

TEACHERS' SOCIAL ORIENTATION AND CLASSROOM ACHIEVEMENTS

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The Gunzburg approach (Gunzburg, 1975, 1977) aimed at a population of moderate-to-low mentally retarded (MR) individuals, is focused on educational efforts towards social adjustment. In contrast to other approaches that are based on a cognitive model with strong orientation towards development of basic skills such as reading, writing and arithmetic (i.e., Ebersole, Kephart & Ebersole, 1968; Erikson, 1970; Kephart, 1971; Smith, 1974), the Gunzburg approach is focused mainly upon development of social skills such as *self-help*, *communication*, *socialization*, and *occupation*. These four aspects of social functioning are considered by Gunzburg to represent principal social domains that are necessary for the MR child to adjust to society.

The main objective of the current study was to investigate the relation between the cognitive and social level of functioning of low-to-moderate MR children and the teachers' cognitive and social orientation towards care, rehabilitation, and education of the MR child. The teachers' cognitive and social orientation towards MR children is believed to have a strong impact on their instructional efforts and consequently on the development of MR children's cognitive and social skills. This assumption is based on works of Safer (1980) and Stucky and Newborough (1981). The teachers' approach towards instruction is important, especially among MR children since his/her work is often accompanied by specific difficulties, slow progress, and even developmental regressions. The objectives of this study were: (a) to investigate the relation between MR children's cognitive and social competencies comparing them with their teacher's orientation towards cognitive achievements and social skills, and (b) to study the relation between cognitive performance and social competence skills of the low-to-moderate MR children.

Change of attitudes towards MR persons have occurred in the last decade in the sociological, psychological, and educational areas. These changes are related to securing rights for social services, rehabilitation, and integration of the MR child in his community (Janicki, 1981; Mittler, 1973; Richardson, 1981; Wolfensberger, 1968), improvements in assessment of functioning level (Feuerstein, Rand & Hoffman, 1979; Gunzburg, 1977; Haeusermann, 1958; Hutt & Gibby, 1976; Jedrysek, 1972) and engagement of teachers in designing and executing the instructional programs (Bender & Valletutti, 1976; Axheim & Lielverant, 1981; Gunzburg, 1968; Smith, 1974; Weissman & Ramoth, 1981).

As a result of the recent changes, two major but different approaches to training MR children have emerged, one that emphasizes training towards achievement of cognitive skills (Ebersole, Kephart & Ebersole, 1968; Smith, 1974) and another that emphasizes training towards social competence skills (Bach, 1977; Baumeister, 1968; Bender & Valletutti, 1976; Gunzburg, 1975). According to Lortie (1969) and Simpson & Simpson (1969), achievement-oriented teachers are those who emphasize teaching of core cognitive contents and functions and stress the importance of written tests in assessment of students' achievements. Achieve-

ment-oriented teachers who work with MR children perceive themselves as special education teachers whose main efforts should be directed towards raising achievement in academic skills. In contrast, socially oriented teachers are more interested in social competencies, enjoy interpersonal interactions rather than dealing primarily with subject matter, are concerned with emotional and behavioural problems, and have a more holistic approach than the achievement-oriented teachers. Socially oriented teachers direct their major teaching efforts to provide opportunities for successful exercise of social skills towards social adjustment (Bender & Valletutti, 1976; Gold, 1978; Gunzburg, 1975; Simpson & Simpson, 1969). It should be emphasized that both orientations are usually found in some proportion in most teachers. The teachers' orientation is conceptualized as a matter of degree of emphasis rather than an 'either-or' proposition.

The teachers' orientation was evaluated in this study by referring to three areas: needs, attitudes, and values; a composite score of all areas was taken to be compared with MR children's cognitive and social competencies. The cognitive performance of the MR children was assessed by a test of visual-motor coordination and two tests that tap various aspects of verbal functioning.

