THE EFFECTS OF INVOLVEMENT IN SPECIAL EDUCATIONAL ACTIVITIES ON THE SOCIAL ACCEPTANCE OF ELEMENTARY SCHOOL CHILDREN IN THE REGULAR CLASSROOM

BY

JUDSON LEON REESE-DUKES

THE EFFECTS OF INVOLVEMENT IN SPECIAL EDUCATIONAL ACTIVITIES ON THE SOCIAL ACCEPTANCE OF ELEMENTARY SCHOOL CHILDREN IN THE REGULAR CLASSROOM

A Research Paper

Presented to

the Faculty of the Graduate School

Austin Peay State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

in Psychology

---

by

Judson Leon Reese-Dukes

June 1977

To the Graduate Council:

I am submitting herewith a Research Paper written by Judson Leon Reese-Dukes entitled "The Effects of Involvement in Special Educational Activities on the Social Acceptance of Elementary School Children in the Regular Classroom." I recommend that it be accepted in partial fulfillment of the requirement for the degree of Master of Arts, with a major in Psychology.

Elizabeth C. Hooten
Major Professor

Accepted for the Graduate Council

Wayne E. Stamps
Dean of the Graduate School

ACKNOWLEDGEMENTS

The author would like to express sincere appreciation to Dr. Elizabeth H. Stokes for her invaluable technical assistance and her patience during the course of this study. To his wife, Carolyn, much love and thanks for understanding and the assumption of all household responsibilities during this project.

TABLE OF CONTENTS

CHAPTER		Page
I.	INTRODUCTION	1
	Purpose	4
	Hypotheses	4
	Review of Literature	5
	Definition of Terms	9
II.	METHOD	10
	Selection of the Sample	10
	Description of the Sample	11
	Description of the Measuring Instrument	11
	Procedure	13
III.	RESULTS	15
IV.	DISCUSSION	19
	Summary	19
	Conclusions	20
	Recommendations for Further Research	22
APPENDIX A		24
APPENDIX B		27
REFERENCES		29

CHAPTER I

INTRODUCTION

Special educational programs aimed at retarded students have been the subject of much criticism in recent years. Dunn (1968) criticized the implementation of special classes for the mildly retarded on the basis that educators often labelled socio-culturally deprived youngsters as mentally retarded and segregated them in separate classes. Children of low status backgrounds, non-English speaking homes, broken homes and other non-middle class environments are often labelled as "misfits" and transferred to the special classes for the mentally retarded. Robinson and Robinson (1965) found that children who were difficult to handle and those who had been retained were more likely to be pulled from the regular classroom and placed in the special classes.

The label of mental retardation does not always refer to mental incompetence as intended--sometimes it refers to social deviance. Mental retardation is a social definition. Societies which are bound together by a common culture have the ability to create deviant statuses for persons who do not fulfill role expectations and to punish these deviants by assigning them devalued status or by removing them from the society. Cultures differ from one another; thus in one

social situation, the person may be considered retarded or deviant, while in another situation the same person may exhibit what is considered "normal" behavior.

In today's schools, based upon middle class culture, children must conform to the middle class cultural values, roles and expectations. When this conformity does not or cannot occur ostracism often results.

Because the social and personal adjustment of the retarded is especially important in the competitive society of today, serious consideration must be given to the best possible placement of each individual child, especially the mentally handicapped.

Johnson (1950), when conducting his now classic sociometric study concerning the integration of Educable Mentally Retarded (EMR) students in regular classrooms, found that sociometric acceptance scores increased and rejection scores decreased as IQ scores increased. Although Johnson further reported that often the differences observed were due to factors such as "bullying," "fighting," and other unacceptable social behaviors and not to intellectual or functional abilities or disabilities. His work set the standard for the establishment of segregated, self-contained classrooms for EMR students.

Although the first EMR self-contained classroom was established in 1953, the standard of segregated classrooms for EMR students persisted in the Clarksville Montgomery

County School System until the 1970-1971 school year. At that time the Clarksville Montgomery County School Board undertook an experimental program which integrated EMR students in three elementary schools into the regular classrooms. In the following school year (1971-1972) the new program was implemented throughout the system. Under the new program, rather than being isolated in segregated classrooms, EMR students are taught by a resource teacher during certain periods of the day, receiving special help in mathematics and reading. The remaining periods are spent in the regular classroom.

