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**STRATTON, OMEGA JARRETT**  
**A SURVEY OF THE PHYSICAL EDUCATION TEACHERS'**  
**PROFESSIONAL PREPARATION, AVAILABLE**  
**FACILITIES AND ACTIVITIES INCLUDED IN THE**  
**ADAPTED PHYSICAL EDUCATION PROGRAMS IN THE**  
**AAA SECONDARY SCHOOLS OF THE STATE OF**  
**TENNESSEE.**

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**A SURVEY OF THE PHYSICAL EDUCATION TEACHERS' PROFESSIONAL  
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INCLUDED IN THE ADAPTED PHYSICAL EDUCATION  
PROGRAMS IN THE AAA SECONDARY SCHOOLS OF  
THE STATE OF TENNESSEE**

by

**Omega Jarrett Stratton**

**A dissertation presented to the  
Graduate Faculty of Middle Tennessee State University  
in partial fulfillment of the requirements  
for the degree Doctor of Arts**

**August, 1978**

A SURVEY OF THE PHYSICAL EDUCATION TEACHERS' PROFESSIONAL  
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PROGRAMS IN THE AAA SECONDARY SCHOOLS OF  
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## **ABSTRACT**

# **A SURVEY OF THE PHYSICAL EDUCATION TEACHERS' PROFESSIONAL PREPARATION, AVAILABLE FACILITIES AND ACTIVITIES INCLUDED IN THE ADAPTED PHYSICAL EDUCATION PROGRAMS IN THE AAA SECONDARY SCHOOLS OF THE STATE OF TENNESSEE**

by Omega Jarrett Stratton

This study investigated the adapted physical education programs in the 118 AAA private and public secondary schools in the state of Tennessee in terms of: (1) professional preparation of the physical education teacher, (2) available facilities, and (3) activities included in their present programs.

A questionnaire was mailed to the principals of the AAA secondary schools requesting that the adapted physical education teacher complete and return the questionnaire. Seventy-eight subjects participated in the study. The data are reported in numbers and percentages of the responses given by the subjects.

Based on the data obtained, the following major conclusions appear to be warranted:

1. The typical male teacher of adapted physical education was between the ages of 21 to 55 with teaching

experiences ranging from 0 to 30 years. The majority held Masters Degrees with undergraduate and graduate degrees in physical education. The typical female teacher of adapted physical education was between the ages of 23 to 56 with teaching experiences ranging from 1 to 36 years. The majority held Masters Degrees with undergraduate and graduate degrees in physical education.

2. In the majority of the AAA secondary schools the physical education classes were co-educational and the adapted physical education students were placed in regular physical education classes.

3. The physical education teachers' class loads per period ranged from under ten students to over 35 students and the class loads per day ranged from under 50 students to over 150 students with facilities available for the instruction of individual, dual, team and lifetime activities. The majority of the subjects reported that these facilities were inadequate for their adapted physical education programs.

4. In-service workshops and clinics now being held by the various school systems are not meeting the needs of the majority of the subjects in terms of the acquisition of additional teaching skills in adapted physical education; however, college courses related to the teaching of adapted physical education are available to the majority of the subjects in their geographic area.

5. The majority of the subjects had completed a wide variety of professional preparation courses and rated themselves as adequate for the teaching of adapted physical education.

Several recommendations were made:

1. A person at the state level should be designated to serve as director or coordinator of all adapted physical education programs in the state of Tennessee.

2. Local school systems should up-grade the facilities available to better accommodate the various adapted physical education programs.

3. Additional personnel should be provided to adjust the teacher-student ratio where the class-loads per day are in excess of 150 students.

4. The school administrators should make available to the physical educators accurate student health records to enable them to identify the exceptional students and based on these identifications, programs should be developed to meet the needs and interests of the exceptional students by the physical education teachers.

5. The physical education teachers should avail themselves of college courses being offered in their geographic area, plan and hold in-service workshops and clinics themselves and attend the adapted physical education sections at local, state, regional and national conventions.

## ACKNOWLEDGMENTS

The writer is indebted to the following individuals for their contributions to this study.

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The principals and physical education teachers in the AAA secondary schools of Tennessee who participated in this study (see Appendix C).

Doris Rogers, for her encouragement, understanding and genuine friendship throughout this endeavor.

The many other people who have been especially helpful in the course of this study.

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O. J. S.



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## Chapter 1

### INTRODUCTION

Public Law 94-142 enacted in 1975 called the "Education for All Handicapped Children Act," states specifically that instruction in physical education shall be provided for all handicapped children.

Since this federal law became effective during the 1977-1978 school year, it is important both for individual teachers and for school administrators to be aware of its provisions. Its primary goal is to provide free, appropriate educational opportunities for all handicapped individuals who require special educational services. Public Law 94-142 makes the state responsible for ensuring that these services are provided.