METHOD

Subjects

The sample consisted of 120 moderate-to-low MR children (58 boys and 62 girls) ranging in age from 6 to 17 years and whose IQ range was 28 to 68 on the Stanford-Binet (LM) test. The mean IQ score, based only on the Stanford-Binet test as recorded from files, was 45.20 (SD = 9.53). Only children who were diagnosed at the Service Clinic for MR Children (a governmental central clinic in Israel) were chosen for the study. Thirty-three of the children were diagnosed as Down Syndrome. Sampling procedures were composed of two phases. In the first phase, 6 day-schools for MR children were approached following the recommendations of three supervisors from the Service for MR Children in the Ministry of Welfare. The criterion for recommendation was school orientation towards development of cognitive skills or towards development of social competencies. Three schools were recommended as representing a cognitive development orientation and three other schools as representing an orientation towards development of social skills. In the second phase of sampling, 10 classes from each type of the recommended schools were randomly selected. From each class all children were selected to participate in the study as well as the teachers of the same classes (N = 20). Although our main purpose was to investigate the relationship between teachers' orientation and children's performance, preliminary analyses were carried out to study, on the school level, the relationship between the children's cognitive and social competencies and school orientation. A one-way ANOVA revealed no significant differences among schools either for the children's competencies or teachers' attitudes, needs, and values. These results justified our decision to concentrate on the relationship between childrens' competencies and teachers' orientation rather than on the molar level of school orientation. It should be emphasized that subjects' assignment for classes was predetermined on the basis of their age alone. In no case were children assigned according to consideration of child-teacher fitness. Thus, any difference found on children as a function of teachers' orientation could be related to the teachers' influence rather than to preliminary childrens' characteristics. All of the teachers (N = 20) participated in the study. Teachers' age ranged from 26 to 54 years and teaching experience ranged from 1 to 20 years.

Measures

The Progress Assessment Chart 1 (P.A.C. 1, Gunzburg, 1977). The P.A.C. is aimed at assessment of social adjustment of MR individuals, especially those who function on a low-

to-moderate level. The P.A.C. 1 is composed of an inventory of 120 skills considered to be important to the MR individual's social functioning. The list of social skills is divided into four main areas: *self-help, communication, socialization, and occupation*; each of these areas is divided into sub-categories (for a detailed explanation of these areas and data recording see Gunzburg, 1975, 1977). Each social skill is represented in a *concentric chart that contains* the four main areas as well as subdivisions of each area. The teacher is required once in every 6 months to record on the chart higher perceptions of the social skills that are mastered. It should be noted that the P.A.C. is not a conventional behavioural observation instrument, but rather an evaluation measure based on continuous and thorough observation of the child. Comparison of charts can reveal progress, stability, or even regression and directs the teacher towards intensive training in areas of specific difficulty. The child's social competencies, as depicted in the chart, may indicate certain gaps among different domains of the social functioning. These gaps not only help the teacher to evaluate what has been achieved with the child but also directs higher decision making process on future steps and in efficient planning of systematic instruction program.

The criteria for assessment of successes and failures is in reference to MR individuals of the same age and same IQ. The norms of the P.A.C. 1 are based on a sample of 337 MR children ranging in age between 8 to 18 years (Gunzburg, 1968; Schiphorst, 1968). The average expected achievement for each skill is determined by the percentile of 50 for the same age group with same level of retardation.

Gunzburg (1977) reported that different studies in Europe and in the U.S.A. have demonstrated similar functioning levels among children of the same age and level of retardation (Elliott & McKay, 1971; Seevers, 1975; Sinson, 1973). Repeated assessments carried out 12 and 18 months following Gunzburg based programs showed similar rates of progress in all four domains of the P.A.C.

Developmental Test of Visual-Motor Integration (VMI). The VMI test was designed by Beery and Buktenica (1967) to measure the integration of visual perception and motor behaviour of young children. The perceptual-motor integration is considered by the authors to be an important pre-requisite to academic success. The VMI test consists of 24 geometric forms arranged in order of increasing level of difficulty. Most forms have straight lines or angular configurations, 5 forms have circular elements and the last 4 forms are three-dimensional. The child is asked to copy each design; each design is then scored on a pass-fail basis. The total raw score is converted into developmental age equivalents. Test-retest reliabilities, with intervals of 2 to 8 weeks, range in the low .80s, internal consistency reliabilities range from the .70s to the low .90s, and interrater reliabilities are in the .90s. The test was found by the authors to correlate significantly with age ($r = .89$), reading achievement ($r = .50$), mental age ($r = .38$ to $.59$), perceptual skill ($r = .80$) and psycholinguistic skills ($r = .20$ to $.81$).