The practice of placing students in the regular classroom who had formerly been assigned to self-contained classrooms because of common differences, has been labelled "mainstreaming." Mainstreaming of EMR students into regular classrooms has persisted in the Clarksville Montgomery County School System since its inception in 1971-1972, on the premise that integration into regular classrooms is the best placement for these students.

With the passage of the Mandatory Education Act for Handicapped Childern in 1972, (also known as Public Law 839), the Tennessee State Department of Education required that all students be educated in the least restrictive environment. This policy resulted in complete mainstreaming of all students classified as EMR in some systems while other systems only partially mainstreamed.

Purpose

In the Clarksville Montgomery County School System self-contained classrooms have been maintained for behaviorally disordered, autistic and developmentally disabled students, but those students classified as EMR have been completely mainstreamed. Since the inception of the mainstreaming program, no definitive investigation to assess its effectiveness in the area of social relationships has been attempted. This investigation purports to assess the effectiveness of mainstreaming in the Clarksville Montgomery County School System in terms of social acceptance or rejection of the EMR students by their peers in the regular classrooms.

Hypotheses

To serve as guides in the conduct of this investigation, the following hypotheses were formulated and statistically evaluated for validity:

1. There is no significant difference in the sociometric scores received by students identified as EMR and randomly selected non-EMR students.

2. There is no significant difference in the sociometric scores received by EMR male students and randomly selected non-EMR male students.

3. There is no significant difference in the sociometric scores received by EMR female students and randomly selected non-EMR female students.

4. There is no significant difference in the sociometric scores given male EMR students by female students and the sociometric scores given male EMR students by other male students.

5. There is no significant difference in the sociometric scores given female EMR students by male students and the sociometric scores given female EMR students by other female students.

6. There is no significant difference in the sociometric scores received by EMR female students and the sociometric scores received by EMR male students.

7. There is no significant difference in the sociometric scores received by non-EMR female students and the sociometric scores received by non-EMR male students.

Review of Literature

Long before Johnson's sociometric studies began in 1950, the case for segregating intellectually different students into separate classes was being built. Martin (1941) and Shattuck (1946) preceeded Johnson in advocating various levels or degrees of segregation for those students. Nevertheless, it was Johnson's exhaustive study of twenty-five classes containing at least one intellectually different student each which firmly entrenched the pro-segregation attitude in the minds of educators.

Following Johnson, Baldwin (1958) studied the social position of mentally retarded students in regular classes in

a school which also had some special classes available. Her finding indicated that even with the more deviant (lower functioning) students out of the regular classroom, the degree of acceptance of the remaining EMR students was still significantly lower than that of the non-EMR students in the same classrooms.

Porter and Milazzo (1958), studying post-school EMRs who had participated in segregated classes as compared to EMRs who had participated in regular classrooms, found that when measuring social competence and economic efficiency, those EMRs who had been assigned to segregated classes showed more adequate community adjustment. Of those who had been assigned to segregated classes, 91% held full or part-time jobs and contributed to their own support as compared to only 34% of the regular classroom group.

Echoing Porter and Milazzo, Blatt (1958), comparing segregated class EMRs and regular class EMRs in separate communities, found that EMRs who had been involved in segregated classes appeared to be more socially mature and emotionally stable than EMRs from regular classrooms. Blatt, however, recommended further investigation to determine whether or not special class teachers were more accepting of EMR students than were regular class teachers and what effect this factor might have on the EMR students' total development.

Kern and Pfaeffle (1962), measured the social adjustment of EMRs in special classes, in special schools and in regular classes. They found that social adjustment for special school EMRs was higher than for special class EMRs, while special class EMRs scored better than regular class EMRs, but only in the area of school relations. These findings seemed to indicate that special class and special school EMRs show much better school adjustment and (as would logically follow) subsequently achievement, than do regular class EMR students.