It is generally recognized that physical education programs for children with mental retardation and or a physical handicap have developed and expanded during the 1960's and early 1970's. The growth in programming for this type child is undoubtedly the results of the joint effort by professional organizations, private institutions, and agencies of the federal government.

A cursory review of the evidence available relative to this development seems to indicate a significant increase in programming for such children; there appears to be

relatively little substantive and organized data as to the exact nature or content of existing adapted physical education programs. It is felt that the availability of such information would not only serve to provide valuable impact in modifying present instructional programs for the handicapped but also serve to guide the content of professional preparation programs.

A major problem confronting the physical education profession today is that of developing a theoretical model of motor development that could be validated and used in working with normal children; there is no such model for use with handicapped children. This lack of a theoretical model produces many of the contradictory results for research. The research in physical education for the handicapped that is consistent in findings is essentially descriptive. Patterns of development from the standpoint of performance of motor acts are beginning to appear.

A national survey conducted by a Planning Grant for the Bureau of Education for the Handicapped was conducted in 1971-1972 among schools, agencies, and institutions with physical education programs for the handicapped in fifty states. Ersing reported that 129 of the 158 institutions replied to the survey, representing thirty-five states.

This study examined several dimensions of physical education programs being offered to children with handicaps.<sup>1</sup> One of the areas studied was the administrative factors, including such items as class size, time allotted, classes per week, class groupings, and staff qualifications. Another item investigated was the type of activities offered in the curriculum either daily, daily in a specific season, occasionally, or not at all. Other factors examined were the type of teaching styles, evaluation tools, extra-curricular activity programs, and kinds of facilities used for physical education programming for the handicapped.

Several conclusions were drawn from the responses obtained from the sampling of the 129 institutions.

1. Fifty percent of the institutions surveyed reported offering physical education at least one time per week for adapted physical education from fifteen to twenty minutes.

2. The size of the physical education class does not appear to be as critical a factor in determining the effectiveness of these classes.

3. Ninety-one institutions reported using a homogeneous grouping of children with similar disabilities in adapted physical education classes.

4. Only 17 percent of the teachers of physical education were professionally prepared with adapted physical education or corrective therapy.

5. Seventy-eight (or 35 percent) of the teachers reported by the institutions had professional training in physical education, the remaining 108 (or 48 percent) of the teachers were individuals with professional backgrounds from other areas--special education,

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<sup>1</sup>Walter F. Ersing, "The Nature of Physical Education Programming for the Mentally Retarded and Physically Handicapped," JOHPER, XLVII (February, 1974), 89-91.

therapeutic recreation, lay specialists, and physical therapy.

6. The activities which appeared most popular, on a daily basis, were fundamental movements, fundamentals non-locomotive, body image, manipulative skills, perceptual motor, and physical fitness.

7. The command teaching style, which is a formal, dictatorial teacher-centered approach, is the most commonly used for all types of developmental disabilities.

8. The three physical fitness and perceptual motor tests mentioned most frequently were the AAHPER--Kennedy Fitness Test, the President's Council Fitness Test, and Kephart's Perceptual Motor Survey.

9. Fifty percent of the institutions surveyed included recreational swimming in their program. Approximately one-third of the institutions offered programs in intramural sports, camping, recreational activities, and interscholastic sports.

10. Outdoor facilities, gymnasiums, and or multi-purpose rooms were available in a majority of the institutions.

11. An examination of the type of community facilities used by the institutions reveals that no one type of community facility is used by more than 15 percent of the institutions.<sup>2</sup>

Working with a child who has a major physical problem is not an easy task. All programs must be designed individually for the particular child involved. Each child (student) is entitled to the best possible physical education experience that can be provided. Program goals must be specific; the skill must be sequential from the simple to the more complicated and complex. Psychological aspects are equally as important as physical objectives. "Keeping the child motivated requires imagination; exercise routines,

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<sup>2</sup> Ersing, p. 90.



supervised by a medical doctor, have to be changed frequently in order to maintain interest and efforts."<sup>3</sup>

A problem arises when a person does research on a program approach with the intention of improvements in the subjects. The results of this type of research vary tremendously. This variation may be due to the lack of models or to the use of contradictory models. This situation does not suggest an absence of models, but it does point to the need for the development and publication of more meaningful models based on science.

Research needs to be conducted concerning adapted physical education competencies needed by the physical educator. These results may aid in planning workshops, clinics, and in-service training. A study was made to survey colleges and universities of the United States to determine current practices in adapted physical education in physical education departments. Both the training program in adapted physical education for the professional physical education student and the adapted program for the general service activity program were investigated.