The Peabody Picture Vocabulary Test-Revised (PPVT-R), Form L. The PPVT-R (Dunn & Dunn, 1981) provides a standardized estimate of a subject's receptive vocabulary ability. The PPVT-R consists of 175 plates each containing four pictures, arranged in increasing levels of difficulty. The pictures are clearly drawn with little ambiguity and pose no figure-ground problems. The test is untimed and requires no reading ability and no oral response is essential. The examiner reads the stimulus word and the child is required to point or otherwise indicate the picture that fits the word best. Testing time is between 10 and 15 minutes. The test covers an age range from 2 1/2 years through adult. Split-half reliability coefficient on Form L range from .67 (at the 2-6-year level) to .88 (at the 18-year level) (median $r = .81$). From studies reported in the manual correlations of the PPVT with the Stanford Binet MA score range from .70 to .80. Besides serving as a 'quick' estimate of verbal intelligence for normal children, the PPVT-R was found to be very

useful with special groups for whom other intelligence tests are not appropriate (i.e., persons with reading or speech problems). The test is attractive to most children and requires no special efforts on the child's part.

The Quick Test constructed by Ammons and Ammons (1962) consists of 3 plates each containing 4 complete line drawings. For each plate there is a list of 50 words arranged in ascending order of difficulty and abstraction. The tester reads each word and the child is requested to identify the item in the picture. The purpose of the test as in the PPVT-R is to provide a rapid screening of verbal intelligence. The test is especially appropriate for persons who have difficulties of verbal expression, short attention span and lack of motivation. The assessment of intellectual functioning by the Quick Test might give a second opportunity to persons who failed on other tests. The test was found to be useful among mentally retarded persons since active verbal expression is difficult for them (Ammons & Ammons, 1962; Coyle & Erdberg, 1968; Lamp & Barclay, 1968; Joesting & Joesting, 1971). The difference between the PPVT-R and the Quick Test is that the PPVT-R is a forced choice test in which the child is required to choose one object out of four alternatives whereas in the Quick Test the child is required to recognize an object or an activity from a scene.

Teachers' Orientation Questionnaire (TOQ). The TOQ was devised from three previous measures and constructed by us especially for the purpose of this study. The TOQ is aimed at measuring achievement versus social orientation of teachers and is composed of three parts: needs, attitudes, and values. The needs section was adapted from the Stern Activities Test (Stern, 1970). The original list of activities contains 120 items related to 12 areas of personal needs; for the purpose of this study only activities that tap achievement (10) and social (10) needs were chosen. Achievement needs refer to areas of competitiveness, setting high goals, and accomplishing difficult tasks, whereas social needs tap supporting others, taking care of needy persons, helping people in trouble, and listening to the problems of others. For each item the subject can rate himself on a four-point scale ranging from "Loves very much" (4) to "Don't love much" (1).

The attitudes part is composed of 6 items: 2 items were adopted from the Teachers Questionnaire of Lortie (1969) and 4 items were taken with some modification from the Progress Assessment Chart (Gunzburg, 1977). In all items subjects are exposed to conflictual situations in which they have to choose between two alternatives, one reflects social orientation and the second an achievement orientation. Example items are: "Describe to yourself that you are getting additional work hours in the school. You can use these hours in only one of two activities: (a) self work to improve your teaching skills by reading of appropriate materials and preparation of instructional programs; (b) individual treatment of children from your class and discussion with their parents. Which of the two activities would you choose?" "Your school is giving you the opportunity to enroll in one of the following workshops. (a) Innovative means for advancement of cognitive functioning of mentally retarded children; (b) Innovative programs for social adaptation of mentally retarded children in their families and community setting. Which of these two workshops would you choose to participate in?"

