Type of handicap.—Of the 162 hospital schools, 153 indicated the afflictions of children enrolled for the school program. In 64 of these, the work is available to all physically handicapped children, while in 89 the school work is available only to certain types of children. Thirty-six reported school work for the crippled; 57 for the tuberculous; 12 for anæmic children; 6 for children with venereal diseases; 24 for children with poliomyelitis; 19 for cardiac cases; and 22 reported school work for children having other types of difficulties.

Conditions of enrollment.—Of 116 hospitals giving data on age limitations in relation to school enrollment, 36 stated that there were no age limitations; 80 gave upper age limits; and 79 gave lower age limits. Of the 80 which gave the upper age limits, 62 indicated that these limits were the same as those for the patients admitted to the hospital. In the 18 remaining cases, the upper age limits ranged from 12 years to 21 years, with a median of 16 years. Of the 79 schools which reported the lower age limit, 45 gave the same minimum age requirements used for the admission of patients to the hospital. In the 34 remaining cases, the minimum age at which a pupil could be admitted to the school ranged from 1 year to 8 years, with a median of 5.75 years.

One hundred and thirty-six hospital schools listed one or more reasons for excusing or excluding pupils from attendance in the school. Of these, 36 gave mental deficiency as cause for excluding pupils from

attendance; 120 emphasized the child's physical condition as a determining factor; and 47 schools stated that pupils were not enrolled if their expected stay in the hospital was considered too short to make the school work advisable. In these 47 schools the median expected stay necessary for school enrollment was 2 weeks; the mean, 4.3 weeks.

Of the 148 schools which reported the method of selecting pupils for instruction, 72 stated that all pupils were referred to the school as a matter of routine procedure, and 76 reported that only those pupils were instructed who were recommended. Officials mentioned as responsible for recommending hospital instruction for specific cases were: Doctor, in 72 cases; nurse, in 17 cases; teacher, in 11 cases; local public school, in 5 cases; other person, in 3 cases. In practically all cases the approval of the attending physician is required before school work is begun.

Length of stay in hospital school.—There were 127 replies concerning the average length of time during which a pupil was enrolled in the hospital school. As might be expected, there was extreme variation in this item since a child's period of attendance in the hospital school would be determined by the length of his stay in the hospital. The actual range was from 10 days to 10 years, with 50 percent of the cases enrolled for 6 months or longer. The mean stay for the group was 11 months. Some schools did not give the average length of stay but replied with such terms as, "indefinite," "until 21," "up to 8 years," "6 months to 7 years," "a few months to years," "one-fifth of pupils from 2 to 3 years," "1 to 7 years," "a few months to several years," etc.

Report to home school.—Sixty-nine schools indicated that a report was made to the child's home school when he was enrolled in the hospital school, but 72 stated that no such report was made. Three stated that a report was made for some pupils and not for others, and 18 did not reply to this question.

ADMINISTRATIVE CONTROL

There were 158 replies to the question, "To what administrative officer is the school principal or teacher directly responsible?" Of these, 85 indicated that the teacher or principal was directly responsible to the local (city or county) superintendent of schools, 47 indicated that he was directly responsible to the hospital superintendent, 1 referred to some other officer in the hospital, and 4 to miscellaneous individuals. Twenty-one stated that the teacher or principal was jointly responsible to 2 or more individuals. Of the four miscellaneous answers, one stated that the teacher was responsible to the board of lady visitors; one to the social service department; one to the doctor in charge; and one to the dean of the school of education of a university.

INSTRUCTIONAL SUPERVISION

The question asking what board or officer supervised the curricular program brought 156 replies. Of these, 113 indicated that the local superintendent of schools or board of education was either wholly or in part responsible for the supervision of instruction. Other agencies reported as wholly or partially responsible for such supervision are: State superintendent of public instruction, in 10 cases; State board of education, in 7 cases; other State board, in 2 cases; other State officer, in 6 cases; hospital superintendent, in 35 cases; other officer in hospital, in 6 cases. Nineteen schools replied that the hospital school was independent with no external supervision of the school.

TEACHERS

Number employed.—One hundred and fifty-seven hospital schools gave data as to the number of teachers employed. These reported a total of 438 teachers, 348 on full time and 90 on part time. Table 7 gives the number employed in each department of the school.

TABLE 7.—*Number of teachers employed in 157 hospital schools*

Department	Full time	Part time	Total
1	2	3	4
Academic	291	48	339
Vocational	23	35	58
Recreational	18	17	35
Other	2	14	16
Total	[1] 348	[1] 90	[1] 438

[1] These totals have been corrected for part-time teachers who are counted twice if reported as teachers in two different departments.

Items of employment procedure.—One hundred and fifty-five hospitals reported the board or person responsible for the employment of teachers. The hospital board employs the teacher in 24 schools; the local board of education in 92 schools; and some other board or person in 47 schools. In eight of these, some of the teachers are employed by one board or person and some by another.

Of 135 hospitals which replied regarding contractual relations, 71 state that all teachers have employment contracts and 59 report that they do not. Five state that some of the teachers have contracts and others do not.

In reply to the question, "Do the teachers share in the benefits of State tenure laws, retirement benefits, etc., as in regular schools?" there were 130 replies, 88 of which stated that all teachers share in these benefits and 34 that none of them do. In eight schools, some of the teachers have such privileges and others do not.

Salaries.—Forty-four schools reported the mean teachers' salary computed on a full-time basis. This mean ranged in various schools from $450 to $2,935, with a median of $1,500. In schools providing maintenance it ranged from $500 to $1,050, with a median of $600. Individual salaries were reported as high as $3,850 and as low as $300 without maintenance. This wide variation is no doubt due to the extreme differences prevailing in type of school and in qualifications of teachers. In some of the private institutions supported to a large extent by contributions, teaching services are frequently provided by interested persons at nominal cost.

Teaching load.—Similar variation exists in the teaching load. In general it might be said that the median hospital school teacher has a working week of 25 hours and a school year of 40 weeks. She instructs 22 pupils either at the bedside or in the classroom, but the number of class periods she holds daily depends upon the number of different patients who must have individual instruction. Median measures such as these do not of course reveal the extremes of a distribution, which in this case are widely divergent. Some teachers report as many as 60 pupils, others have only 5 or 10. In some hospitals the school year extends through 52 weeks; in others it is only 27 weeks in length. So many variable factors enter the situation concerned with pupil population that practices must necessarily be affected accordingly.

Qualifications of teachers.—Teachers' qualifications were specified by 148 hospital schools. Of these, 146 stated that a State teacher's certificate was required of all teachers. Two hospitals stated that a certificate was required of some of the teachers, but not of all teachers. Sixty-four hospitals reported that there were other special requirements in addition to a regular teacher's certificate. Some of these special requirements were: "Orthopedic certificate;" "clinic experience;" "special examination;" "college degree;" "certificate for special classes;" "3 years' experience;" "special training for crippled children;" and "some medical experience."

FINANCE

Sources of financial support.—Of the 162 schools which returned questionnaires, 158 reported the sources of financial support for the hospital school. Most of these indicated more than one source of funds. The various sources from which some or all funds were received are: Local boards of education, 83; State (from special funds), 65; county, 17; tuition charged to child's home school district, 7; tuition charged the parent, if able to pay, 3; hospital budget, 39; private contributions, 11; other sources of revenue, 17. Among the miscellaneous sources of revenue given were "tuberculosis association"; "grange"; "congressional appropriation"; "hospital aid

society"; "estate"; "endowment funds"; "Board of Lady Visitors"; and "Sunbeam League."

Special provisions for State support.—Of the 162 hospitals, 78, or fewer than half of them, reported special provisions for State aid and indicated the basis upon which it was granted. The statutory provisions of the State, as discussed in chapter III, would obviously determine the method of support given to the respective hospital schools, although the situation prevailing in individual schools or school districts might influence the allotment made. State hospitals are likely to receive all their revenue from the State, while local hospitals are more likely to have other sources of income. The practices as reported by the 78 hospitals with regard to State support are as follows:

All costs paid by the State	11
Definite total appropriation from State	11
Definite amount per pupil paid by State	20
Definite amount per teacher paid by State	11
State support on some other basis	11
State support on basis of combination of two or more plans	14
Total	78

Income and expenditures.—The income of the hospitals by source, for the latest fiscal year, was indicated by only 57 hospital schools. These reported a total income of $218,750.26. The total amount from each source and the percent each source is of the total is given in table 8. Special State aid is the largest source of income for the hospital schools, accounting for 50.8 percent of the total funds reported. Local boards of education contribute 24.5 percent of the total income.

TABLE 8.—*Sources of income and total income of 57 hospital schools*

Source	Amount	Percent of total
Local board of education	$53,578.95	24.5
Special State aid	111,304.30	50.8
Hospital budget	38,450.08	17.6
Tuition	3,217.87	1.5
Private contributions	5,868.11	2.7
Other	6,330.95	2.9
Total	218,750.26	100.0

Eighty-one hospitals gave data on their expenditures for the latest fiscal year. These reported a total expenditure of $297,804.09. Of this amount, $275,119.06 was used for teachers' salaries. Table 9 shows the amount and percent of the total expenditures used for each activity. In these 81 schools there were 4,286.3 pupils (average enrollment) and 201 teachers. The average expenditure per school

was accordingly $3,676.59. The average salary paid each of the 201 teachers was $1,368.75, and the expenditure per pupil in average enrollment was $69.47.

TABLE 9.—*Expenditures of 81 hospital schools*

Item	Amount	Percent of total
Teachers' salaries	$275,119.06	92.4
Instructional supplies	13,815.54	4.6
Equipment	6,812.61	2.3
Other expenditures	2,056.88	.7
Total	297,804.09	100.0

INSTRUCTIONAL ITEMS

Twenty-nine hospital schools reported that instruction was given in classrooms for ambulatory cases only; 11 give instruction only at the bedside of the patient, and 112 offer instruction both in classrooms and at the bedside. Ten did not furnish data on this item.

One hundred and nine hospital schools reported the number of hours of instruction given each pupil per day. This item must obviously vary in accordance with the child's physical condition and the physician's recommendation. Some received only 15 minutes of instruction per day; others were in class 4 or 5 hours. The average for all was 1.88 hours.

Twenty schools reported the use of textbooks of their own selection; 4 use textbooks from the pupil's home school; 99 use the same textbooks as the local public schools; while 4 report some other policy with respect to textbooks. Thirteen schools report a combination of two of the policies named. Twenty-two schools did not give information on this point.

CLASSROOM FACILITIES

Of one hundred and fifty-two hospital schools reporting on classroom facilities, 17 indicate that there are no classrooms provided. In 102 hospitals, however, there are 219 classrooms. Of these, 163 are used for academic work, 26 for vocational work, 23 for recreational activities, and 7 for other work. In four cases the rooms are used for more than one purpose. In one hospital a room is reported for use as a classroom as well as for a playroom, for church services, for doctor's lectures, and for visitors. Thirty-seven hospitals, 4 of which also have classrooms within the hospital building, report special buildings for school work, with a total of 126 classrooms, 99 of which are used for academic work and 27 for other types of school activities.

Seventy-six hospital schools reported libraries, one of which consisted of 1,500 volumes. Five hospital schools reported no equipment

whatever. Equipment most frequently mentioned comprised movable and adjustable chairs and desks, textbooks, blackboards, and maps. Six schools reported a piano; one school reported a radio shop; one, a greenhouse; and another, a domestic science department. A majority of the hospital schools did not list the complete equipment provided for their use but merely mentioned one or two items and stated that the schools were as well equipped as regular schools. One respondent writes:

> We have the scientific type of desk with accessories such as leg rests, cushions, foot rests, stirrups, and special backs. Also pedestal type desk for wheel chairs and reclining charts, movable book charts, movable dictionary stand and sand table, two pianos, library of 500 volumes, library tables and chairs, plant stands, goldfish tank, bed tables, clip boards, and many book cases.