Five hundred colleges were randomly selected by Flint from schools having an enrollment above one thousand. It was reported that 196 (59 percent) institutions returned

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<sup>3</sup> Alfred N. Daniels, "An Example of Individual Instructions in Developmental Physical Education," JOHPER, XXXVIII (January, 1967), 37.

the questionnaires. Of the number returned, 170 of the schools offered a major training program. The average number of units required of the physical education major was 2.21 semester hours. Seventy-nine of the schools require only the credential student to take the adapted course; thirty require that all professional students successfully complete this course; sixty-one schools did not respond to this particular question. Only four of the schools did not offer the course in the upper division program.<sup>4</sup>

The state of Tennessee has standards for certification of teachers of exceptional and handicapped children, they are:

1. Hold a valid Tennessee teacher's certificate or permit.
2. Meet the existing specialized requirements for certification endorsements in the appropriate area of exceptionality or secure a permit, i.e., speech and or language impaired, mentally retarded, deaf and hearing impaired, blind and visually limited, physically handicapped and or other health impairments, learning disabled, behaviorally disordered, socially maladjusted, severely multiple handicapped, and the intellectually gifted.
3. Be approved by the State Commissioner of<sup>5</sup> Education when employed in an experimental program.

Mr. Vernon Johnson, Director of Special Education Programs and Services for the State of Tennessee stated that, ". . .approximately 18 percent of the school aged

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<sup>4</sup>M. Marilyn Flint, "Current Trends in Adapted Physical Education on the College Level," JOHPER XXXVIII (September, 1967), 63.

<sup>5</sup>Rules, Regulations, and Minimum Standards, Tennessee

population in the state of Tennessee is considered handicapped and of this number at least 10 percent are in need of special services."<sup>6</sup>

Every school system owes its students a commitment to their physical problems, provisions for early diagnosis, and a planned program for remediation. Expense is not the issue; with good planning, programs can be maintained inexpensively. A combination of interest and imagination is really what is required. Teachers should reassess the needs of their students and the facilities at hand; then they can help reach the child who otherwise would not know the joys of physical activity.

#### STATEMENT OF THE PROBLEM

This study investigated the adapted physical education programs in the 118 AAA private and public secondary schools of the state of Tennessee in terms of: (1) professional preparation of the physical education teacher, (2) available facilities, and (3) activities included in their

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State Board of Education, Nashville, Tennessee, July, 1977, p. 29.

<sup>6</sup>Statement by Vernon Johnson, Director of Special Education Programs and Services, Tennessee State Board of Education, personal interview, Nashville, Tennessee, December 1, 1977.

present program. (AAA schools are those schools with student populations of one thousand or more).<sup>7</sup>

#### PURPOSE OF THE STUDY

The purpose of the study was to provide information about the existing adapted physical education programs in the AAA secondary schools in the state of Tennessee.

It provides information about the preparedness of the physical education teacher to teach adapted physical education as well as information concerning the facilities available and the activities being taught in the adapted classes.

The findings may be used to enhance future adapted physical education curricula in the institutions of higher education in the state of Tennessee.

Of primary importance is the information gathered regarding the teachers' expressed need and desire for clinics, workshops and in-service education for the improvement of their teaching skills in adapted physical education.

#### DELIMITATION

This study was delimited to the 118 AAA private and public schools listed in the 1977-1978 TSSAA Directory for the state of Tennessee.

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<sup>7</sup>Tennessee Secondary Schools Athletic Association, Directory, 1977-1978, pp. 2-34.

## DEFINITION OF TERMS

For the purpose of this study, the following terms and definitions were used:

Corrective therapists. A corrective therapist is a professional who uses motor activities for the rehabilitation of patients under the direction of a physician. Those working in this field are certified by the American Board of Corrective Therapist after having successfully passed the registry examination given by the board.<sup>8</sup>

Corrective physical education. Corrective physical education is a term used for a program that emphasizes the change or improvement in function or structure by means of selected exercises.<sup>9</sup>

Adapted. Adapted is applied only to the specific portion of the program concerned with (adapting) changing or adjusting activities for handicapped students.<sup>10</sup>

Developmental physical education. Developmental physical education stresses the development of motor ability and physical fitness in those who are below the desired level.<sup>11</sup>

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<sup>8</sup>Hollis, F. Fait, Special Physical Education: adapted, corrective, developmental, (Philadelphia: W. B. Saunders Company, 1972), 420.

<sup>9</sup>Fait, p. 3.

<sup>10</sup>Fait, p. 3.

<sup>11</sup>Fait, p. 4.