Throughout the years 1941 to 1962 the research overwhelmingly supported the case for segregated classrooms for EMR students. It was not until 1968 that the climate began to change. Dunn (1968), created much controversy when he proposed that special class placement was disadvantageous for the slow learner and the under privileged student. In rapid succession Renz and Simonsen, (1969); Pumphrey, Goodman, Kidd, and Peters, (1970); and McDaniel, (1970) conducted investigations which supported Dunn's position and refuted the isolation and rejection position.

Goodman, Gottlieb, and Harrison (1972), investigating the social acceptance of EMRs integrated into a non-graded elementary school, produced results which appeared to again uphold the pre-1968 segregation position. They found that non-EMR students accept EMR students less often and reject them more often than they do other non-EMR students.

Their findings are suspect, however, since their sample population was composed of EMR students from outside the school community who were bussed in to the elementary school while all the non-EMR students were from the school community.

The Goodman, et al. (1972) investigation is questionable due to their sample composition, and their findings were supported by Porter, Ramsey, Tremblay, Iaccobo, and Crawley (1976) who found that in free play situations normally developing children engaged in socially interactive behavior with other normally developing children significantly more frequently than with retarded children.

Gottlieb and Budoff, (1973) studied the social acceptability of EMR students in non-graded schools which differed in architecture. They found that in the open concept schools EMR students were rejected more frequently than in the walled concept schools. The integrated EMR students in both settings were rejected significantly more frequently than were non-EMR students.

Iano, Ayers, Heller, McGettigan and Walker (1974) investigated the sociometric status of former EMR special class students who were placed in regular classes, but with resource support. Their findings indicated that despite the availibility of supportive services, EMR students were apparently no better accepted than were EMR students in previous studies who had no such services.

Finally, investigating the relative achievement levels of EMR students in regular classrooms and in self-contained (segregated) classrooms, Carter (1975) found no difference in the reading achievement scores among EMR 3rd graders. This finding would appear to contradict the earlier findings of Kern and Pfaeffle (1962) which indicated that EMR students in segregated classes should achieve better than EMR students in regular classes.

Definition of Terms

Educable Mentally Retarded (EMR) - An individual whose measured level of development and/or ability is approximately one-half to three-fourths the normal rate.

Resource Teacher - A teacher who is certified in Special Education and who provides special assistance to EMR students in reading and mathematics outside the regular classroom.

Sociometric Instrument - A device used to measure the social relations and structure of a group.

Sociometric Score - An algebraic summation of the ratings received by each student from every other student on the sociometric instrument.

CHAPTER II

METHOD

Selection of the Sample

Prior to the 1971-1972 school year, in the Clarksville Montgomery County School System, all students identified as EMR were segregated into separate self-contained classrooms. In the 1972-1973 school year, following a successful experimental program involving three elementary schools, all EMR students were integrated into regular classrooms throughout the system. The policy of integrating EMR students into regular classrooms has been maintained to date.

The Clarksville Montgomery County System is composed of 18 schools with a total enrollment in excess of 15,000. Within this system, fifth and sixth grade classes of three elementary schools were selected as the student population for this investigation. Fifth and sixth grade students were selected on the basis of two factors; (1) the inclusion of these two grades would provide maximum opportunity for inclusion in the sample of those EMR students who had been involved in the Resource program for the longest period of time at the elementary level and (2) the inclusion of two grade levels was necessary to achieve an EMR student sample large enough for meaningful interpetation of the data gathered.

Selection of the elementary schools from which the sample would be drawn was based upon the recommendation of the Coordinator of Instruction for the school system. It was his feeling that the recommended elementary schools provided an adequate and representative EMR student sample.

Description of the Sample

The elementary schools selected for participation in this investigation included a total of 1,653 students of whom 564 were at the fifth and sixth grade levels. Utilizing only those classes in which there were EMR students enrolled, 15 classes were selected to participate in the study. There were 32 identified EMR students (9 female and 23 male) among the 406 student enrollment of the 15 selected classes. In each classroom containing EMR stduents, an equal number of non-EMR students, matched for sex, was randomly selected for comparison of sociometric scores. The EMR group and the non-EMR group each contained 32 students, for a total sample of 64 students, matched on the basis of classroom assignment and sex.