Another writes, "Equipment in general is poor, desks, maps, etc., furnished from left-over supplies by board of education."

ACCEPTANCE OF CREDIT

Ninety-one hospital schools reported the acceptance of credit at the child's home school after a child had attended the hospital school. In one instance credit is accepted "in full in 95 percent of the cases"; another reported that "there had been but one case where full credit was not accepted." One stated that credit was accepted "in most cases." The remaining 88 replied that credit was accepted by the home school "in all cases." Some of the comments concerning the acceptance of credit and promotions are: "A number of pupils have been able to accomplish 2 years' work in 1"; "because of special and individual instruction, patients are ahead of those at home schools—in most cases"; "in two cases, double promotions have been made when children were readmitted to their home school"; "eight students took regent's examination and all passed with grades above 85 percent"; and "never has a child been held back in his own school because of work taken here."

ADULT EDUCATION

Instruction above the high-school level was reported by 14 of the 162 hospital schools which replied to the questionnaire. The tendency for adults to continue their academic education after they have been graduated from high school, or to complete an unfinished educational program, has been as noticeable in the hospital school as it has been elsewhere—and perhaps more so, due to the fact that patients in the hospital have more leisure time to devote to organized study, and in some cases are forced to consider a new occupation due to a physical handicap. One purpose of the adult education program at the University of Michigan Hospital School is to assist adults in college

extension work. One patient was completing the work on his A. B. degree through correspondence, assisted by the hospital school teachers, and was obtaining practice in teaching by tutoring several patients in the ward.

There was no attempt made in this study to obtain information as to the type or the extent of the program of adult education in hospital schools. However, the following from the annual report of the University of Michigan Hospital School, where a full-time teacher in the commercial department was appointed for adult education work, not only indicates the possibilities of this work but also illustrates what is being done in one case:

> The commercial subjects (in adult education) have been by far the most popular in the hospital school since they are the ones offered which may be turned to practical use if the patient becomes sufficiently capable in the stenographic or clerical fields. Some of the patients have passed all of the academic requirements for expert stenographers, and others have completed the courses in bookkeeping that are required of graduates of business colleges. No placement assurance was given to these patients. However, they are aware that they are filling their time profitably and are acquiring an asset which may make them at least partially independent.
>
> The commercial department has extended its instruction to patients in both the acute and convalescent units. Since there were more calls for this work in these units than could be met, there has been a careful selection of those who were permitted to receive instruction. In every case, a request for instruction came directly from the patient. After receiving this request, an interview was held with the patient to learn something about his background and the type of work he has been doing. Then information was obtained from the social worker concerning his expected physical condition upon his release from the hospital. In this way, his needs are ascertained as well as a general idea formed of whether the training will be of sufficient value to warrant the time and effort necessary to maintain a standard of work equivalent to the same type offered in a business college.
>
> * * * Ages of pupils, most of whom were adults, ranged from 15 years to 44 years * * *. Typewriting, shorthand, and bookkeeping were the most popular subjects.
>
> Patients were classified as vocational, prevocational, and cultural, according to their motives for taking the courses, their previous training, and their possibilities of turning their training into a vocation. Patients who would qualify as vocational were offered a choice of any of the 20 subjects listed. Prevocational, or those who did not have sufficient academic background to put vocational training into immediate use, were offered a choice of seven subjects which would serve as a background for later vocational training. Patients interested in cultural subjects were given an opportunity to select any course offered in the Hospital School senior high school curriculum.[1]

[1] From the 1936-37 University of Michigan Hospital School report. (Unpublished.)

SUMMARY

The questionnaire returns received from 162 hospital schools located in 124 cities and in 33 States, Hawaii, and the Philippine Islands, indicate a wide variety of practice. This variation extends to all phases of the hospital school—administrative control, instructional supervision, length of school day and year, selection and limitation of pupils admitted to the school, finance, curriculum, teacher personnel, instructional methods, and classroom facilities. Apparently much remains to be done before it can be said that hospital instruction is operating upon a sound basis of recognized standards.

Courtesy of University of Michigan Hospital, Ann Arbor.

Little patients spend many happy hours in this activity room

CHAPTER V: THE VALUES OF HOSPITAL INSTRUCTION

The hospital school has three types of values: therapeutic, vocational, and general educational. In the opinion of many hospital authorities who are concerned primarily with the recovery of the patient, the therapeutic values are the only justification for the existence of hospital schools and, in some cases, they constitute the only reason why such schools are tolerated.

THERAPEUTIC VALUES

The child is in the hospital primarily for the purpose of physical treatment, and all other activities should be subordinated to this objective. In a study made in 1932 of how a hospital patient spends his time, it was found that during more than half of his day he is free from both hospital routine and supervised activities.[1] It is generally agreed by hospital authorities that if a child can be kept busy, either with his hands or his mind, his mental state is more healthy and the result is a better functioning—physically, mentally, and emotionally—of the whole individual. Such a condition is conducive to more rapid recovery.

The hospital presents an entirely new situation to a patient; it is another world to which the individual must adjust himself. In this new environment the school situation can be introduced as one activity that is familiar to the child and of absorbing interest, and therefore one of high therapeutic value. Dr. Wilson, former superintendent of the Boston City Hospital, states:[2] "Remove any or all of the Boston schools, but leave the hospital school." Another writer says:[3]

> Long monotonous days are transformed into days full of interest and happy child activity * * *. For those losing much time, it brings new confidence.

The attitude of the children toward the school work was reported on one of the questionnaires as follows: "They want it; it is punishment to them if not allowed to take the work because of their physical condition."

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[1] Matheison, C. L., Academic Training in University of Michigan Hospital School. Unpublished manuscript, University of Michigan, School of Education. Ann Arbor, University of Michigan, School of Education, 1932. pp. 50-52.

[2] McHugh, Caroline L., Boston Has Hospital School. Journal of Education, 111: 689, June 16, 1930.

[3] Kerr, Jean, The School Goes to the Hospital in Johnstown. School Life, 16: 157, April 1931.

The hospital school seems justified, therefore, because of its therapeutic value. From this standpoint alone, however, it would have no place as a part of the regular school system, in which academic achievement is an important aim.

VOCATIONAL VALUES

Some hospital patients never will regain complete physical recovery. Some are permanently maimed by accident. Many children afflicted with poliomyelitis or osteomyelitis never recover sufficiently to lead normal lives, and some are seriously crippled for life. In order to become self-supporting and useful citizens of society, all of these need special vocational guidance and training in keeping with their expected future physical condition. Previous preparation, in most cases, has not fitted them for the vocation they are unexpectedly forced to select. In this respect, the hospital school serves as a useful agency to assist in advising and even in training patients for their future.

Commercial training, handwork, and shop activities offer opportunities in this direction. The possible value of such training is illustrated by the case of a college student who was in an automobile accident resulting in fractures of both legs, a broken back, and internal injuries. Miraculously, the girl lived and, partially paralyzed, learned typewriting while in bed in the hospital. Although still partially paralyzed and confined to a wheel chair, she has a stenographic position in the hospital and is self-supporting. Other case histories indicate that hospital children can be prepared to become self-supporting. In the report of the White House conference it is said:[4]

> **It is unquestionably better public policy to spend money today in helping the handicapped child help himself than it is to spend many times as much tomorrow in supporting him at public expense.**

GENERAL EDUCATIONAL VALUES

Effect upon retardation.—Very few attempts have been made to measure objectively the value of hospital school instruction. Due to the shorter school day, with bedside instruction averaging from 1 to 2 hours per day, it has been assumed by many that the work accomplished must necessarily be less than that done in regular classes. However, one should take into account the fact that hospital instruction is highly individualized and that, even with the shorter school day, it may therefore be as effective as regular school work.

The results of this study indicate that the hospital school instruction is sufficient to keep the child up to grade. Among 91 hospital schools furnishing data on this point, there was almost a unanimity of opinion

[4] Special Education. The Handicapped and the Gifted, Section III-F, Education and Training. White House Conference on Child Health and Protection. New York, The Century Company, 1931. P. 4.

and of evidence that such is the case. This is quite significant in view of the fact that time is lost both before entrance to the hospital school after leaving the home school and again before reentering the home school after discharge. The following is one of the replies on the subject:[5]

> Credits, promotions, always have been readily accepted by the pupil's school * * *. In addition to the educational advantages offered the child by the opportunity for him to continue his studies while hospitalized, there is the resulting saving to the school board by the elimination of otherwise retarded pupils. From the enrollment for the past year, we have had 31 pupils who would have been obliged to repeat their grades had they not been able to receive their instruction while hospitalized. This number included only those present the greater part of the term. From the remainder who were present less than 4 months, we could undoubtedly add many others. Many of these children, too, are chronic hospital cases, obliged to return to the hospital from time to time for treatment. They are all doing satisfactory work in their standard grade in spite of their many periods of hospitalization.
>
> The therapeutic benefits should be considered, too. According to the physicians in charge, the child's physical recovery is definitely hastened by the directing of his thoughts into constructive channels.
>
> Physical deformities often adversely influence the personality development of the child. Because he is unable to participate in the sports and play with more fortunate friends, serious behavior problems sometimes occur. If, too, through long periods of forced absence from school, he is unable to compete in scholastic fields with the normal child, these feelings of inferiority and self-pity become more intense.

In the Philadelphia hospital from which this report came there were 31 enrolled for 4 months or longer during the year. An absence of 4 months or more from the regular schools would, in most cases, result in a half year of retardation. Yet all the 31 pupils enrolled in the Philadelphia hospital were successful in maintaining normal school progress. In the University of Michigan Hospital school, during the year 1931–32, when the average daily membership was 104 pupils, there were 70 pupils enrolled for 80 days or more, or for more than 4 school months. The hospital school enabled these 70 pupils to keep up their studies and to pass their regular half-year promotional period without failure.[6]

As already indicated in chapter IV, 106 schools gave the average length of stay of their pupils as 11 months, with a median of 6 months. For each pupil who is enrolled in the hospital school 6 months or more and who passes his grade, at least a half year of retardation is avoided Hence the work is not only of benefit to the pupil in preventing his individual retardation, but it is of financial benefit to the home district, which is thereby relieved of the responsibility of providing the student with an extra half year of schooling.

[5] Questionnaire from Graduate Hospital, University of Pennsylvania, Philadelphia.
[6] Matheison, C. L., Op. cit., pp. 3 and 49.

Effect upon school record.—While making a study of the University of Michigan Hospital School during the school year 1931-32, the writer, under the direction of Dr. L. W. Keeler, director of instruction of the hospital school, prepared a short questionnaire which was sent to the home schools of 26 pupils who were known to have entered the hospital school soon after leaving the home school and to have re-entered the home school soon after discharge from the hospital and the hospital school. The officials of the child's home school were questioned concerning his performance after returning to the home school and were asked to indicate whether his work after returning was poorer than, equal to, or better than, the work done in his group previous to hospital training.