Educable mentally retarded. Educable mentally retarded is used in preference to mildly retarded or moron. The classification educable mentally retarded includes individuals within the IQ range of fifty-two to seventy.<sup>12</sup>

Handicapped child. The handicapped child means a natural person between birth and the age of 21, who because of mental, physical, emotional, or learning problems require special education services.<sup>13</sup>

Handicapped individual. Handicapped individuals are those who because of physical, mental, social or emotional differences cannot display the reactions and patterns of behavior of the normal segment of society.<sup>14</sup>

Handicapped person. According to the state of Tennessee, a handicapped person means a person who is entitled or is required to receive a public education in grades K-12 and any other person 4 through 21 years of age (3-21 for hearing impaired) for whom special education sources are provided by the state or school district. This term includes: the

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<sup>12</sup>Policies Governing the Development of Programs and Services for the Handicapped, Tennessee Department of Education, 1973, p. 34.

<sup>13</sup>Frederick J. Weintraub, Alan R. Abeson, and David L. Braddock, State Law and Education of Handicapped Children: Issues and Recommendations, (Arlington, Virginia: Council for Exceptional Children, 1971), p. 35.

<sup>14</sup>Fait, p. 2.

educable, trainable, and profoundly retarded; the speech and or language impaired; the deaf and hearing impaired; the blind and visually limited; the physically handicapped and or health impaired including homebound, hospitalized, and pregnancy; the learning disabled including perceptually handicapped, emotionally conflicted, functionally retarded and social maladjusted; the multiple handicapped; and the intellectually gifted; and any other child whose needs and abilities cannot be served in a regular classroom setting.<sup>15</sup>

Mainstreaming. Mainstreaming is a term sometimes used to describe a variety of efforts to integrate handicapped children into the regular classroom or "mainstream of education."<sup>16</sup>

Physical therapist. The physical therapist is the one who, under the direction of the psychiatrist, or orthopedist, applies therapeutic procedures to aid patients in the recovery from injury or disease.<sup>17</sup>

Rehabilitation and reconditioning. Rehabilitation and reconditioning are commonly used to describe the motor

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<sup>15</sup>Policies Governing the Development of Programs and Services for the Handicapped, Tennessee Department of Education, Chapter 839, 87th General Assembly, 1972, pp 3-4.

<sup>16</sup>Weintraub, p. 37.

<sup>17</sup>Fait, p. 420.

activities programs developed for convalescents in military hospitals. In general application, they refer to efforts to restore disabled individuals to useful activity.<sup>18</sup>

Referrals. Referrals are those children who have been identified as possible exceptional children but have not been treated by a specialist.<sup>19</sup>

School health services. School health services include those services which are necessary to identify those physical, mental, or emotional defects of pupils which will prevent a child from attaining his or her potentialities through public education. These services may include the procedures for observing and screening by teachers, and they may also include physical and dental examinations.<sup>20</sup>

Special education. Special education means classroom, home, institutional or other instruction to meet the needs of the handicapped. It also includes transportation and corrective and supporting services required to assist handicapped

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<sup>18</sup>Progress Report: Education of the Handicapped, Tennessee Department of Education, January 15, 1974, p. 2.

<sup>19</sup>Fait, p. 3.

<sup>20</sup>Rules, Regulations and Minimum Standards, Tennessee State Board of Education, Nashville, Tennessee, July 1977, p. 48.



children in taking advantage of, or responding to, educational programs and opportunities.<sup>21</sup>

Trainable mentally retarded. Trainable mentally retarded is used in lieu of the less commonly used terms moderately retarded or imbecile. Trainable mentally retarded includes individuals within the IQ range of thirty-six to fifty-one.<sup>22</sup>

Verified exceptional. Verified exceptional refers to those children who have been individually tested by specialists such as psychologists, state approved psychometrists, audiologists, physicians, ophthalmologists, etc., and considered to be eligible for special services.<sup>23</sup>

#### BASIC ASSUMPTIONS

1. The researcher assumed that 118 departments of physical education in the state of Tennessee at the secondary level would participate in this study.

2. The researcher assumed the questionnaire would serve as the instrument to provide information for this study concerning: (a) the teachers' professional preparedness

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<sup>21</sup>Weintraub, p. 36.

<sup>22</sup>Policies Governing the Development of Programs and Services for the Handicapped, Tennessee Department of Education, 1973, p. 34.

<sup>23</sup>Progress Report: Education of the Handicapped, Tennessee Department of Education, January 15, 1974, p. 2.

for teaching adapted physical education; (b) the available facilities for adapted classes, and (c) the activities now being included in their adapted programs.

3. The researcher assumed the physical education teachers in the AAA secondary schools of the state of Tennessee would cooperate fully and give truthful and complete responses to the questionnaire.

## Chapter 2

### REVIEW OF RELATED LITERATURE

The role of adapted physical education in our schools today is of far greater importance than anyone outside the field will admit. It is an individualized program designed for ordinary children with extraordinary needs.