Description of the Measuring Instrument

The sociometric scale How I Feel Toward Others developed by Bonney (1954) was selected as the instrument to be used in this study. One of three basic types of instruments identified and described by Bonney (1960), this scale provides a

measure of an individual's reputation within a group. It obtains data on how an individual is regarded in reference to five criteria of friendship.

The reliability of Bonney's scale was established by the constancy of scores on two successive administrations of the scale over various time intervals (Bonney, 1954). The Rho correlations between successive group ranks varied from .62 to .94. The time interval varied from one day to four months. The validity of the instrument is based on the assumption that feelings carry their own validity for the particular persons concerned. The assumption was made that the subjects were giving honest or sincere responses, which is a necessary assumption if the data are to be accepted as valid. The method of construction of the scale, as indicated by the author (Bonney, 1954), was also given as evidence of validity.

The instrument contains choices which offer two levels of acceptance, one position of neutrality, and two levels of rejection. Each subject is required to rate every other student in the class in one of five categories: (1) my best friends, (2) my other friends, (3) students I don't know, (4) students I know but who are not my friends, and (5) students I do not want to have as friends as long as they are as they are now. A copy of the criteria upon which these choice selections are based is included in Appendix A.

Procedure

Each student who was present in each of the selected fifth and sixth grade classrooms on the day of the administration was given the Bonney How I Feel Toward Others scale. The instrument was administered by either the regular classroom teacher or the author. All children in the class were rated by the other children even if they were not present at the time of administration.

In those schools where the instrument was to be administered by the regular classroom teachers, the author met with the involved teachers to explain the method of administration for the instrument. In the schools in which the author administered the instrument, additional time was taken with each class prior to initiating the administration procedure in order to establish rapport with the students.

The administration of both the teachers and the author were standardized. Each student was given a rating sheet containing the names of every student in the classroom and a copy of the instructions for rating their classmates. The instructions were read aloud by the administrator while the students read silently. When all questions had been answered the students were allowed to begin. There was no time limit and no pressure from the administrator to complete the task quickly. Each student was instructed to turn his or her rating sheet face down on the desk and raise his or her

hand when when the scale had been completed. As each student completed the scale, it was collected by the administrator.

Each student's sociometric score was calculated by assigning a weighted algebraic score in the following manner: my best friends, +2; my other friends, +1; students I don't know, 0; students I know but who are not my friends, -1; students I do not want as friends, as long as they are as they are now, -2. Each student's sociometric score then is composed of an algebraic total of the positive and negative ratings he or she received from every other student in that class. Once each student's score had been calculated, the mean score and standard deviation was computed for each class. Each student's score was then converted to a linear standard (z) score for statistical analysis.

CHAPTER III

RESULTS

As shown in Table 1, the combined male and female or total EMR sample obtained a mean sociometric score of -1.04, and the combined male and female or total non-EMR sample obtained a mean sociometric score of .02. The non-EMR students earned a significantly higher score than the EMR students, t (31) = 3.93, $p < .005$. The mean sociometric

Table 1

Mean Sociometric Scores of EMR and non-EMR Students

Group	Mean Score	Mean Difference	
n=32			
All EMR Students	-1.04		
n=32		1.06	3.93**
All non-EMR Students	.02		
n=23			
EMR Male Students	-.92		
n=23		.89	3.03*
Non-EMR Male Students	-.03		
n=9			
EMR Female Students	-1.34		
n=9		1.37	2.97*
Non-EMR Female Students	.03		

*$p < .01$
**$p < .005$

score for the EMR male sample was -.92, while the non-EMR groups mean score was significantly higher than the EMR groups mean score, t (22) = 3.03, $p < .01$. Among the female

students, the mean sociometric score obtained by the non-EMR group (.03) again was significantly higher than that obtained by the EMR group (-1.34), t (8) = 2.97, $p < .01$.