TABLE 10.—*Report on questionnaire sent to home school concerning discharged patients who were enrolled in the hospital school of the University of Michigan during the period January 1, 1932, to June 1, 1932* [1]

Pupil	Days in hospital school	I. Q.	Grade in hospital school	Grade allowed at home school	Type of present accomplishment
1	2	3	4	5	6
J. B.	23	84	1-A	2-B	Same as previously.
H. B.	29		3-A	[2]	[2].
M. B.	[3] 16	112	9-B	9-B	Slightly poorer.
G. F.	21		2-B	2-A	Better than previously.
G. F.	75	75	5-A	5-A	Do.
E. G.	42	99	5-B	[2]	[2].
J. H.	33	96	2-B	2-B	Better than previously.
A. H.	75	106	5-B	5-B	Do.
R. J.	[3] 35	105	7-B	7-B	Do.
E. K.	75	142	6-B	6-A	Do.
M. L.	33	67	1-B	1-B	Do.
C. M.	38	121	3-B	3-B	Do.
S. M.	46		9-A	9-A	Do.
I. M.	78	81	3-B	3-A	Do.
L. O.	[3] 35	106	2-B	3-B	Do.
D. P.	80	78	6-B	[2]	[2].
C. P.	102	117	6-A	6-A	Better than previously.
R. P.	45		3-B	3-B	Do.
B. P.	21		2-B	2-B	Do.
B. S.	20		3-B	3-B	Do.
B. S.	25	119	4-B	4-B	Do.
R. S.	24	107	7-B	7-B	Do.
M. S.	30		1-B	[2]	[2].
E. S.	40	90	1-B	[2]	[2].
D. S.	[3] 25	72	2-B	2-B	Better than previously.
L. W.	92	72	2-B	2-B	Do.

[1] From Matheison, C. L., Academic Training in University of Michigan Hospital School. Unpublished manuscript, University of Michigan School of Education. Ann Arbor, University of Michigan School of Education, 1932. p. 60.
[2] No report.
[3] Patient returned to hospital twice a year for 2 years or more.

Twenty-one replies were received which are tabulated in table 10. This table gives the initials of the pupil; the days of hospital school attendance; intelligence quotient where this was available; hospital

grade; and the report from the home school. Of the 21 replies, 19 indicated that the pupil was able to keep up with the group in which he was previously working, and that the quality of his work was equal to that which he did previous to hospital training. One school reported that the pupil was farther advanced than his group, and one that the pupil was doing poorer work than previously. Incidentally, the pupil who returned and did poorer work than previously was enrolled in the hospital school only 16 days—a shorter time than any of the others.

The attendance of these pupils in the hospital school ranged from 16 to 102 days, with an average of 45 days; the grades included all from 1–B to 9–B except grade 8. The intelligence quotients ranged from 67 to 142, with an average of 97. The results of this follow-up questionnaire indicated that in the opinion of the home school officials the hospital school was able to keep the pupils up to grade while in the hospital, and thus to bridge the gap in school work caused by hospitalization.

Effect upon test performance.—During the school year 1931–32 attempts were made to measure objectively the results of the hospital instruction. Hospital school records were examined to determine whether records were available for any pupils who had been given an achievement test upon entrance to the hospital school and retested after a period of time spent there. Four such cases were found, one of which was a child who had been at home and had reentered the school between tests. More cases were not available due to the rapid turnover of students and little opportunity for retesting. The records of these four students on certain sections of the Stanford achievement test are tabulated in table 11. Only records for the sections of the test which were completed by the pupil are included.

These four pupils had received a combined total of 16 months of hospital school instruction of from 1 to 1½ hours per day. They showed a total combined gain of 26 months in educational achievement, while normal gain in the regular public schools would have been 20 months, since a combined total of 20 school months elapsed between tests. One pupil was tested after 4½ months of hospital school work and during that time made a gain of 3 months of school achievement. His gain in arithmetic is outstanding. At the time of the first test he was retarded 1 year in this subject. The teacher spent 15 minutes per day on 4 days of each week in intensive review of arithmetic. When retested 4½ months later he showed a gain of 1.3 years in reasoning and 1.1 years in computation. The value of individualized hospital school instruction was obvious in this case.

TABLE 11.—*Results of Stanford achievement tests given to four pupils at the University of Michigan Hospital School, and results of retesting after attending the hospital school, 1931–32* [1]

Test section	Grade level reached on tests							
	Pupil 1 Age 12 Grade 5–B		Pupil 2 Age 13 Grade 8–B		Pupil 3 Age 9 Grade 4–B		Pupil 4 Age 12 Grade 8–B	
	Test 1	Test 2	Test 1	Test 2	Test 1	Test 2	Test 1	Test 2
1	2	3	4	5	6	7	8	9
Paragraph meaning			8.4	10.0			8.7	10.0
Word meaning	6.0	8.2	7.9	9.2	4.1	4.3	7.1	8.7
Dictation			8.4	8.4				
Language usage	8.1	8.7			5.8	5.1		
Literature			7.2	6.4	4.3	3.3		
History and civics			7.1	8.5			7.8	7.5
Geography	5.4	6.0			4.4	4.7	7.8	8.4
Physiology and hygiene			9.5	10.0	4.4	5.0	10.0	10.0
Arithmetic reasoning	7.1	7.1	8.5	9.7	3.3	4.6	8.7	9.7
Arithmetic computation	4.4	4.5	9.3	10.0	3.5	4.6	9.8	10.0
Average on all sections	6.2	7.1	8.2	9.0	4.2	4.5	8.5	9.1
Increase on second test	0.9		0.8		0.3		0.6	
Normal increase	.15		.6		.45		.8	
Months between tests	1½		6		4½		8	
School attendance between tests (months)	1½		4		4½		6	

[1] From Matheison, C. L., Academic Training in University of Michigan Hospital School. Unpublished manuscript. University of Michigan, School of Education. Ann Arbor, University of Michigan, School of Education, 1932. p. 64.

The educational value of hospital instruction is indicated also by the results of State examinations. One hospital school in New York State wrote: "Eight students took the regent's examination and all passed with grades above 85 percent. The intelligence quotients of these pupils ranged from 80 to 130." In 1932 the University of Michigan Hospital School conducted State examinations for the county commissioners of 18 pupils' home counties and, in these 18 cases, there was not a single failure. The pupils were in the seventh and eighth grades, and all examination papers were corrected in the county in which the pupil resided, with the papers of the regular school pupils of the county. In one of these 18 cases the pupil took all of his seventh-grade work in the hospital school while on a Bradford frame. Then he took half of the eighth-grade work at home. Returning to the hospital school, he completed the last half of the eighth grade and passed the examination. Another boy took examinations in four subjects and made grades of 100 in three of them, with the fourth grade above 90. This boy had not attended the regular school at all for his eighth-grade work, but began the year's work when he came to the hospital school in January. In the 4½ months spent in the hospital school before the examination in May, he took all of the eighth-grade work while on a Bradford frame.[7]

[7] Matheison, C. L. Op. cit., p. 65.

A pupil at the University of Michigan Hospital School was taught biology 1 by one of the student teachers from the University School of Education. This pupil was given the same test that was given at the University High School to a class of 25 in biology 2. The hospital school pupil, with one semester less of biology, ranked sixth in the group, making a score of 94 out of a possible 110, while the scores of the class at the University High School ranged from 44 to 104.[8]

Another boy in the University of Michigan Hospital School was given the Stanford achievement test and was found to be below standard in arithmetic. His grade level was 4.8. Seven weeks later, after the teacher had given him intensive work in arithmetic for 20 minutes per day, he was retested and made a grade score in arithmetic of 8.1. This represented an increase equal to 3.3 years.[9] No doubt this was an exceptional case, but it shows what can be done in hospital instruction with pupils who are especially capable. The less capable, too, as shown by the cases already discussed, can profit materially from the systematic program of instruction made available to them during the period of hospitalization.

SUMMARY

The hospital school has three values: Therapeutic, vocational, and general educational. By keeping the child's mind occupied and away from his misfortune it aids in physical recovery. It can assist the patient to select a vocation in keeping with his possible future physical condition and offers possibilities for training in that vocation. It bridges the gap in school progress caused by temporary hospitalization, enabling the pupil to keep up to grade, and for long-time patients it gives the child educational opportunities which would be otherwise impossible. According to the opinions of hospital authorities and of school authorities from the child's home school, hospital school instruction is effective. The results of standardized tests likewise indicate that the progress made by pupils in the hospital school can equal the normal grade progress in the regular school.

[8] Ibid. p. 66.
[9] Ibid., p. 66.

The teacher guides a group of girls in making a problem in the desert land

CHAPTER VI: APPRAISAL OF SELECTED FACTORS

COSTS

As indicated in chapter IV, the average cost of hospital school education in the 81 schools which reported expenditures and pupil membership for the year 1935–36 was $69.47 per pupil year, the range extending from $12.50 to $243.56. In 1933–34 the cost for current expenses (excluding interest) per pupil in average daily attendance in all public day schools of the United States, was, as reported by the Office of Education, $67.48;[1] and in 1935–36 a corresponding figure was $74.30.[2] While allowance needs to be made, of course, for differences in time and in locality, these figures appear to indicate that the average cost of hospital instruction need not be materially different from that of instruction in day schools. In reality, in a large number of cases it will be much less, due to the fact that many pupils are permitted to give relatively little time to school work. Moreover, the fact that expenditures for building operation and maintenance are charged to the hospital rather than to the educational account has a significant effect upon the per capita cost for educational purposes.

The Office of Education[3] found that the average cost in 1931–32 per pupil in average daily attendance in special classes for other types of atypical children in public schools of cities of more than 100,000 population was as follows:

Blind	$387.13
Partially seeing	203.29
Deaf	361.58
Mentally deficient	157.84
Socially maladjusted	168.85
Delicate	126.69
Crippled	203.78

The cost of hospital schools is exceedingly low in comparison with such figures as these.

[1] Statistics of State School Systems, 1933–1934. United States Department of the Interior, Office of Education, Bulletin, 1935, No. 2, ch. II, p. 29.

[2] Statistics of State School Systems, 1935–36. United States Department of the Interior, Office of Education, Bulletin, 1937, No. 2, ch. II, p. 35.

[3] Education of Exceptional Children, 1930–32. United States Department of the Interior, Office of Education, Bulletin, 1933, No. 2, ch. 6, p. 13.

SPECIAL STATE AID

It has been pointed out in chapter IV that for 57 hospital schools reporting this item, 50.8 percent of the total funds received came from the State. Many of these 57 schools were in State hospitals, for which all funds come directly from the State. The percentage of income coming directly from the State to local hospital schools is much lower than this. The fact that 29 hospital schools listed no income from the State indicates that the entire burden for the support of many hospital schools must now be met from other sources. Most of these 29 are schools in private hospitals where the school is supported from the hospital budget, or in hospitals where the school is supported by philanthropic agencies.

In some States, State aid is given for some types of hospital school children and not for others. One hospital school, for example, reported that the State would pay for the education of cardiac and crippled cases, but not for other types of disability. Such a situation indicates discrimination in favor of one or more types of handicap. In some cases, this is the result of legislative enactments.

It seems reasonable to expect that States should support hospital schools to the same extent that they support regular schools; and, if excess costs are involved, provisions for reimbursement made for one type of atypical child should be applicable to all types.

STATE REGULATION AND SUPERVISION

Education is regarded as a State function, and State departments of education have been set up to regulate and supervise the total educational program of the State. Such State supervision of all educational activities is necessary in order to provide the proper integration and correlation and to assure each child a complete educational opportunity. It is essential, too, that all educational activities be in charge of persons especially trained in education.