Is it better for the handicapped student to be included in a regular class, or to be taught in a special "adapted" class with others who are handicapped? The answer varies according to the individual's enthusiasm for physical education and according to the school facilities.

Fait says that integrating exceptional students into the regular physical education class has its advantage when the number of students is few and the school cannot because of financial or other limitations, establish special classes.<sup>1</sup>

Brubaker found that a systematic district-wide adapted physical education program could be set up by screening students to establish the frequency of students requiring corrective or modified physical education.<sup>2</sup>

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<sup>1</sup>Hollis F. Fait, Special Physical Education: adapted, corrective, developmental, (Philadelphia: W. B. Saunders Company, 1972), p. 94.

<sup>2</sup>H. Lee Brubaker, "Adapted Physical Education," JOHPER, XXXIX (May, 1968), 51.

Perhaps the most common response to a student with a significant orthopedic handicap, such as a leg amputated at the knee, is to grant automatic excuse from required physical education classes. When an exception is made, it is often at the request of the student, who wishes to remain with non-handicapped friends during the physical education hour. This is not the only good reason for including a student with bone and joint defects in physical education; research indicates that exercise within the limits of safety is essential to the long-term health and healing of bones. Just as unused muscles will atrophy, the bones of a normal person will lose calcium or heal slowly when that person is immobilized. The maintenance of good bone tissue depends upon active use of the bones and surrounding muscles. Many students with orthopedic handicaps involving the arms or a small portion of the leg may participate in physical education classes with little disability.

One study by Seaman showed that there was a more favorable attitude toward physical education among orthopedically handicapped pupils who took part in a regular program than among a similar group in an adapted class.<sup>3</sup>

Ayars and Smith found that by orthopedic screening first grade pupils every year and every four years examining

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<sup>3</sup>J. Seaman, "Attitudes of Physically Handicapped Children Toward Physical Education," Research Quarterly, XLI (1970), 4:440.

those students who had not been examined during the past three years could help to find conditions that could be corrected and treated as the child grew.<sup>4</sup>

Slader stated that a physical examination followed by a medically prescribed routine that could maintain or provide corrective therapy for the individual's condition could be a means of devising a good adaptive program.<sup>5</sup>

Important as it is, attitude is not the only consideration. Stein champions special programs because they offer increased opportunity for the individual child to develop full potential under a trained teacher.<sup>6</sup> Wheeler and Hooley suggests that when a handicapped person is assigned to a regular class and takes part as much as possible this, too, can be called genuine physical education.<sup>7</sup>

Abshier and Carroll suggested that the students be divided into groups according to abilities and disabilities

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<sup>4</sup>George Ayars and H. C. Smith, "Orthopedic Screening in Delaware," JOHPER, XXXV (January, 1964), 31.

<sup>5</sup>Carl V. Slader, "A Workable Adaptive Program," JOHPER, XL (January, 1969), 71.

<sup>6</sup>Julian Stein, "New Horizons in the Administration of Adapted Physical Education," Journal of the Association of Physical and Mental Rehabilitation, XVIII (1963), 73.

<sup>7</sup>Ruth Wheeler and Agnes Hooley, Physical Education for the Handicapped, (Philadelphia: Lea and Febiger, 1969), p. 13.

then participate in a two-fold program of recreation and physical education suited to their capabilities.<sup>8</sup>

Hooley suggested that the program be set up according to the restrictions of the handicapped students through physical examination, counseling and prescribed activities for the individual student.<sup>9</sup>

Brace's survey indicated that the principal needs of a good adaptive program includes physical educators with professional preparation and teachers who have an understanding of the problems of the handicapped students.<sup>10</sup>

An automatic excuse from physical education may not always be appropriate or desirable. When a student with bone or joint disabilities enrolls in physical education classes a request should be made for a medical statement with detailed precautions. When the doctor and the handicapped student both agree that certain kinds of exercises will be beneficial and are worth the slight risk of accident, the student should be included in the appropriate physical education activities.

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<sup>8</sup>Mildred Abshier and Robert Carrol, "To Play Is the Thing," JOHPER, XXXVII (April, 1966), 33.

<sup>9</sup>Agnes M. Hooley, "We Can Serve the Student with Disabilities," JOHPER, XXX (March, 1959), 46.

<sup>10</sup>David K. Brace, "Physical Education and Recreation for Mentally Retarded Pupils in Public Schools," JOHPER, XXXIX (October, 1968), 72.

The adjustments which are necessary for handicapped persons are similar to changes one makes intuitively for the differing needs of any individuals in any group.