Table 2 presents data concerning the sociometric scores of the sample students by sex. The female EMR student group received a mean sociometric score from other female students of -.50 and a mean score from male students of -1.73. The difference between these means was significant, t (8) = 6.01, $p < .005$. The non-EMR female student group received a mean sociometric score of .76 from other female students and -.59 from male students. This difference was also significant, t (8) = 5.32, $p < .005$. Among male students, the EMR

Table 2

Mean Sociometric Scores Received by EMR and Non-EMR Students From Other Same Sex Students

Group	Mean Rating by Females	Mean Rating by Males	Mean Difference	t
EMR Female n=9	-.50	-1.73	1.23	6.01*
Non-EMR Female n=9	.76	-.59	1.35	5.32*
EMR Male n=23	-1.03	-.24	.79	-4.98*
Non-EMR Male n=23	-.48	.43	.91	-6.73*

*$p < .005$

group received a mean score of -1.03 from female raters and a mean score of -.24 from other male students. The difference

between the means was signiticant, t (22) = -4.98, $p < .005$. In the non-EMR male group, the mean score received from female raters was -.48 and from other male raters .43. This difference, too, was significant, t (22) = -6.73, $p < .005$.

The data presented in Table 2 clearly indicates that both male and female students tend to rate students of the opposite sex lower than students of the same sex. The data also suggests a difference between the ratings given EMR and non-EMR students of the opposite sex. The data presented in Table 3 clarifies that point. The mean

Table 3

Sociometric Scores Received by EMR and Non-EMR Students From Opposite Sex Students

Group	Mean Ratings of EMR Students	Mean Ratings of Non-EMR Students	Mean Difference	t
n=9 Females Rated by Males	-1.73	-.59	-1.14	-2.44*
n=23 Males Rated by Females	-1.03	-.48	-.55	-2.46**

*$p < .05$
**$p < .025$

sociometric score received by female EMR students from male raters was -1.73, and the mean score received by non-EMR females from male raters was -.59. The difference between these means was significant, t (30) = -2.44, $p < .05$. The mean rating received by EMR male students when rated by

female students was -1.03 while the mean rating received by non-EMR males from females was -.48. This difference was also significant, t (30) = -2.46, $p < .025$.

Table 4 presents data showing comparisons of the mean sociometric scores of EMR and non-EMR males and females. The mean score of the EMR female group was -1.34 and the mean score obtained by the male EMR group was -.92. The

Table 4

Mean Sociometric Scores of Male and Female Students

Group	Mean Rating	Mean Difference	t
n=9			
EMR Female	-1.34		
n=23		.42	1.94
EMR Male	-.92		
n=9			
Non-EMR Female	.03		
n=23		.06	.01
Non-EMR Male	-.03		

difference between these means was not significant, t (30) = 1.94, NS. The mean score for the non-EMR female group was .03 while the mean score for the non-EMR male group was -.03. This difference also failed to be significant, t (30) = .01, NS.

CHAPTER IV

DISCUSSION

Summary

In the Clarksville Montgomery County School System self-contained classrooms have been maintained for behaviorally disordered, autistic and developmentally disabled students. However, those students classified as EMR have been completely mainstreamed into regular classrooms.

This study was an attempt to assess the effectiveness of mainstreaming in the Clarksville Montgomery County School System, in terms of the social acceptance or rejection of EMR students by their classmates in regular classrooms. The results indicate that fifth and sixth grade EMR students receive lower sociometric scores than a randomly selected sample of their classroom classmates.

The subjects selected for this investigation were drawn from 15 fifth and sixth grade classes in three elementary schools within the Clarksville Montgomery County School System. From 406 total students in the 15 selected classes, 32 non-EMR students were randomly selected and matched by sex and classroom assignment with 32 identified EMR students for comparison of sociometric scores.

Conclusions

Following the administration of a sociometric scale to all students in the 15 selected classes (406) and statistical analysis of the scores received by the 64 students comprising the sample population, the following conclusions have been formulated:

1. The hypothesis that there is no significant difference in the sociometric scores received by EMR students and randomly selected non-EMR students is rejected. Non-EMR students received higher mean sociometric scores than did EMR students in the regular classroom when the total sample was compared.