Questionnaire returns as already discussed indicate a serious lack of State educational supervision in hospital schools—and even the lack of knowledge on the part of State educational authorities of the existence of hospital schools. In 1931, the writer wrote to the various State departments of education asking for a list of hospital schools within their respective States which offer academic training to patients. In most cases the State departments were unable to furnish lists; many referred the request to other departments; and the few lists returned were incomplete. The Department of Education in one State replied, "information not on record in this office." Another replied, "there are some classes in the State, I am sure, but they are not under the supervision of this department." One department of education sent in the name of one hospital; yet questionnaires were returned from

16 hospital schools in that State, all established prior to 1926. Another sent the name of one hospital school, while questionnaires were received from seven in that State, five of which were established prior to 1922. One department of public instruction replied, "The only hospital in the State which to my knowledge is offering academic work is the R—— Hospital of this city." Questionnaires were received from three others, two of which were established prior to 1924.

The legislative enactments in all except 1 of the 17 States considered in this report specify or imply general supervision by the State educational authorities of the educational program in hospital schools. It appears only logical that the educational work of hospital schools should, in common with other phases of the State educational program, be administered and supervised by the State department of public instruction either through local superintendents or through a State board or officer responsible to the State superintendent.

Moreover, a continuous system of education for each child requires accurate child accounting, including a transfer report whenever a child leaves or enters a school. The 72 hospital schools replying that no report is made to the child's home school when he enters the hospital school can scarcely be considered as contributing vitally to the continuity of the educational program.

Only 11 of the 17 States making legislative provisions for hospital schools require a census of handicapped children, and 2 of these are of crippled children only. Without a census of handicapped children a complete program of education for all the handicapped is impossible.

TEACHERS

The average teacher's salary of $1,368.75 for 81 hospitals reporting expenditures compares favorably with salaries of regular teachers, which averaged $1,227 in the United States in 1934,[4] and $1,283 in 1936.[5] However, many hospital school teachers do not receive the benefit of a contract, and many others do not share in other benefits as do regular public-school teachers, such as tenure and retirement salaries. The main reason for this situation seems to be that laws providing such benefits apply only to employees of the public schools, while many hospital teachers are employed by hospital authorities or private agencies.

Special qualifications for all teachers are implied in the legislative provisions of eight States to the extent that the State superintendent may prescribe the requirements made. Only 64 hospitals stated that special qualifications were required of teachers. It is true that facili-

[4] Statistics of State school systems, 1933-34. United States Department of the Interior, Office of Education, Bulletin 1935, No. 2, ch. II, p. 18.

[5] Statistics of State school systems, 1935-36. United States Department of the Interior, Office of Education, Bulletin 1937, No. 2, ch. II, p. 21.

ties for the special training of teachers for this type of work are lacking in most States. Moreover, little is definitely determined as to the desirable content of such training. Several teacher-training institutions take advantage of nearby hospitals, and some of their student teachers pursue their practice teaching in the hospital school. This is true of the University of Michigan School of Education; University of Iowa School of Education; Teachers College, Columbia University; and Butler University, Indianapolis, Ind.

INSTRUCTIONAL METHODS

In most of the hospitals, instruction is given both at the bedside and in classrooms. Ambulatory cases are taken to classrooms, if classrooms are provided. Since in 17 of the hospital schools there are no classrooms, instruction in these institutions is necessarily limited to the bedside. Classroom instruction is, of course, more desirable for ambulatory cases. It is, at the same time, more economical, since a teacher in the classroom can take care of a group of children at a time, while at the bedside the instruction must often be individualized.

EDUCATIONAL FACILITIES

Many hospital schools seem to be as well supplied with regular equipment as are regular schools. Yet it is evident, too, that in many other schools adequate educational facilities are lacking. The hospital school needs special equipment, such as adjustable chairs and desks and other appliances which can be taken from room to room. Desks to fit over beds are essential for bed patients. Textbooks, blackboards, and supplies are quite as necessary here as in other schools. Obviously, if the child is to be carried over a period of his school work without later disadvantage to his progress, he must be provided with all the physical equipment with which to work that he would have in a normal school situation.

SUMMARY

The yearly cost per pupil for hospital school instruction is low in comparison with the cost for other types of atypical children.

Some hospitals receive special State aid, others none, many States not having assumed the responsibility for financial assistance to hospital schools.

Too many hospital schools operate without the benefit of supervision of local or State educational authorities. Such supervision would be conducive to a development of desirable standards.

Hospital teachers receive salaries the average of which, as reported, compares favorably with those of regular public-school teachers. However, many do not work under contract or share in pension and

tenure benefits as do other public-school teachers, owing to the fact that they are not employed by boards of education. For the same reason their qualifications have not yet been definitely specified.

Some hospitals offer only bedside instruction. Due to its socializing influence on the child, classroom instruction is preferable to bedside teaching for ambulatory patients.

Many hospital schools appear to be well provided with educational equipment and supplies. In many other instances, however, proper equipment and adequate supplies are seriously lacking.

Courtesy of Wisconsin Orthopedic Hospital for Children, Madison, W.

A well-chosen library is an important feature of the hospital school program.

CHAPTER VII: SUGGESTIONS AND RECOMMENDATIONS

The State is interested in the total development of the child—physical, mental, emotional, and social. It is conceded that the educational program of the State should guide and enrich the child's experiences, looking toward his most wholesome development in these spheres. Essential to the realization of this goal is a continuous system of education, providing for every child an instructional program with a minimum amount of interruption. The State's system of education should therefore include, in addition to schools for normal children, special educational facilities for atypical children who cannot properly or advantageously be cared for in the regular school classes. Special day schools or classes in public-school buildings, home instruction for those children who are confined to their homes through physical disability, and hospital instruction for those in hospitals, convalescent homes, and sanatoriums are all essential elements of an educational program designed to reach all the children of the State.

The program for atypical children requires the fullest cooperation of all agencies, local, State, and national, which are interested in, or concerned with, the development of the child. No one agency alone, without the cooperation of the others, is able to carry out this program, which includes for the handicapped early discovery, prompt scientific diagnosis, medical care and treatment, academic education, social training, vocational guidance, vocational training, and follow-up and placement services. School administrative and supervisory staffs are not expected to have the skilled training needed for curative and remedial services for handicapped children. On the other hand, persons trained for curative and remedial work should not be expected to direct the educational work. Through the planned cooperation of the several agencies charged with these respective functions, the greatest benefit will be forthcoming from each of them.

On the basis of the premises set forth in the foregoing paragraphs, and in the light of the findings of this study, certain suggestions are made concerning the development and organization of hospital schools. Local situations will have considerable influence upon the character of the arrangements made. Nevertheless the acceptance of general principles should prevail everywhere, the application of which may take on local coloring. It is with this in mind that the recommendations in this chapter are offered.

ADMINISTRATION

The responsibility for the establishment, maintenance, and support of hospital schools is at present divided among private, semiprivate, and public agencies. The result of this divided responsibility is that hospital school facilities are scattered, lacking for many children, and frequently existing independently of the State educational system. If every State assumed a definite responsibility to assure the establishment of hospital schools in all public hospitals in which there are patients in need of such services, and in private hospitals in which educational facilities are not provided in some other way, a much greater development and closer integration of the program would result.

The State should be immediately responsible for the establishment and maintenance of hospital schools in State hospitals, while the local board of education may well carry responsibility for the establishment and maintenance of schools in municipal and private hospitals. Its right to organize a hospital school in a private hospital, where educational facilities are not otherwise provided, may be established by legislation or reserved in the hospital charter. All hospital schools thus established and maintained by the local board of education would logically be under the administration of the local superintendent of schools.

The hospital school is usually a separate department in the hospital. Each department in the hospital functions in its own field, the hospital superintendent constituting the central authority to coordinate the work of all from the point of view of hospital management. There should be no difficulty or conflict, therefore, in placing the administration of the program of the hospital school in the hands of educational authorities—the State department of education in the case of State hospitals and the local superintendent of schools in the case of private and municipal hospitals.

STATE SUPERVISION

The supervision of the program of education for all atypical children, including those in hospital schools, is a logical function of State and local departments of education. Such supervision includes regulations as to courses of study, qualifications of teachers, equipment, size of classes, supplies, and other items concerned with the instructional program.

Other State departments, such as the department of health and the department of public institutions, are interested in certain phases of the welfare of atypical children. The work of the various State departments should, of course, be so coordinated that the full service of each will be available for all, without duplication of effort or infringement of responsibilities.

FINANCE

If the State is to discharge its responsibility for providing equal educational opportunity for all children, including those in hospitals, it might be expected to set aside a portion of the State school funds with which to reimburse local school districts for any excess cost involved. When the hospital school is in a State hospital, the State may be expected to pay the total expenses for the establishment and support of the hospital school. The total cost of a complete program of education for all types of atypical children has been variously estimated. Hilleboe [1] suggests that it constitutes 11 or 12 percent of the cost of the State's minimum educational program. He estimates that this will take care of 8 percent of the school population representing the minimum number of those who need special instruction, each of whom requires an average weighted expenditure of 1.4431 times that for the normal child. The excess cost for atypical children, on this basis, would be from 3 to 4 percent of the total cost of the State's minimum educational program. No single amount can be set aside for each atypical child, as the expenses per child vary according to type. The per capita cost of education for a hospital child is much less than that for other types of atypical children.

TEACHERS

Teachers in hospital schools need the same background of training required for normal children. Successful experience in teaching normal children is likewise desirable. In addition, some clinical training or experience would appear to be extremely valuable, but more important than this is the possession of personal characteristics conducive to the creation of a happy atmosphere and the stimulation of interest and effort in the hospital room.

It appears only fair that the salaries of teachers in hospital schools should be at least equal to those of regular teachers with equivalent training and experience. An additional increment to compensate for additional training required would be in keeping with modern principles of employment. Obviously there should be no discrimination against them in the accordance of privileges granted to all teachers in the system.

CHILD ACCOUNTING

Enumeration of all atypical children in the annual school census is a desirable practice. Moreover, a permanent individual record made for each child and containing, in addition to the scholastic record, records of all mental and achievement tests, health record,

[1] Hilleboe, Guy L. Finding and Teaching Atypical Children. New York, Bureau of Publications, Columbia University, 1930. p. 45.

record of personality traits, aptitudes, and any other pertinent information will aid in the proper placement of the pupil in his hospital school work. Prompt transfer of this record from school to school, immediately upon the child's transfer, eliminates much waste of time and effort. Such a record is even more essential for atypical children than for normal children.

CURRICULUM

The curriculum of hospital schools, as of other special schools, needs modification to meet the individual's physical and mental needs. It may extend from preschool work through the high school, offering, at the proper periods, nursery school and kindergarten opportunities, academic training, recreational activities, and vocational guidance and training. Moreover, the hospital situation offers a very favorable opportunity for the teaching of health, and this should be utilized to its greatest extent. Needless to say, the attending physician is the proper person to determine to what extent each child may engage in school activities during his hospitalization.

EDUCATIONAL FACILITIES

While bedside teaching (a form of tutoring adapted to the pupil's individual needs) appears to be most effective for pupil accomplishment in the fundamentals of subject matter, classroom instruction not only is more economical but of greater value to the child in its socializing effect. In many hospital schools, the children are taken to the classroom while still convalescing in their beds—the beds being easily moved from room to room and even to other floors.

Classrooms in hospitals need much the same type of equipment found in the regular school: Blackboards; adjustable chairs, desks, and tables; maps; and the usual supplies found in all classrooms. A library—or at least library shelves containing challenging and interesting books—is a valuable adjunct. Movable furniture facilitates action, and the classroom should be large enough to make room for wheel chair and convalescent bed patients who are brought to the classrooms. Lap boards and special desks or tables made to fit over wheel chairs or beds are a great boon to these ambulatory cases.