The third part of the TOQ is composed of 6 items from Rockeach Value Survey (Rockeach, 1971). Three items reflect expressive values and three reflect instrumental values. The teacher is asked to order the values from most important (1) to least important (6).

Each part of the TOQ was subjected to a factor analysis in order to further validate the existence of achievement versus social orientation in the sample of the present study. A principal method with varimax rotation was employed using the whole sample of teachers (N = 20) and students in the Seminar for Teachers (N = 60). The results from the factor analysis on the need part of the TOQ revealed four factors; the first two factors contain 6 items which reflect social needs and the last two factors contain 6 items which reflect

needs for achievement. The first two factors explained 32.6% and the second two factors explained 16.4% of the variance before rotation. From the needs part only the 12 items (out of 20) that have emerged with high factor loading ($< .40$) were selected for the further analysis.

The results from the attitudes part revealed two factors which explained 19.7% and 14.5% of the variance. Three items with high loading ($< .40$) on the first factor reflect preference for cognitive skills and three items with high loading on the second factor reflect preference of social skills and extracurricular activities.

The last factor analysis carried out on the values part revealed three factors out of which only the first factor was directly related to preference of social-expressive values ("ready to help others") versus preference of instrumental values ("independent in work"). From each of the TOQ parts, only those items that were found as relevant to social or achievement orientation and also had high factor loading were selected for further analysis. It should be emphasized that in all factor analyses all items (except 1 item out of 32) were highly loaded only on one factor, with small overlapping with other factors. Composite scores of teachers' orientations were computed using items from each of the needs, attitudes and values parts of the TOQ. There were two total composite scores for each teacher, social orientation and achievement orientation. The total scores were heavily represented by needs (12 items) and less by attitudes (6 items) and values (2 items).

Procedure

All measures of this study were administered individually in two sessions by two graduate students enrolled in a Special Education program, both of whom had experience in working with MR children. The VMI test and the PPVT-R were administered in the first session. The Quick Test and the P.A.C. were administered in the second session. In order to complete details on the P.A.C. scales the tester was helped by the teachers. All P.A.C. scores were computed according to age norms of low-to-moderate MR population as published in Gunzburg's (1977) manual. The Teachers Orientation Questionnaire was administered separately to teachers in one session.

RESULTS

The children's cognitive achievements on the VMI, PPVT-R, and the Quick Test and on the P.A.C. scales are presented in Table 1.

Table 1
Means and Standard Deviations of the VMI, PPVT-R, Quick Test and the P.A.C. 1 Scales of Children by Teachers' Subgroups

Dependent Measures	Low Social Orientation		Low Social Orientation		High Social Orientation		High Social Orientation	
	Low Achievement Orientation	High Achievement Orientation	High Achievement Orientation	Low Achievement Orientation	Low Achievement Orientation	High Achievement Orientation	High Achievement Orientation	
	M	SD	M	SD	M	SD	M	SD
VMI	46.25	21.97	45.88	19.44	41.41	20.44	39.47	15.60
PPVT-R	45.45	17.32	40.91	15.96	39.41	11.64	36.68	14.38
Quick Test	56.90	31.49	48.13	26.11	45.47	25.64	40.85	29.08
<i>P.A.C. 1 Scales</i>								
Self-Help	118.20	30.43	128.00	42.62	101.82	35.35	95.89	41.08
Communication	102.60	49.77	103.88	50.60	86.61	48.89	69.68	40.71
Socialization	112.85	50.38	109.59	64.20	88.08	49.35	75.53	45.31
Occupation	122.75	41.81	155.72	111.13	102.39	47.73	93.21	37.72

A series of two-day analysis of variance were carried out on each of the dependent measures of cognitive and social skills with teachers' Social Orientation and Achievement Orientation as the independent variables. High or low orientation was determined by the median score on the teachers' orientation questionnaire. A summary of results of the analysis of variance is presented in Table 2.