Fischer stated that to help the handicapped student solve his social and psychological adjustment problems the teacher should have a knowledge of the handicapped student's background. The adjustment problems of the handicapped student are no different from those of the normal child. A case history should be kept on each handicapped student. The student should write an autobiography at the beginning of the term and at the end of the term he should write an evaluation of the course and his change in outlook.<sup>11</sup>

Bode found that cheerful and friendly surroundings are very conducive to learning for the handicapped and especially for the physically handicapped. The program should aim to develop fitness, motor development and sport skills, also it should include social and personality development. The activities taught should strive to achieve these goals.<sup>12</sup>

Nichols states that if the educator can adapt many of the sports activities in the physical education program,

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<sup>11</sup>James A. Fischer, "Helping to Solve the Social and Psychological Adjustment Problems of the Handicapped," JOHPER, XXXI (February, 1960), 36.

<sup>12</sup>Mary Jane Bode, "You Are My Sunshine," American Education, IX (May, 1968), 16.

he can contribute to the development of the child physically and socially. The activities should include both class activities and interscholastic athletics.<sup>13</sup>

Christaldi stated that physical education can be adapted to meet the needs of every child through seeking advice of the family physician and obtaining parental consent in certain cases for individual problems. By finding out the exact problems of the student, the child will receive a program especially tailored to his needs.<sup>14</sup>

Ferro found that a program of swimming can be set up and used as a means of teaching the physically handicapped and trainable mentally retarded students through the use of volunteer agencies and instructors in the community.<sup>15</sup>

How can a person who can see possibly understand the physical education problems of the visually handicapped? One strategy might be to wear a blindfold while attempting to perform typical physical education activities; this could give one an insight into the world of the "recently" visually handicapped, but it still would leave out the effect of years

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<sup>13</sup>Wayne Nichols, "The People Treatment," JOHPER, XXXII (April, 1961), 74.

<sup>14</sup>Josephine Christaldi, "Every Child is Entitled to Participate in a Physical Education Program," Grade Teacher, LXXXII (1974), 126.

<sup>15</sup>Alfred F. Ferro, "Learning to Get Along in the Water," JOHPER, XXXVII (April, 1966), 35.



of experience with a handicap. When a sighted person puts on a blindfold, he experiences a great sense of loss and liability. By contrast, a person who has been visually handicapped for many years comes to turn his attention toward important non-visual aspects of the environment, rather than dwelling on the loss of the visual world. His experience is not the same as that of a blindfolded person. Because of the increased skills which come from years of practicing compensation for the loss of a sense, visually handicapped students may prove easier to include in physical education activities than would be expected. Integrating the blind student calls for adjustments in rules and equipment; it also calls for elaborate safety precautions and the cooperation of the entire class for some activities. Whether or not this is practical will depend on the will and determination of the blind student, as well as the resources of the school. With a little planning, it is possible to offer a wide range of activities.

Williams indicated that activities which are most easily adapted to the visually handicapped are activities which do not require a ball or quick movement of the eye to follow flying objects. Physical activity is not only for the strong and able students. Every student, regardless

of his physical condition, should have an opportunity to participate in some type of activity program.<sup>16</sup>

Ingram found that children with impaired vision could be taught successfully in a classroom where both normally sighted and blind students participated in activities together. The students improved growth in areas of personality development, physical fitness, academic ability, listening skills and they also learned to use their bodies for happier living outside the classroom through feeling and touching experiences.<sup>17</sup>

Daniels indicated that adapted physical education is flexible whereby individual students participate in activities within the regular physical education program when they can safely and successfully participate with their classmates. Special offerings are afforded by the adapted program when activities in the regular program are such that they cannot safely or successfully participate with their classmates. Adapted physical education is an integral part of the total educational program for the participant, not a baby sitting, busy work, watered down activity program.<sup>18</sup>

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<sup>16</sup>F. Neil Williams, "Physical Education Adapts to the Visually Handicapped," JOHPER, XXXV (March, 1964), 25.

<sup>17</sup>Anne G. Ingram, "Children with Impaired Vision Are Seeing through Touch," JOHPER, XL (February, 1969), 95.

<sup>18</sup>Arthur S. Daniels, "Adapted Physical Education," JOHPER, XL (May, 1969), 46.

In recent years, it has become evident that obesity is a complicated subject. There are many possible causes, complicating factors, and individual variations that some investigators prefer to speak of as "the obesities."