For bedside teaching, mobile units enable the teacher to take teaching supplies and equipment to the pupils. Such units, built on a regular stretcher base, may contain a small blackboard, frame for hanging maps, and instructional supplies needed by the teacher in visiting her individual pupils in their rooms.

ATTENDANCE LAWS

It is generally agreed that all children of school age, including atypical children, should be required to attend school unless excused upon the recommendation of a physician. The requirement of a doctor's certificate should aid in locating atypical children who need special educational facilities and in assuring a continuation of the educational program for all children able to do school work.

If all children under treatment in a hospital are referred to the hospital school as a matter of hospital procedure and are enrolled for school work if and when the physician so recommends, the hospital school will become an effective part of the educational system. It will, of course, be most profitable to long-time patients. The loss of time from the regular school for patients who will remain in the hospital only a week or two is not serious; but for those who are under prolonged treatment the hospital school offers an important means of promoting continuing education.

LEGISLATION

Progressive legislation in the interests of hospital schools includes: (1) Provision for their establishment; (2) provision for their support through State and local funds, with some contribution by the State toward the excess cost involved; (3) provision for their administration and supervision by local and State educational authorities; (4) provision for regulation by the State department of education of courses of study, qualifications of teachers, and other instructional matters; (5) provision for an annual enumeration of all atypical children, including the hospitalized; (6) attendance laws which will guarantee to all handicapped children the opportunity to profit by available educational facilities.

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APPENDIX A

DIGEST OF LAWS RELATING TO HOSPITAL SCHOOLS BY STATES[1]

CALIFORNIA

[Deering's School Code of the State of California, 1938: secs. 3.450 to 3.452, 3.620 to 3.622, 4.1 to 4.30, 4.783, 4.795, 4.874, 4.886.]

I. *Establishment of hospital schools.*—Any school district, with the consent of the hospital authorities, may, in its discretion, establish and maintain special classes in preventoriums or sanatoriums for tuberculous, pretuberculous, or other physically afflicted persons.

II. *Pupils served.*—All physically handicapped persons are included in the provisions of the statute. Age limits are not specified. The educational program may include elementary, secondary, and vocational education.

III. *State aid.*—In addition to regular State apportionments made for elementary and secondary education, the State is required to pay the excess cost of education for physically handicapped pupils up to $200 per unit of average daily attendance.

IV. *Local support.*—Any costs not covered by State apportionments are borne by the local district.

V. *Administrative control.*—The classes established shall be considered a part of the school system of the district establishing them, even though such classes are maintained beyond the boundaries of the district. The local boards have the same control over these classes as over other schools in their districts. Pupils from other districts may be admitted on such terms as the governing board may prescribe.

VI. *State supervision.*—The State Superintendent of Public Instruction has general supervision over all schools in the State.

VII. *Teacher qualifications.*—No special requirements are specified for teachers of physically handicapped pupils. Regular requirements of public-school teachers are implied.

VIII. *Census of handicapped children.*—No statutory provision is made.

ILLINOIS

[Illinois, Revised Statutes, 1937, State Bar Association Edition: ch. 122, secs. 685a to 685l]

I. *Establishment of hospital schools.*—Boards of education may establish classes and schools for the instruction of resident crippled children. (Classes in hospitals not expressly mentioned, but implied from statute.)

II. *Pupils served.*—Only crippled children are included in the legislative provisions. A crippled child includes any child between the ages of 5 and 21 years of age, who is deformed in body or limb, and who cannot profitably or safely be educated in the regular classes.

[1] Legislative data for each State were submitted for approval to the respective State educational authorities before being included in this digest.

III. *State aid.*—The excess cost of the education of crippled children up to $300 per pupil is paid by the State.

IV. *Local support.*—The local boards of education are required to set up a special instructional fund for crippled children equal to the cost of educating a like number of normal children.

V. *Administrative control.*—The local board has the same control over the special classes as over other schools.

VI. *State supervision.*—All special classes are under the supervision of the State Superintendent of Public Instruction.

VII. *Teacher qualifications.*—Teachers must have the same qualifications as regular teachers and in addition such special training as may be prescribed by the board of education, board of inspectors, or State superintendent.

VIII. *Census of handicapped children.*—Census of all physically handicapped children is included in the annual school census.

INDIANA

[Baldwin's Indiana Statutes, Annotated, 1934, with Supplement, 1935: secs. 6076, 6078 to 6085]

I. *Establishment of hospital schools.*—The board of school trustees or board of school commissioners of any city or town, and the trustees of any township are authorized to establish and organize special classes for children who, on account of physical disability, cannot be taught advantageously in the regular classes of such school corporation, whenever 10 or more children are found within any such school corporation who will profit by the type of instruction different from that given in, or afforded by the regular classes. (Classes in hospitals not expressly mentioned, but implied from the statute.)

II. *Pupils served.*—All physically handicapped children are included in the program. The age limits are not specified, but children of school age, 7 to 16, are implied from the statute.

III. *State aid.*—Districts are reimbursed for three-fourths of the cost of instruction in excess of the cost in regular classes. Funds for reimbursement come from the common school revenue fund.

IV. *Local support.*—The local districts are required to meet all costs up to the average cost in regular classes and one-fourth of the excess cost of education for physically handicapped children.

V. *Administrative control.*—The special classes are under the control of the local boards of education.

VI. *State supervision.*—The State Board of Education approves the type of class and adopts rules and regulations for the supervision of the program.

VII. *Teacher qualifications.*—Requirements for teachers of physically handicapped children are not mentioned in the statute, but the regular requirements of other public-school teachers are implied.

VIII. *Census of handicapped children.*—Enumeration of physically handicapped children is not required; however, the State superintendent is authorized to include desirable data in the annual enumeration.

MARYLAND

[Flack, 1935 Cumulative Supplement to the Annotated Code of the Public General Laws of Maryland: Art. 77, secs. 36, 55, 227, 235, 235A, 235B, 235C]

I. *Establishment of hospital schools.*—The county board of education may establish special classes for handicapped children in accordance with standards, rules, and regulations of the State Board of Education. (Classes in hospitals not expressly mentioned, but implied from the statute.)

II. *Pupils served.*—Handicapped children shall be construed to mean all children between the ages of 6 and 18 years, inclusive, who, because of mental or physical handicap, are incapable of receiving proper benefit from ordinary public-school instruction and who, for their own or the social welfare, need special public-school instruction or training.

III. *State aid.*—The local school district is entitled to receive toward the cost of teachers, special equipment, nursing, therapeutic treatment and transportation, an amount not to exceed $200 per child to be paid by the State out of a special fund to be appropriated for such purpose in the State public-school budget.

IV. *Local support.*—Expenses are to be paid as ordinary expenses. Any costs over $200 per child must be met locally.

V. *Administrative control.*—The special classes are under the control of the local boards of education.

VI. *State supervision.*—It is the duty of the State Board of Education to set up standards, rules, and regulations for examination, classification, and education of such handicapped children who can be benefited under the provisions of the act, such standards to include the prescribing of qualifications of teachers, the curriculum and equipment, and the supervision of the program.

VII. *Teacher qualifications.*—Special requirements are not specified for the teachers of handicapped children.

VIII. *Census of handicapped children.*—A census of all physically handicapped children is to be taken annually by the police commissioner in Baltimore and by the county board of education elsewhere. The principal teacher is required to report to the State Board of Education all handicapped children not in school. The State Board of Health is required to investigate all cases of handicapped children not in school and report results to the county board of education.

MASSACHUSETTS

[Michie, Annotated Laws of Massachusetts, 1933, with 1937 Cumulative Supplement: ch. 70, secs. 2 to 4; ch. 71, sec. 46A; ch. 76, sec. 6; ch. 121, secs. 28 to 31]

I. *Establishment of hospital schools.*—In any town where, at the beginning of any school term, there are five or more children so physically handicapped as to make attendance at a public school not feasible, and who are not otherwise provided for, the school committee shall employ a teacher or teachers, on full or part time, who shall, with the approval in each case of the department and the commissioner, offer instruction to said children in their homes or at such places and under such conditions as the committee may arrange. When there are fewer than five such children the school committee may provide a teacher. (Hospital schools not expressly mentioned but implied from the statute.)

II. *Pupils served.*—The provisions of the statute apply to all physically handicapped children of school age, ages 5 to 16.

III. *State aid.*—The State reimburses as in regular public schools for each full-time or part-time teacher who meets certain specified qualifications in training and experience.

IV. *Local support.*—Expenses not paid by the State must be paid locally. When a physically handicapped child is taught away from his home district, tuition may be charged the district in which the child resides. Such tuition may be as high as the average cost of normal children in the child's home district.

V. *Administrative control.*—The school committee has the same control over classes for physically handicapped as over regular schools.

VI. *State supervision.*—The Commissioner of Education shall have supervision of all educational work supported in whole or in part by the Commonwealth.

VII. *Teacher requirements.*—No special requirements for teachers of handicapped children are specified.

VIII. *Census of handicapped children.*—The school committee of every town, under regulations prescribed by the Department of Education and the Commissioner of Public Welfare, shall annually ascertain the number of school age and resident therein who are physically handicapped.

Statute Applying to Massachusetts Hospital School

I. *Establishment.*—A special law first enacted in 1904, and later amended, established the Massachusetts Hospital School for the education and care of crippled and deformed children of school age of the Commonwealth.

II. *Pupils served.*—Any child may be admitted by the trustees on application of the child, parent, the guardians, or any State or municipal department, board, or officer having custody of the child. Admission of a child to the school is deemed a commitment of the child to the care and custody of the Commonwealth, and the trustees may detain a child at the school during its school age, or longer during its minority if in the opinion of the trustees it will promote the education and welfare of the child.

III. *State aid.*—All expenses for the care and education of children above $6 per week at the Massachusetts Hospital School must be paid by the State, if the child, parents, or kindred are unable to pay.

IV. *Local support.*—The expenses of the child in the hospital school are paid (1) by the child, parents, or kindred, if able to pay; (2) by the town in which the child resides up to $6 per week; or (3) by the State. (The right to charge the town $6 per week, even though the parent was financially able to pay for support, was upheld by the Supreme Court of Massachusetts, April 4, 1931.[1])

V. *Administrative control.*—The Massachusetts Hospital School is under the direct control of a board of 5 trustees.

VI. *State supervision.*—The supervision of the school by the State is through the Department of Public Welfare. There is nothing in the statute relating to supervision of the educational work by the State Department of Education.

VII. *Teacher qualifications.*—Teacher qualifications are not mentioned in the statutes.

MICHIGAN

Henderson, Michigan Statutes Annotated, 1937, with 1938 Cumulative Supplement: secs. 15.596 to 15.601; 25.445 (1) to 25.445 (44)]

In Michigan, hospital schools operate under one of two separate statutes. For convenience, the laws will be taken up separately.

A. *Schools operating under sections 25.445 (1) to 25.445 (44).*

I. *Establishment of hospital schools.*—Hospital schools for academic classroom instruction and bedside instruction and prevocational training for convalescent crippled children shall be provided by the Michigan Crippled Children Commission in approved hospitals of the State receiving crippled children as may in the judgment of the Commission be deemed advisable. Hospitals approved by the Commission to render services to crippled children under the "Crippled Children Act" must maintain educational facilities including qualified instructional service.

II. *Pupils served.*—The statute is limited to crippled children. A crippled child is defined as a child whose activity is, or may become, so far restricted by loss, defect, deformity of bones or muscles as to reduce his or her normal capacity for education and self-support. Children under the age of 21 years are included.