Table 2
Summary of Analysis of Variance of the VMI, PPVT-R, Quick Test and of the P.A.C. 1 Scales by Teachers' Social and Achievement Orientations

Dependent Measures	Social Orientation (A)		Achievement Orientation (B)		Interaction (A × B)	
	MS	F	MS	F	MS	F
VMI	819.3	2.10	34.5	.09	15.7	.84
PPVT-R	682.8	3.32	342.3	1.67	21.5	.10
Quick Test	2269.7	3.03	1164.3	1.56	111.5	.15
<i>P.A.C. 1 Scales</i>						
Self-Help	15238.7	10.75***	97.5	.07	1601.9	1.13
Communication	16319.2	6.98**	1558.0	.68	2147.6	.92
Socialization	22436.0	7.89**	1620.4	.57	560.4	.20
Occupation	44510.5	9.37***	3668.6	.77	11512.6	2.42

Note: df for all main effects and interactions equal 1.

* P < .05

** P < .01

*** P < .001

As can be seen from Table 2, significant differences were found only on Social Orientation for the P.A.C. scales. The results indicate that teachers with high social orientation had children with lower scores on the P.A.C. scales than children who had teachers with low social orientation score.

In order to study the relation between cognitive and social skills Pearson correlations between the P.A.C. scales and the perceptual and linguistic tests (VMI, PPVT, Quick Test) were computed for the whole sample (N = 120). The correlation matrix is presented in Table 3.

Table 3
Pearson Correlations between P.A.C. 1 Scales and Cognitive Measures (N=120)

Cognitive Measures	Self-Help	Communication	Socialization	Occupation
Stanford-Binet	.25**	.61***	.46***	.50***
VMI	.37***	.67***	.63***	.58***
PPVT-R	.31***	.52***	.36***	.41***
Quick Test	.29***	.24**	.13	.31***

* P < .05

** P < .01

*** P < .001

The results indicate that except for one correlation all correlations were significant. The correlations of the cognitive scales were consistently higher with *communication* than with other P.A.C. scales.

All cognitive and social measures were subjected to an orthogonal factor analysis using the principal method with varimax rotations. An oblique factor analysis has yielded a similar factor pattern to the orthogonal solution. In Table 4 are presented the results of the orthogonal factor analysis.

Table 4
Factor Loadings of Cognitive-Linguistic Measures and P.A.C. 1 Scales

Variable	Factors	
	1	2
VMI	.52	.53
PPVT-R	—	.94
Quick Test	—	.70
<i>P.A.C. 1 Scales</i>		
Self-Help	.76	—
Communication	.66	.55
Socialization	.75	—
Occupation	.50	—

Note: Factor loadings of less than .35 are not reported.

Two factors have emerged. The first factor represents cognitive-linguistic competencies and the second factor represents social adaptive skills. Of importance are the results indicating that *communication* scale from the P.A.C. and the VMI were represented in both, the cognitive and social factors.

The correlations of the P.A.C. scales with the PPVT and the Stanford-Binet IQ scores found in this study were compared to the correlations found in the Marshall (1967) and Elliott and MacKay (1971) studies (see Table 5).

Table 5
Comparison of Pearson Correlations of the P.A.C. 1 Scales with the Stanford-Binet and PPVT Scores of Three Studies

PAC Scales	Stanford-Binet			PPVT		
	Present Study	Marshall (1967)	Elliott & MacKay (1971)	Present Study	Marshall (1967)	Elliott & MacKay (1971)
Self-Help	.25**	.42***	.51***	.46***	.43***	.48***
Communication	.37***	.61***	.65***	.63***	.60***	.68***
Socialization	.31***	.41***	.44***	.36***	.41***	.58***
Occupation	.29***	.37***	.42***	.13	.40***	.57***

** P < .01
*** P < .001

The results indicate in general significant correlations in all studies. Somewhat higher correlations were found in the Elliott and Mackay study than in the other two.