Canning and Mayers found that obesity has been shown to cause many psychological as well as physical ill-effects. Previous studies have indicated the importance of physical activity in weight control. A comparison between obese and non-obese adolescent girls showed less caloric intake on the part of the obese, and significantly less activity as well. The lower the rate of activity by the obese seems to be a more important factor in causing obesity than an excess of calories.<sup>19</sup>

Levine and Seligmann reported that an ambitious exercise program is easy to recommend but is useless if it's likely to be abandoned at the end of the school year or experimental period, as happens in the vast majority of cases. A comparatively mild exercise program that is easier to continue, will be more valuable in the long run.<sup>20</sup>

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<sup>19</sup>Helen Canning and Jean Mayers, "Obesity: Analysis of Attitudes and Knowledge of Weight Control in Girls," Research Quarterly, XXVII, No. 4 (1972), 894-95.

<sup>20</sup>M. I. Levine and J. M. Seligmann, Your Overweight Child, (New York: World Publishing Company, 1970), 57.

The decision about whether to admit an asthmatic student to a regular physical education class must be made separately for each individual, using a doctor's advise. Asthma is a condition which ranges from moderate to severe. One of the most important factors is whether or not exercise aggravates the student's asthma. Another important factor is whether or not the student can go outdoors, especially during seasons when pollen and dust levels are high. The student who is only occasionally asthmatic will usually be able to regulate himself successfully in physical education class.

The T. B. and Health Association of Hempin County, Minneapolis, Minnesota, stated that although many conditions influence asthma, a child can participate in activities designed to improve and strengthen abdominal muscles. Breathing difficulties can often become more of a psychological problem than is necessary. The child should be encouraged to help himself. Breathing exercises can aid in diminishing shortness of breath through such exercises as running, walking, swimming, and other activities which require controlled breathing. Children involved in this type conditioning program for asthmatics improved greatly.<sup>21</sup>

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<sup>21</sup>T. B. and Health Association of Hempin County, Minneapolis, Minnesota, "Physical Conditioning Programs for Asthmatics," JOHPER, XXXIX (March, 1968), 107.

Some individuals in physical education classes may suffer occasionally from asthma but are symptom-free most of the time. Caplin stated that there is no reason that these students should not enjoy full and normal physical education. He further recommends that asthmatic students do whatever is possible physically, such as indulging in energetic sports like tennis, handball and track. When their asthma is aggravated by some inhalant, such as pollen, or by infection, physical activities should be limited.<sup>22</sup>

The heart has always held a special fascination for man, probably because of its constant motion, central location, and indispensibility for life. This remarkable organ commonly pumps over a thousand gallons of blood each day. It may beat three billion times in the lifespan of a human being and it never stops for a rest.

The healthy heart is capable of multiplying its blood output up to five times during exercise. The difference between the resting level of output and the exercise level of output is called the cardiac reserve. Whether or not a student with heart problems can enter physical education classes depends largely on cardiac reserve. Some children with cardiac problems may be confined to bedrest by a doctor, or may have no cardiac reserve. They may be fine as long

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<sup>22</sup>Irvin Caplin, The Allergic Asthmatic, (Springfield: Charles C. Thomas Publisher, 1971), 105.

as they do not exert themselves at all. Many "cardiac children" in regular school systems will be able to take physical education with full safety. Others can participate with restrictions no more complicated than those for the asthmatic.

The American Heart Association Committee for Habilitation of the Young Cardiac cautions against generalizations, saying that the energy cost of sports may vary a great deal depending on individual effort and other factors. They do recommend against isometric exercises such as weight lifting, wrestling and gymnastics for those individuals with aortic stenosis or coarctation of the aorta. Patients with mild general restrictions are advised to avoid sports which require over a half minute of top-level exertion.<sup>23</sup>

Dubos, Kunkel and McCarthy found that specially supervised activities for the student with cardiac problems can prove to be quite beneficial in helping them gain confidence and acquire the desired degree of sociability.<sup>24</sup>

Handicapped children are often overprotected by cautious parents and teachers and consequently find certain physical circumstances frightening and overwhelming.

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<sup>23</sup>American Heart Association, "Committee Report," Circulation, XLIII (1971), 459.

<sup>24</sup>Dubos, Ray O., Kunkel, Henry, and McCarthy, Wayne, "Recreational Therapy of Sports and Games for the Cardiac," Hospital Progress, XXI (January, 1969), 27.

Organized physical activity which emphasizes the development of strength, endurance, hand and foot coordination, visual focusing, balance and body image aid in the improvement of self-confidence in the participants.

Gart stated that an adapted physical education program should attempt to restore the weak and under-exercised individual to the point where he can indulge with benefit and pleasure in the various recreational activities of the gymnasium and athletic field. For physically handicapped students, the adaptive program provides an opportunity to develop strength and power in weakened and affected muscles and possibly to improve muscular and joint function in the disabled parts.<sup>25</sup>

Flanagan stated that successful attainment of the objectives of adapted physical education depends upon the capabilities of the individual teacher. The ingenuity, initiative and creativity shown by the teacher have the strongest bearing on the outcome of the program.<sup>26</sup>

Kronick found that integrating some handicapped and exceptional children into the normal camp life has been beneficial to both non-handicapped and special children.