[1] 275 Mass. 313; 175 N. E. 643.

III. *State aid.*—The State is required to pay a sum per day per pupil for each day of instruction (provided a child has been instructed more than 9 days) as fixed by the Commission on the basis of cost of such instruction.

IV. *Local support.*—The hospital school is entitled to receive, as tuition from the child's home school district, 20 cents per day for each day the child is instructed, if the total days of instruction are more than 9.

V. *Administrative control.*—The administrative control of hospital schools is not fixed by the statute.

VI. *State supervision.*—The supervision of the hospital schools by the State Superintendent of Public Instruction is determined through the Michigan Crippled Children Commission.

VII. *Teacher qualifications.*—Regular requirements of other public-school teachers are implied from the statute, and any additional requirements as determined by the State Superintendent and State Board of Education.

VIII. *Census of handicapped children.*—Enumeration of all crippled children is required in the annual school census. Tabulations are to be made by the State Superintendent and lists sent to the commissioner of schools in each county and to the superintendent of schools in each district of over 3,000 population. On receipt of these lists each case must be investigated and a report on each child returned to the State Superintendent.

B. *Schools operating under sections 15.596 to 15.601.*

I. *Establishment of hospital schools.*—The board of education of any district may, on petition of parents or guardians of five or more resident children between the ages of 5 and 20 years, who by reason of being crippled cannot profitably or safely be educated with other classes in the public schools of such district, establish and maintain one or more day schools for the instruction of such children. (At least one hospital school in the State, at Grand Rapids, operates under this act).

II. *Pupils served.*—Same as A–II, above.

III. *State aid.*—The State pays the excess cost above the average cost of education for normal children in the first nine grades of the district in which the child is a legal resident, but not to exceed $200 per year per child, and a proportional amount for a shorter period.

IV. *Local support.*—The local school district must pay for the education of crippled children the same amount per child as for normal children in the first nine grades, and the excess cost of more than $200 per child per year.

V. *Administrative control.*—The special schools are under the administrative control of the local school boards of the districts in which they are established as a part of the regular school system.

VI. *Teacher qualifications.*—Same as A–VII, above.

VII. *State supervision.*—Hospital schools are under the general supervision of the State Superintendent of Public Instruction.

VIII. *Census of handicapped children.*—See A–VIII, above.

MINNESOTA

[Mason's Minnesota Statutes, 1927, with 1938 Supplement: secs. 2899, 3031, 4547 to 4549]

I. *Establishment of hospital schools.*—(1) A hospital school is required at the Gillette State Hospital for Crippled Children, a hospital established by legislative act. (2) The Commissioner of Education may grant permission to any school district to establish and maintain classes for crippled children, providing there are not fewer than 5 such children in each class. (Hospital schools are not expressly mentioned in the statute.)

II. *Pupils served.*—The statute is limited to crippled children, or children suffering from disease through which they are likely to become crippled or

deformed. The age limits for the Gillette State Hospital for Crippled Children are not specified, but pupils must have resided in the State for 1 year to be eligible for admittance. In districts which establish classes for crippled children the statute provides that such classes shall be for children of school age, ages 5 to 21.

III. *State aid.*—The State supports entirely the Gillette State Hospital for Crippled Children, including the cost of education. In special classes established by school districts the State is required to pay $250 on account of each child in attendance for 9 months, and a proportional amount for a shorter period.

IV. *Local support.*—The local district is required to pay all costs over $250 per pupil per year, if the cost exceeds this amount in the special classes established.

V. *Administrative control.*—The Gillette State Hospital for Crippled Children, including the education of pupil patients, is under the administrative control of the State Board of Control. Classes established by the school districts are under the control of the local boards of education.

VI. *State supervision.*—Supervision of the educational activities in the Gillette State Hospital for Crippled Children by the State Commissioner of Education is not specified in the statute, but is implied by the provision giving him general supervision of all educational activities in the State. Supervision by the State Commissioner of the special classes established by the local boards of education is specified in the statutes.

VII. *Teacher qualifications.*—Teachers of special classes for crippled children established by school districts must have the usual requirements of teachers in the public schools, and in addition thereto, such special training as the Commissioner of Education may prescribe. Qualifications of teachers in the Gillette State Hospital for Crippled Children are not mentioned.

VIII. *Census of handicapped children.*—Enumeration of physically handicapped children is not specified.

NEW JERSEY

[Revised Statutes of New Jersey, 1937: secs. 18: 10–41, 18: 10–49, 18: 14–67 to 18: 14–71]

I. *Establishment of hospital schools.*—(1) The board of education of every school district shall provide special equipment and facilities adapted to the accommodation, care, restoration, and instruction of children of school age who are crippled to such an extent, or who possess such bodily deformities that they cannot be properly accommodated and instructed in regular classrooms, such facilities to include home-teaching and bedside instruction. (2) The board of education, with the approval of the Commissioner of Education, may establish special classes in hospitals, convalescent homes, or other institutions, where eight or more physically handicapped children are available for such instruction.

II. *Pupils served.*—All physically handicapped children of school age, ages 5 to 20, are included in the program. In order to receive State aid, the course of study must comply with the State minimum standard requirements.

III. *State aid.*—The State appropriates $500 per teacher for special classes for physically handicapped, and, if any of the physically handicapped children are nonresidents, the State allows an additional $25 per child. If the total cost less these apportionments is greater than the average cost of education for normal pupils in regular schools, the State will reimburse the district for one-half the excess cost.

IV. *Local support.*—The cost of education for physically handicapped children over $500 per teacher, and up to the average cost of education for normal children in the regular schools, and one-half the excess cost above that for normal pupils must be paid by the local district.

V. *Administrative control.*—The local boards of education have administrative control over the special classes for handicapped children.

VI. *State supervision.*—The Commissioner of Education is authorized to recommend and approve equipment, facilities, and methods of instruction.

VII. *Teacher qualifications.*—No special requirements for teachers of physically handicapped children are specified.

VIII. *Census of handicapped children.*—It is the duty of boards of education to make a register of physically handicapped children from birth to 21 years of age and forward a list of such annually to the Commissioner of Education.

IX. *Special feature of statute.*—Not less than 5 hours of individual home or bedside instruction shall be given each week and be considered equal to 1 week's work in special classes or the regular school classes.

NEW YORK

[McKinney's Consolidated Laws of New York, 1938: ch. 15, secs. 275 (30); 491 (2); 1019, 1020; 1206 (4, 5); 1208 (11); 1211 to 1213]

I. *Establishment of hospital schools.*—(1) If there are 10 or more physically handicapped children not being instructed elsewhere, the board of education of each city and of each union free school district shall establish such special classes as may be necessary to provide instruction adapted to the mental attainments and physical conditions of such children. (Hospital schools are not expressly mentioned but implied from statute.[4]) (2) The board of education may furnish suitable educational facilities for physically handicapped children by means of home teaching, special classes or special schools (hospital schools not expressly mentioned), and, upon recommendation of the State board of health, surgical, medical, or therapeutic treatment, hospital care, crutches, braces, and other appliances.

II. *Pupils served.*—A physically handicapped child is defined as one under 21 years of age who, by reason of physical defect or infirmity, whether acquired by accident, injury, or disease, or congenital, is or may be expected to be totally or partly incapacitated for education or remunerative employment. The educational program may include elementary, secondary, higher, special, and technical training.

III. *State aid.*—(1) The State aid quota to a school district having special classes for handicapped children is increased by the amount of $1,500 for each teacher employed in such classes. This is the amount allowed for each elementary teacher in the regular classes. (2) One-half of the cost of providing special medical or therapeutic care and special educational facilities at home or in nonresidence schools is charged to the State.

IV. *Local support.*—(1) School districts in New York receive their maximum State aid when they levy a local tax of 5 mills. The State aid is the amount necessary, when added to the local 5-mill tax, to make the total quota allowed the district. These quotas are determined by the number of teachers required, based on average daily attendance in regular classes, plus the number of teachers employed in special classes for handicapped children regardless of attendance in these classes. (2) The county or city is charged with one-half of the cost of providing special medical or therapeutic care and special educational facilities at home or in nonresidence schools.

V. *Administrative control.*—The special classes are under the control of the local boards of education.

VI. *State supervision.*—The State Commissioner of Education has general supervision of all education in the State, including that of special classes.

VII. *Teacher qualifications.*—The qualifications of teachers must conform to regulations of the regents of the university and the Commissioner of Education.

[4] No special mention is made in the statutes of the hospital school at the New York State Reconstruction Home. For discussion of this point, see p. 10.

Special requirements are specified for teachers of orthopedic classes by ruling of the Commissioner of Education and the regents of the university.

VIII. *Census of handicapped children.*—All physically handicapped children must be reported in the annual school census.

OHIO

[Page's Ohio General Code, Annotated, 1938: secs. 7644-1, 2; 7755 to 7761]

I. *Establishment of hospital schools.*—(1) The board of trustees of each district hospital for tuberculosis, the county commissioner of each county maintaining a hospital for tuberculosis, and the managing officer of each municipal hospital for tuberculosis shall provide for the education of children of school age admitted. (2) On petition of parents or guardians of eight crippled children over 5 years of age, the school district shall apply to the State Director of Education for permission to establish a special class, and if such is granted shall establish such class at the beginning of the next school year. (Schools in hospitals are not expressly mentioned, but included by interpretation.)

II. *Pupils served.*—The provisions of the law apply only to crippled children and children in district, county, and municipal tuberculosis hospitals. The provisions apply to children of school age 5 to 18. (A letter from the State department states that children suffering from cardiopathic conditions are accepted as crippled children.)

III. *State aid.*—In the special classes for crippled children, the State pays the usual benefits for normal children and in addition all excess costs up to $300 per child per year of 9 months in average attendance. State aid for children in tuberculosis hospitals is not mentioned in the statutes.

IV. *Local support.*—(1) The local board of education must pay the same amount toward the education of crippled children in special classes as for normal children in the regular classes, and any excess of more than $300 per child. The local district must pay the tuition to special classes when a crippled child is instructed outside his district. (In opinion No. 512, the Attorney General has ruled, "it is the mandatory duty of the board to pay.") (2) In hospital schools in district hospitals for tuberculosis patients, the costs of education are prorated at the end of the month according to the number of days children were instructed and the bills are paid by the local boards of education. (3) In hospital schools in county tuberculosis hospitals the expense may be prorated, according to the number taught, to the county, city, and exempted village boards of education of the county, or may be divided equally between rural and village school districts.

V. *Administrative control.*—The administrative control of special classes for crippled children is under the local boards of education. In the tuberculosis hospitals, the administration of the school in other than instructional features, is under the control of the superintendent of the hospital.

VI. *State supervision.*—The State Director of Education has general supervision of the special classes for crippled children established by the local boards of education. In the tuberculosis hospital schools, supervision by the State is implied through the general powers of the Director of Education over all educational activities.

VII. *Teacher qualifications.*—The State Director of Education has power to prescribe special requirements for teachers for the special classes for crippled children.

VIII. *Census of handicapped children.*—Enumeration of all crippled children is required annually.

OREGON

[Oregon Code, Annotated, 1930, with Supplement of 1935: secs. 35-3101 to 35-3108]

I. *Establishment of hospital schools.*—(1) It is the duty of the board of education of every school district to provide educational opportunities which shall be suitable for the needs of the various physically handicapped children within the school district, if there are one or more such children in the district who have not completed the first eight grades. (Hospital schools are not expressly mentioned but are implied from the statute.) (2) The district may employ hourly teachers to instruct such children, or child, where they may reside, and it may establish a school wherein they may be instructed. (Hospital schools not expressly mentioned but implied from the statute.) The board may, at its option, provide educational opportunities for pupils who have completed the first eight grades.