2. The hypotheses that there is no significant difference in the sociometric scores received by EMR males and randomly selected non-EMR males, and that there is no significant difference in the sociometric scores received by EMR females and randomly selected non-EMR females are rejected. Non-EMR males in the regular classroom received higher mean sociometric scores than EMR males, and non-EMR females received higher scores than did EMR females.

3. The hypothesis that there is no significant difference in the sociometric scores given male EMR students by female students and the sociometric scores given male EMR students by other male students is rejected, and the hypothesis that there is no significant difference in the sociometric scores given female EMR students by male students

and the sociometric scores given female EMR students by other female students is rejected. Both male and female students tended to generally rate students of the opposite sex lower than same sex. Additionally, however, both male and female students rated EMR students of the opposite sex significantly lower than non-EMR students of the opposite sex.

4. The hypothesis that there is no significant difference in the sociometric scores received by EMR female students and the sociometric scores received by EMR male students is accepted. And the hypothesis that there is no significant difference in the sociometric scores received by non-EMR female students and the sociometric scores received by non-EMR male students is accepted.

In general, the social preference data from this study tend to corroborate the results of a number of recent sociometric studies indicating that non-retarded children "prefer" other non-retarded children over retarded children, and often overtly reject retarded children in a classroom setting (Meyerowitz, 1967; Goodman, et al., 1972; Gottlieb and Budoff, 1973; Iano, et al., 1974; Porter, et al., 1976).

If one of the major purposes of mainstreaming was to increase the social acceptance of EMR students, the results of the present study indicate that among the students in the age group examined in the Clarksville Montgomery County School System, EMR students are still receiving lower

sociometric ratings than non-EMR students. There may be other benefits occuring as a result of their being returned to the regular classroom, such as increased achievement, which were not assessed in this study. Two possible courses of action are indicated by these results. Perhaps there should be a re-evaluation of the present policies concerning placement of EMR students. A second, and perhaps more valuable course, would be the implementation of special activities designed specifically to aid EMR students in their adjustment to regular classrooms and to enhance their acceptance by their non-EMR peers.

Recommendations for Further Research

1. Determination and assessment of variables related to grade-level which may affect the social acceptance or rejection of EMR students in regular classrooms.

2. Determination of teacher variables, (i.e. age, sex, attitude), which may affect the social acceptance or rejection of EMR students in regular classrooms.

3. Determination and assessment of racial and/or sociocultural factors which may affect the social acceptance or rejection of EMR students in regular classrooms.

4. Correlation of measured level of functional ability and social acceptance or rejection of EMR students in regular classrooms.

5. Correlation of perceived functional level or achievement of EMR students by non-EMR students with social acceptance or rejection of EMR students in regular classrooms.

APPENDIX A

HOW I FEEL TOWARD OTHERS

The teacher and the pupils should read this entire scale together.

To the pupils:

You have all taken a lot of tests in mathematics, reading, and other subjects. You have been asked to take those tests so your teachers would know better how to help you in your studies. Now you are asked to tell how you feel toward other students in your room. This is not a test like the others you have taken. There are no right or wrong answers. All you need to do is to tell how you feel toward other students in your room. By doing this you will help the teacher to know which other students you get along with best.

No student will be allowed to see another student's paper.

DIRECTIONS: One another sheet of paper you have the names of all the people in your room. As soon as we finish reading the directions you will be asked to place a number to the left of each of these names, including your own. The numbers which you will use are the numbers of the paragraphs listed below.

Do not put any numbers now. Please put your pencils down until you are told to begin.

We must first read all the directions together, so you will be sure to know how to mark your list of names. I will read aloud, you read along silently.

Number 1 is for: My Best Friends. How can we tell our best friends from just ordinary friends? Below you will find listed some things which are generally true of our best friends. Put a 1 to the left of the names of those students who are best friends.

A. You are with your best friends a lot and have fun with them.
B. You treat them nice, help them whenever you can, and share your things with them.
C. You go places with them and talk with them a lot.
D. You go to their homes and they come to your home quite often.

Number 2 is for: My Other Friends. Besides our best friends all of us have other friends whom we like fairly well. Put a 2 to the left of the names of those children you like fairly well.