DISCUSSION

The results indicate unexpectedly that teachers' social orientation was negatively related to their MR students' social competencies of self-help, communication, socialization and occupation as measured by the P.A.C. No relations, however, were found between the MR students' social or cognitive competencies and the teachers' achievement orientation. Thus, the higher the social orientation of the teacher, the lower the social skills shown by the MR student. Teachers with high social orientation are characterized by strong expressive needs to help others, to assist people in need, and be emotionally involved in interpersonal interactions. It is plausible to assume that these teachers usually feel responsibility for their student's difficulties and try to prevent them from failure experiences. In their efforts to 'cushion' the children's environment, they try not to expose them to tasks that seem to them too demanding. This approach is very similar conceptually to Feuerstein's (1970) concept of passive-acceptant approach as contrasted with the active-modifying approach. The passive-acceptant approach is characterized by the assumption that the MR individual is essentially unmodifiable. As a consequence, strategies aimed at helping the MR individual to adapt to his environment consist of molding the requirements to suit his level of functioning rather than exposing him to challenging demands and making efforts to raise his achievements. Teachers with a passive-acceptant approach often feel that it is their duty to defend the MR child from requirements which are perceived by them as unrealistic or too daring and innovative. In contrast, teachers with an active-modifying approach are characterized by the belief that the MR's low performance level can be raised considerably. According to the active-modifying approach the MR individual is encouraged to be actively interested in living a fuller life by means of active interventional strategies. It might be assumed that the high social orientation found among teachers in this study was related to their passive-acceptant approach. These teachers were possibly investing efforts to 'defend' their students from being exposed to high demands and consequently to failures, but had actually deprived them of the opportunities to be challenged and acquire new social skills. It should be noted that the explanation relating teachers' high social orientation to passive-accepting approach and consequently to low social skills among their MR students, necessitates further studies to validate this hypothesis: at this stage it is only an intriguing *post-hoc* explanation.

The correlational results, as expected, indicated significant relations between the cognitive measures and social skills as measured by the P.A.C. (except for 1 correlation, the PPVT with Occupation). The correlations between the cognitive measures and Communication were generally higher than with other P.A.C. subscales. The factor analysis revealed that Communication was highly represented in both factors, Cognitive-Linguistic and Social-Adaptive. This result was also expected since the Communication subscale is composed of skills that overlap with the cognitive realm (i.e., language, differences, number work, and paper and pencil work). The second variable that had emerged in both factors was the visual motor integration. This result signifies that visual motor integration, for MR individuals, contributes to both cognitive and social functioning.

The comparison of correlations in this study with Marshall's (1967) and Elliott and MacKay's (1971) studies revealed generally lower correlations in the present study. These differences might be attributed to cultural differences since the measures in this study were translated and used with Hebrew speaking children. It is interesting to note that in all studies the correlations between the cognitive-linguistic measures and Communication subscale were consistently higher than with other subscales of the P.A.C. These results further validate the conclusion that the communication domain, as measured by the P.A.C., is a functioning area represented in both the social and cognitive domains.

SUMMARY

The objectives of the study were: to investigate (a) the relation between cognitive and social level of functioning of low-to-moderate MR children and teachers' cognitive and social orientation towards their students; (b) to study the relation between MR children's cognitive and social competencies. Teachers' orientation was hypothesized to have an impact on their effectiveness and on the MR children's competencies. The sample consisted of 120 low-to-moderate MR children (58 boys and 62 girls) with age range of 6-17 years and IQ range of 28-68 on the Stanford-Binet. All teachers of the MR subjects were administered a questionnaire of social versus cognitive orientation. The MR subjects were administered the Peabody Picture Vocabulary Test-Revised, the Beery's Visual-Motor Integration Test and Ammon's Quick Test and rated on the Gunzburg's Progress Assessment Chart 1 (P.A.C. 1). Children of teachers with high social orientation scored lower on the P.A.C. 1 scales of Self Care, Communication, Socialization and Occupation. This result was conceptualized as reflecting a passive-acceptant approach towards the MR child (Feuerstein, 1970). Factor analysis revealed a cognitive-linguistic factor and a social-adaptive factor with Communication from the P.A.C. and Visual-Motor Integration represented in both factors.

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