II. *Pupils served.*—All physically handicapped children between the ages of 6 and 20 years, inclusive, are included in the provisions of the statute. A physically handicapped child is defined as one who has the intellectual capacity and mental health to profit by instruction, and who, by reason of physical impairment, cannot take advantage of the ordinary educational facilities of the district in which he resides, and whose said incapacity shall have been continuous and extending over a period of at least 2 months.

III. *State aid.*—State aid is not provided by statute.

IV. *Local support.*—Each district, at the time it makes its budget, shall determine the number of physically handicapped children below the eighth grade, and at its option in grades 9 to 12, and shall set aside not less than the per capita costs and not more than twice the per capita cost for each such child, if he were enrolled in a regular class, said funds to be expended in the instruction of physically handicapped children. If the board fails to set aside such funds, the county commissioner shall do so and the county court shall cause the levy to be made.

V. *Administrative control.*—The local boards of education have administrative control over the special schools or classes, with the rules and regulations subject to the approval of the State Superintendent of Public Instruction.

VI. *State supervision.*—The State Superintendent of Public Instruction shall have the power to provide for the observation, inspection, and supervision of the instruction of physically handicapped children.

VII *Teacher qualifications.*—Teachers must have a certificate to teach in the public schools of Oregon.

VIII. *Census of handicapped children.*—It is the duty of the clerk of the school district to enumerate all physically handicapped children and to report such children to the county school superintendent.

IX. *Special features of the statute.*—It is the duty of the parent or guardian of a physically handicapped child who is not an eighth-grade graduate, to cause such child or children to be enrolled for instruction in October with the school district clerk.

It is the duty of the county superintendent in each county to secure a proper enforcement of the law in all school districts of his county wherein physically handicapped children are reported and enrolled for instruction, and he can retain all money from a district which refuses or neglects to provide for the instruction of such children as provided by law.

For failure to comply with the provisions of the act, the parent, guardian, or other responsible person in the State is guilty of a misdemeanor and is subject to a fine of $10 to $100, or imprisonment of from 5 to 50 days, or both.

PENNSYLVANIA

[Purdon's Pennsylvania Statutes, Annotated, 1930, with 1937 Cumulative Supplement Title 11, secs. 871 872; title 24, secs. 1180, 1401 to 1405; title 35, secs. 421 to 428]

I. *Establishment of hospital schools.*—School districts are required to provide for the education of physically handicapped children in special classes if there are 10 or more such children in the district, and if there are fewer than 10 such children the education must be provided in the child's home or in an institution outside the public schools of the district. (Hospital schools not expressly mentioned.) Education is required for children in the State Hospital for Crippled Children.

II. *Pupils served.*—All children of exceptional physical condition between the ages of 6 and 16, determined by the medical inspector to be proper subjects for special education and training, must be provided for.

III. *State aid.* For each full-time teacher of a special class, and for each full-time supervisor or principal of special classes, the State shall pay the district sums as follows: To districts of the first class, 25 percent, and to other districts, 30 percent of the minimum salary, respectively, prescribed for elementary teachers in the respective districts. A proportional amount is paid for part-time teachers or supervisors.

IV. *Local support.*—The local district must meet all expenses above the amount paid by the State.

V. *Administrative control.*—Special classes established in the school district are under the control of the district board. Control of the State Hospital for Crippled Children is under the Department of Health, but direction of the educational program is not specified.

VI. *State supervision.*—Rules and regulations for special classes in local school districts, such as location, constitution, and size of classes, conditions of admission and discharge of pupils, equipment, courses of study, and methods of instruction must be approved by the State Council of Education, as a condition upon which State reimbursement is allowed.

VII. *Teacher qualifications.*—The qualifications of teachers must be approved by the State Council of Education. Special requirements are not specified in the statutes. However, special requirements are made by ruling of the State Department of Public Instruction.

VIII. *Census of handicapped children.*—Annual enumeration of physically handicapped children from 4 to 16 years of age, needing special educational facilities, is required. School districts must report to the district or county superintendent any child of exceptional physical condition not properly educated. The medical inspector, school psychologist, or psychological examiner must examine and report to the superintendent whether such child is a proper subject for special education. (This enumeration of physically handicapped children is separate from the annual school census.)

IX. *Special features of statute.*—The parents shall allow a physically handicapped child to be sent to some school where proper provisions are made, or shall provide for the education of the child by a legally certified public teacher.

X. *State Hospital for Crippled Children.*—A State hospital for crippled children was established in 1925. Crippled children whose parents fail, or are financially unable, to provide outside medical and surgical aid, treatment, and education when necessary, may, with the consent of the parents, be committed temporarily, by application to the juvenile court, to a crippled children's home or orthopedic hospital. Expenses of maintenance, treatment, conveyance, and education shall be paid by the county of the child's residence, and then may be charged to the parent, if able to pay, in whole or in part.

TENNESSEE

[Michie's Tennessee Code of 1932, with 1937 Cumulative Supplement: secs. 343 (71), 4747 to 4757]

I. *Establishment of hospital schools.*—(1) The Commission for Crippled Children's Service, in the State Department of Public Health, shall arrange for the treatment and education of physically handicapped or crippled children committed to it by the county courts at crippled children's homes, orthopedic hospitals, or other institutions, public or private, approved by the commission. (2) The State Department of Education is empowered to provide, and to cooperate with other school authorities in providing special schools and special classes in private schools, in hospitals, in convalescent institutions, and also home and bedside instruction for physically handicapped and crippled children.

II. *Pupils served.*—A physically handicapped or crippled child is one under 21 years of age, who, by reason of a physical defect or infirmity other than blindness, deafness, or dumbness, whether congenital or the result of accident, injury, or disease, is or may be totally or partially incapacitated for the receipt of a normal education or for self-support.

III. *State aid.*—If the parent is unable to pay the cost of education and treatment, one-half of the cost is charged to the Commission for Crippled Children's Service. The State is expected to make a definite appropriation to the Commission, which is obligated only to the extent of the appropriation.

IV. *Local support.*—The county courts are authorized to make appropriations for the education of physically handicapped or crippled children, the funds to be paid to the Commission for Crippled Children's Service. When the parents are unable to pay, one-half the cost of education and treatment is charged to the county.

V. *Administrative control.*—The Department of Public Health, through the Commission for Crippled Children's Service, has full control of all matters pertaining to the operation of the service for physically handicapped or crippled children.

VI. *State supervision.*—The education law provides for general supervision by the State Department of Education of all educational activities through the county superintendents.

VII. *Teacher qualifications.*—Requirements for teachers of the special classes for physically handicapped and crippled children are not mentioned in the statute.

VIII. *Census of handicapped children.*—Enumeration of physically handicapped children is required in the annual school census.

TEXAS

[Vernon's Texas Statutes, 1936: Civil Statutes, ch. 5, art. 4482]

I. *Establishment of hospital schools.*—The boards of managers of county hospitals for tuberculosis may establish at the hospital, in the city nearest that in which the hospital is situated, or in the largest city of the county, a special and separate school for the education, care, and treatment of children suffering from tuberculosis.

II. *Pupils served.*—The statute applies only to children suffering from tuberculosis. Age limits are not specified.

III. *State aid.*—No State aid is mentioned in the statute.

IV. *Local support.*—Local support is not discussed in the statute.

V. *Administrative control.*—The school shall be conducted as a branch of the hospital, with the administrative control implied as residing in the board of managers of the hospital.

VI. *State supervision.* State regulation and supervision are not mentioned in the statute.

VII. *Teacher qualifications.*—The hospital board shall appoint a teacher or teachers specially qualified to instruct patients. What is meant by "specially qualified" is not stated.

VIII. *Census of handicapped children.*—Enumeration of physically handicapped, crippled children, or tuberculous children is not required by statute.

NOTE.—Although there are no statutory provisions to be found establishing other hospital schools, the General Laws for 1933, pages 252 and 263, and the General Laws of 1935, page 868, show a direct appropriation for teachers at the State Hospital for Crippled Children located at Galveston, Tex., and at the State Tuberculosis Sanatorium located at Sanatorium, Tex. These appropriations are a part of the regular appropriations for these hospitals for the years 1934 to 1937.

WASHINGTON

[Remington's Revised Statutes of Washington, Annotated, 1932, with 1936 Supplement: secs. 4805 and 4878; *also* Session Laws of 1937, ch. 179]

I. *Establishment of hospital schools.*—(1) The board of directors of a school district of the first or second class is authorized to establish and maintain schools for the education and training of any class of defective youth. (Hospital schools not expressly mentioned.) (2) The county superintendent of schools in second and third class districts shall take action to establish a special school for physically or mentally defective children upon a petition of school directors and upon evidence that a sufficient number of children will be benefited by such a school.

II. *Pupils served.*—The statute includes all classes of defectives. It is implied that children of school age, 6 to 21 years of age, are included in the provisions of the statute.

III. *State aid.*—In distributing the State school funds, which are apportioned on the basis of attendance, schools for defectives are allowed two times the actual attendance. Second and third class districts receive in addition $625 per room unit (on the basis of 25 cents per pupil day).

IV. *Local support.*—Local districts meet all expenses over the State aid allowance.

V. *Administrative control.*—Schools for defectives are under the control of the local board of directors of the school district.

VI. *State supervision.*—The State Superintendent of Public Instruction has general supervision over all schools, including schools for defectives.

VII. *Teacher qualifications.*—No special requirements are specified in the statutes for teachers in schools for defectives, but they have been set up by regulation of the State Board of Education.

VIII. *Census of handicapped children.*—Enumeration of defective youth is required in the school census. The State Superintendent of Public Instruction prescribes all rules and regulations for the enumeration.

WISCONSIN

[Brossard, Wisconsin Statutes, 1937: secs. 41.01 to 41.03]

I. *Establishment of hospital schools.*—Upon application of any school board the State Superintendent of Public Instruction may authorize said board to establish and maintain one or more day schools for the instruction of physically disabled children, or a special class for exceptional persons of school age. This may include hospital schools for crippled children wherever the number of such children war-

rants the establishment of such classes. (Hospital schools for other than crippled children are not expressly mentioned.) Where a special school or class exists, when facilities warrant, the board must admit any child, resident or nonresident, who desires to enter.

II. *Pupils served.*—The statute includes physically disabled children of school age, 4 to 20 years of age.

III. *State aid.*—The State is required to pay the costs of academic instruction in hospitals for crippled children out of a fund for physically disabled. In other hospitals the State shall pay all costs in excess of $70 per pupil for resident pupils and all costs in excess of $55 per pupil for nonresident pupils when any school board has maintained a special class or classes for physically disabled children or for exceptional persons of school age, provided such costs shall not exceed $300 for each disabled resident child and $400 for each nonresident child in attendance for 9 months. In case the costs exceed the State budget for handicapped children, the payments are prorated. (The amount of the fund was $50,000 per year until 1933 and $100,000 per year since 1933.)

IV. *Local support.* When a child attends a special school outside his district, which does not maintain a special class, the district in which he resides shall pay $2 per week tuition. Where a child elects to attend a special class outside his district instead of a class provided in his home district, the parent is required to pay $2 per week tuition. It is implied that the local district shall pay all costs for special classes not met by the State.