A. You are with them sometimes, but you do not always have fun with them.
B. You are nice to them most of the time, but you seldom share your things with them.
C. Sometimes you go places with them, and talk with them, but not very often.
D. You seldom go to their homes, and they seldom come to your home.

Number 3 is for: Students I Don't Know. There may be some people on your list whom you don't know well enough to know whether you like them or not. It may be that you have not been with them enough to tell much about them. You don't know how you really feel about these students. Put a 3 to the left of the names of those people whom you don't know well enough to rate.

Number 4 is for: Students I know but who are not my friends. All of us know some persons quite well but we do not consider them to be our friends. Put a 4 to the left of the names of those people you do not consider as your friends.

A. You are seldom with them.
B. You do not get along very well with them when you are around them.
C. You do not talk to them or go places with them unless it is necessary to be polite.
D. You do not like some of the things they do, and the way they act at times.

Number 5 is for: Students I do not want to have as friends as long as they are like they are now. Nearly all of us find there are a few persons we cannot get along with. These people may be all right in some ways, and may be regarded as good friends by others, but not by us.

A. You avoid being with them, and you never choose them as partners for a game.
B. Sometimes you fuss, quarrel, and fight with them when you are around them.
C. You never go places with them and you never talk with them unless you have to.
D. You dislike very much some of the things they do, and the way they act at times.

Now let us go over the main headings.

What is number 1 for? (Student response)
What is number 2 for? (Student response)
What is number 3 for? (Student response)
What is number 4 for? (Student response)
What is number 5 for? (Student response)

You do not have to use all these numbers. You may use any of these as many times as you wish. All you need to do is to show how you feel about each person on your list by putting one of the above numbers to the left of his name.

Be sure to put a number to the left of every name. Do not leave out anyone.

Has everyone found his own name? If your name is not on the list raise your hand so I can have all the children add your name to their lists. As soon as you have found your name or have written it in, put a 6 to the left of it.

If you have any questions, please ask them now.

When you have finished marking your list, turn your paper face down on your desk and raise your hand until I come take up your paper.

Go ahead now and place the other numbers (1-2-3-4-5) to the left of the rest of the names on your list.

APPENDIX B

DATA TABULATION

Non-Resource

Sociometric Scores

Subject No. and Sex	Total Score	Female Score	Male Score
1 (F)	.30	.97	-.58
2	1.03	.14	1.30
3	.49	.45	.36
4 (F)	.40	1.00	-.44
5	.30	-.38	.76
6 (F)	-.51	.72	-1.37
7	.71	.08	1.02
8	.56	-.27	1.14
9	.64	.43	.56
10 (F)	-1.14	.20	-1.72
11	-.31	-.67	.69
12	-1.34	-1.40	-.27
13	-1.15	-2.04	.24
14	.61	.02	.80
15	.36	-.63	1.02
16	-.52	-.95	.44
17	.94	.54	1.06
18 (F)	.83	1.62	-.82
19	-1.33	-.78	-1.21
20	.39	.09	.47
21	-.02	-.61	.61

Resource

Sociometric Scores

Subject No. and Sex	Total Score	Female Score	Male Score
1-A (F)	-3.10	-1.92	-3.38
2-A	-1.37	-.75	-.69
3-A	-1.06	-1.45	-.25
4-A (F)	-2.72	-1.48	-2.17
5-A	-1.61	-1.90	-.30
6-A (F)	-.30	.45	-.84
7-A	.19	-.86	.79
8-A	-2.03	-2.04	-1.15
9-A	-1.44	-1.68	-.58
10-A (F)	-.62	-.15	-.81
11-A	-1.81	-1.72	-.75
12-A	-2.09	-2.24	-.27
13-A	1.20	.66	1.02
14-A	-.89	-1.27	-.09
15-A	-2.91	-2.04	-2.08
16-A	.75	.13	1.27
17-A	-.42	-.01	-.82
18-A (F)	-1.56	-.82	-1.87
19-A	-.02	-.20	.13
20-A	.80	.38	.80
21-A	-1.15	-1.21	-.69

DATA TABULATION

(continued)