V. *Administrative control.*—The local board of education has administrative control and supervision of all special classes under its jurisdiction. When a convalescent hospital for crippled children is located in a rural school district the control of the academic training in such hospital is to be under the same jurisdiction as in the main hospital from which the children are transported to the convalescent hospital, provided the convalescent hospital is not more than 10 miles from the city in which the main hospital is located.

VI. *State supervision.*—Courses, qualifications of teachers, organization and maintenance of special schools or classes must comply with such requirements as may be outlined by the State Superintendent of Public Instruction, who shall appoint persons to supervise such classes. All special schools must meet State requirements to receive State aid.

VII. *Teacher qualifications.*—Special classes must be taught by qualified teachers to receive State aid. No special qualifications for such teachers are specified in the statute. However, the State Superintendent of Public Instruction is empowered to prescribe qualifications.

VIII. *Census of handicapped children.*—Enumeration of physically handicapped children from birth to 21 years of age is specified in the statutes.

IX. *Special features of the statute.*—All physically disabled children from 8 to 18 years of age (to 16 years of age, if they have completed the eighth grade) must attend a public, private, or State school 8 months each year.

WYOMING

[Courtright, Wyoming Revised Statutes, Annotated, 1931, with supplements: secs. 99-136]

I. *Establishment of hospital schools.*—It is the duty of the State Board of Education to provide for the education and training of pupils of arrested physical development or other physical defects, who are unfitted for attendance in public schools, and whose education is not provided for. The State may place such children in a special school or institution in the State or elsewhere, or may provide special

classes. (Hospital schools are not expressly mentioned, but implied from the statute.)

II. *Pupils served.*—The provisions of the statute apply to all children of arrested physical development or other physical defects. Age limits are not specified, but children of school age, between 6 and 21 years of age, are implied from the statute.

III. *State aid.*—The State is required to pay all costs from a fund appropriated for the purpose, if the parents are unable to bear the expense of care and training.

IV. *Local support.*—Local support is not mentioned in the statute.

V. *Administrative control.*—The statute does not specify how the special schools or classes are to be administered.

VI. *State supervision.*—The State superintendent is required to supervise all education within the State, including special schools or classes.

VII. *Teacher qualifications.*—Requirements of teachers for special schools or classes are not specified. (Definite requirements have been set up by the Director of Special Education and approved by the State Board of Education.)

VIII. *Census of handicapped children.*—Enumeration of physically handicapped or defective children is not specified. The State Superintendent of Public Instruction is empowered to prescribe rules and regulations for the annual school census.

APPENDIX B

HOSPITAL SCHOOLS REPLYING TO QUESTIONNAIRE

ARIZONA:
- Phoenix: Phoenix Indian Sanatorium.

CALIFORNIA:
- Auberry: Wish-i-ah Sanatorium.
- Bakersfield: Kern General Hospital.
- Keene: Stony Brook Retreat.
- Los Angeles:
  - Children's Hospital Society.
  - Los Angeles Orthopedic Hospital.
- Orange: Orange County General Hospital.
- Pasadena: La Vina Sanatorium.
- San Francisco:
  - Children's Hospital.
  - Shriners' Hospital for Crippled Children.
- San Jose:
  - Santa Clara Sanatorium.
  - Sunnyholme Preventorium.
- Santa Barbara: General Hospital.
- Weimar: Weimar Joint Sanatorium.

COLORADO:
- Denver:
  - Children's Hospital.
  - National Jewish Hospital.

CONNECTICUT:
- Newington: Newington Home for Crippled Children.[1]
- Waterford: The Seaside.

GEORGIA:
- Decatur: Scottish Rite Hospital for Crippled Children.
- Warm Springs: Georgia Warm Springs Foundation, Inc.

ILLINOIS:
- Chicago:
  - Illinois Eye and Ear Clinic Hospital.
  - Nancy Adele McElwee and Gertrude Dunn Memorial Hospital.
  - The Children's Memorial Hospital.
- Oak Forest: Cook County Tuberculosis Hospital.
- Peoria: Peoria Municipal Tuberculosis Sanatorium.
- West Chicago:
  - The Country Home for Convalescent Crippled Children.
  - The Home for Convalescent Crippled Children.
- Winfield: Winfield Sanatorium.

[1] Questionnaire reply received too late for tabulation.

INDIANA:
Crown Point: Lake County Tuberculosis Sanatorium.
Indianapolis: James Whitcomb Riley Hospital for Children.
Rockville: Indiana State Sanatorium.
IOWA:
Toledo: Sac and Fox Tuberculosis Sanatorium.
Iowa City: University Hospital.
KANSAS:
Norton: State Sanatorium for Tuberculosis.
Parsons: State Hospital for Epileptics.
KENTUCKY:
Louisville: Children's Free Hospital.
MAINE:
Portland: The Children's Hospital.
Presque Isle: Northern Maine Sanatorium.
MARYLAND:
Baltimore:
Children's Hospital School.
James Lawrence Kernan Hospital.
MASSACHUSETTS:
Baldwinsville: Hospital Cottages for Children.
Boston:
Boston City Hospital School.
Boston City Hospital, South Department, Contagious Diseases.
House of the Good Samaritan.
Massachusetts Eye and Ear Infirmary.
Prendergast Preventorium.
Robert Bent Brigham Hospital.
Boston Harbor: Long Island Hospital.
Canton: Massachusetts Hospital School.
Fall River: Union Hospital in Fall River.
Newton Center: New England Peabody Home for Crippled Children.
North Reading: North Reading State Sanatorium.
South Dartmouth: Sol-e-Mar Orthopedic Hospital for Children.
South Hanson: Plymouth County Hospital.
Wellesley Hills: The Convalescent Home of the Children's Hospital.
Westfield: Westfield State Sanatorium.
MICHIGAN:
Ann Arbor: University Hospital.
Detroit:
Detroit Tubercular Sanatorium.
Henry Ford Hospital.
Farmington: Children's Hospital of Michigan—Convalescent Home.
Northville: William Mayberry Sanatorium.
MINNESOTA:
Saint Paul:
Children's Preventorium of Ramsey County.
Gillette State Hospital for Crippled Children.
MISSISSIPPI:
Sanatorium: Mississippi State Tuberculosis Sanatorium.

MISSOURI:
Kansas City: Children's Mercy Hospital.[1]
Koch: Robert Koch Hospital.
Marshall: Georgia Brown Blowwer Home for Crippled Children.
Mount Vernon: State Sanatorium.
St. Louis:
City Hospital Number One, White.
City Hospital Number Two.
St. Louis Children's Hospital.
Shriners' Hospital for Crippled Children.

MONTANA:
Billings: St. Vincent's Hospital.

NEBRASKA:
Lincoln: Nebraska Orthopedic Hospital.

NEW JERSEY:
Atlantic City: Children's Seashore House.
Glen Gardner: New Jersey Sanatorium for Tuberculosis Diseases.
Jersey City, Medical Center.
Lakeland: Camden County Tuberculosis Hospital.
Longport: Betty Bacharach Home for Afflicted Children.
Newark:
Hospital and Home for Crippled Children.
Newark City Hospital.
Orange: New Jersey Orthopedic Hospital and Dispensary.
Scotch Plains: Bonnie Burn Sanatorium.

NEW YORK:
Albany: The Child's Hospital.
Binghamton: Bradford Lord Memorial Hospital.
Brooklyn:
Jewish Sanitarium for Incurables.
House of St. Giles the Cripple.
King's County Hospital.
Buffalo:
Children's Hospital.
J. N. Adam Hospital School.
Canandaigua: Preventorium.
Chenango Bridge: Broome County Tuberculosis Hospital.
Eastview: Solomon and Betty Loeb Memorial Home for Convalescents.
Elmira: Chemung County Preventorium.
Glens Falls: Westmount Sanatorium.
Holcomb: Oak Mount Sanatorium.
Irvington: Irvington House.
Middle Grove: Homestead Sanatorium.
Mohegan Lake: Josephine Home.
New York City:
Lincoln Hospital.
Metropolitan Hospital, Welfare Island.
Neurological Institute.
Psychiatric Institute and Hospital.
Sea View Hospital.
Pelham Manor: Pelham Home for Children, Inc.
Port Jefferson: St. Charles Brooklyn Home for Crippled Children.

[1] Questionnaire reply received too late for tabulation.

NEW YORK—Continued.
Poughkeepsie: Samuel W. Bowne Memorial Hospital.
Rochester: Strong Memorial Hospital.
Salisbury Center: Pine Crest Sanatorium.
Syracuse: Onondaga Sanatorium.
Utica: Children's Hospital Home.
Valhalla:
Blythedale Home and Hospital for Crippled Children.
Grasslands Hospital.
Milbank Home for Convalescent Boys.
Watertown: Jefferson County Sanatorium.
West Haverstraw: New York State Reconstruction Home.
Yonkers: House of Rest at Sprain Ridge.
NORTH DAKOTA:
San Haven: State Tuberculosis Sanatorium.
OHIO:
Cincinnati:
Cincinnati General Hospital.
Hamilton County Tuberculosis Sanatorium.
Jewish Hospital.
Cleveland: The Children's Fresh Air Camp and Hospital of Cleveland.
Columbus: Children's Hospital.
Dayton: Miami Valley Hospital.
South Euclid: Rainbow Hospital for Crippled and Convalescent Children.
Toledo:
Convalescent Home for Crippled Children.
Lucas County Hospital.
Warrensville: Sunny Acres Sanatorium.
OKLAHOMA:
Oklahoma City: Oklahoma Hospital for Crippled Children.
OREGON:
Portland: Doernbecher Memorial Hospital for Children.
Salem: Oregon State Tuberculosis Hospital.
PENNSYLVANIA:
Cresson: Cresson State Sanatorium.
Eaglewood: Eaglewood Sanatorium.
Elizabethtown: State Hospital for Crippled Children.
Fairoaks: Sewickley Fresh Air Home.
Lansdowne: The Sanatorium School.
Philadelphia:
Graduate Hospital, University of Pennsylvania.
Home of the Merciful Saviour for Crippled Children.
Jefferson Hospital.
Philadelphia Orthopaedic Hospital.
The Philadelphia Home for Incurables.
Widener Memorial Industrial Training School for Crippled Children.
Pittsburgh:
Industrial Home for Crippled Children.
Tuberculosis League Hospital.[1]
RHODE ISLAND:
Providence: Rhode Island Hospital.

[1] Questionnaire reply received too late for tabulation.

SOUTH CAROLINA:
Greenville: Shriners' Hospital for Crippled Children.
TENNESSEE:
Chattanooga: Pine Breeze Sanatorium.
Memphis: Crippled Children's Hospital School.
TEXAS:
Galveston: John Sealy Hospital.
Sanatorium: State Tuberculosis Sanatorium.
UTAH:
Salt Lake City: Shriners' Hospital for Crippled Children.
WASHINGTON:
Richmond Highlands: Firland Sanatorium.
Seattle: Children's Orthopædic Hospital.
Spokane: Shriners' Hospital for Crippled Children.
WISCONSIN:
Kenosha: Willowbrook Sanatorium.
Lake Tomahawk: Lake Tomahawk State Camp.
Madison: Wisconsin Orthopædic Hospital for Children.
Milwaukee: Milwaukee Children's Hospital.
Waukesha: Milwaukee Children's Hospital.
Wauwatosa:
Blue Mound Preventorium.
Muirdale Sanatorium.
TERRITORY OF HAWAII:
Honolulu:
Leahi Home.
Shriners' Hospital for Crippled Children.
Kealia: Samuel Mahelona Memorial Hospital.
PHILIPPINE ISLANDS:
Culion: Culion Leper Colony Hospital.