Non-Resource				Resource			
	Sociometric Scores				Sociometric Scores		
Subject No. and Sex	Total Score	Female Score	Male Score	Subject No. and Sex	Total Score	Female Score	Male Score
22	.27	-.51	.07	22-A	-.21	-1.31	1.04
23 (F)	1.11	1.30	.28	23-A (F)	-.90	.50	-2.09
24 (F)	-1.72	-1.31	-1.55	24-A (F)	-.84	-.61	-1.23
25 (F)	.92	1.20	.28	25-A (F)	-1.90	-1.01	-2.20
26	.06	-.04	.11	26-A	-.58	-.66	-.22
27	-.93	-.98	-.27	27-A	-1.72	-1.16	-1.45
28	-1.68	-1.72	-.72	28-A	-.36	-.93	.63
29	-.32	-.43	-.02	29-A	-.93	-.82	-.69
30 (F)	.97	.95	.64	30-A (F)	-.11	.56	-.95
31	1.45	-.05	1.31	31-A	-.43	-.87	.21
32	-.33	-1.27	.57	32-A	-3.05	-1.82	-1.45

References

Baldwin, W. K. The social position of the educable mentally retarded child in the regular grades in the public schools. Exceptional Children, 1958, 25, 106-108.

Blatt, B. The physical, personality, and academic status of children who are mentally retarded attending special classes as compared with children who are mentally retarded attending regular classes. American Journal of Mental Deficiency, 1958, 62 (5), 810-818.

Bonney, M. E. Choosing between the sexes on a sociometric measurement, The Journal of Social Psychology, February 1954, 99-114.

Bonney, M. E. Mental Health in Education. Boston: Allyn & Bacon, 1960

Carter, J. L. Intelligence and reading achievement of EMR children in three educational settings. Mental Retardation, 1975, 13 (5), 110-115.

Dunn, L. M. Special education for the mildly retarded - Is much of it justifiable? Exceptional Children, 1958, 35, 5-22.

Goodman, H. Gottlieb, J. & Harrison, R. H. Social acceptance of EMR's integrated into a non-graded elementary school. American Journal of Mental Deficiency, 1972, 76 (3), 412-417.

Gottlieb, J. & Budoff, M. Social acceptability of retarded children in non-graded schools differing in architecture. American Journal of Mental Deficiency, 1973, 78 (1), 15-19.

Iano, R. P., Ayers, D., Heller, H. B., McGettigan, J. F. & Walker, V. S. Sociometric status of children in an integrative program. Exceptional Children, 1974, 40, 267-271.

Johnson, G. O. A study of social position of mentally handicapped children in the regular grades. American Journal of Mental Deficiency, 1950, 55 (1), 60-89.

Kern, W. H. & Pfaeffle, H. A comparison of social adjustment of mentally retarded children in various educational settings. American Journal of Mental Deficiency, 1962, 67 (3), 407-413.

Martin, M. F. Personality development and social adjustment of mentally retarded children. American Journal of Mental Deficiency, 1941, 46, 94-101.

McDaniel, C. O. Participation in extracurricular activities, social acceptance, and rejection among educable mentally retarded students. Education and Training of the Mentally Retarded, 1970, 5, 4-14.

Meyerowitz, J. H. Peer groups and special classes. Mental Retardation, 1967, 5, 23-26.

Porter, R. B. & Milazzo, T. C. A comparison of mentally retarded adults who attended a special class with those who attended regular school classes. Exceptional Children, 1958, 24, 410-412.

Pumphrey, M. W., Goodman, M. B., Kidd, J. W. & Peters, E. N. Recreational activities at a community center; Jewish community centers association of St. Louis. Exceptional Children, 1970, 36, 453-458.

Renz, P. & Simonsen, R. J. Social perception of normal children toward their EMR grade-mates. American Journal of Mental Deficiency, 1969, 74, 405-408.

Robinson, H. B. & Robinson, N. M. The Mentally Retarded Child, New York; McGraw Hill, 1965.

Shattuck, M. Segregation vs. no-segregation of exceptional children. Journal of Exceptional Children, 1966, 71, 33-41.