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<sup>25</sup>Wally Gart, "An Adapted Physical Education Program in a New Senior High School," JOHPER, XL (May, 1969), 49.

<sup>26</sup>Michael E. Flanagan, "Expanding Adapted Physical Education Programs on a Statewide Basis," JOHPER, LX (May, 1969), 52.

The ability to master the living situations of camp life is an important step in the direction of functioning in a large society. At camp the handicapped child is confronted with a new physical, social, and learning experience in a non-demanding informal setting, in which he may achieve his first successes.<sup>27</sup>

Daniel stated that body image is a primary objective if the exceptional child is ever going to achieve some degree of success. He must understand that he has arms and legs and that his body parts work in cooperation with each other. We must work with the total child, not just an arm or a leg. All activities can be varied to meet the needs of children with special long-term problems. Each student needs an exercise that is designed individually for him.<sup>28</sup>

Nugent indicated that as physical educators we have a professional responsibility to provide a more individualized program, one that includes special activities for specific problems. The focus should not be on disability, but rather on the ability of the individual and his desires, motivations and satisfactions.<sup>29</sup>

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<sup>27</sup>Doreen Kronick, "Making Exceptional Children a Part of the Summer Camp Scene," JOHPER, XL (May, 1969), 53.

<sup>28</sup>Alfred N. Daniel, "An Example of Individual Instructions in Developmental Physical Education," JOHPER, XXXVIII (January, 1967), 37.

<sup>29</sup>Timothy J. Nugent, "Research and Demonstration Needs for the Physically Handicapped," JOHPER, XL (May, 1969), 34.



Rouse stated the results of a skillfully designed adapted program could possibly include all or a major part of the following: improved physical function, social adjustment, psychological adjustment, acquisition of specific sports skills, greater self-confidence and increased security.<sup>30</sup>

Activities should be chosen according to the level of proficiency of each individual. Students who are afraid of the height of the trampoline may be taken to the balance beam to cope with a lesser height so as to overcome this fear gradually. Balance and visual focusing can be developed and improved on the trampoline through basic movements--jumping, turning; orientation activities--tuck, straddle, pike; and drop--knee, seat, hands and knees, front. These activities give the handicapped child a variety of experiences in which these concepts may be learned, applied and practiced.

Adapted physical education activities should be individualized according to each student's needs and developed upon a firm foundation of medical referral. Traditionally, boys and girls have taken referral forms to their family physicians or to an attending specialist as a part

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<sup>30</sup>Homer Rouse, "Physical Education and Exceptional Children," Peabody Journal of Education, XXXI (May, 1960), 341.

of diagnostic and screening procedures for admission into adapted programs.

These forms are designed to obtain information about the student and his condition, personal data, diagnostic and prognosis of the condition, specific activities in which the student may and may not participate, along with general recommendations and suggestions of the physician.<sup>31</sup>

In most instances, activities are listed on these forms so physicians merely have to check those approved for a particular student. More refined forms have activities classified into categories such as rest, restricted, mild, and moderate. Adapted physical education occupies an enviable position in the educational communities of Tennessee today. Program growth and acceptance have been nothing less than phenomenal and a new and exciting dimension has been added to the physical education offerings. At the present time approximately 28 percent of the handicapped school aged children who were formerly eliminated, prohibited, rejected, or excused from physical education are now participating in some form of activity based on their interests, needs, and abilities.

"Mainstreaming special education pupils is a goal to be achieved in our educational system,"<sup>32</sup> This goal

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<sup>31</sup>Referral Forms for Adapted Physical Education," JOHPER, XL (January, 1969), 71.

<sup>32</sup>J. Merritt Graves, "Physical Education and Mainstreaming of Special Education Students," Journal of the Tennessee Association of Health, Physical Education and Recreation, XIII, No. 1 (November, 1974), 9.

should be important to physical educators as it offers our profession an opportunity to contribute our expertise to a group that has been kept from regular classes.

## Chapter 3

### METHODS AND PROCEDURES

A letter was sent to the principals of the 118 AAA private and public secondary schools of the state of Tennessee, requesting their cooperation in this study. Enclosed in the letter was a copy of the questionnaire being used in the study. The principal was asked to pass the questionnaire on to the person or persons responsible for the adapted physical education program for completion.

Two weeks following the letter to the principal, a follow-up letter, along with another questionnaire, was sent to the principals from whom replies had not been received. Each letter was prenumbered to determine those not responding. A self-addressed, stamped envelope was enclosed for the return of the questionnaire.

### SELECTION OF THE INSTRUMENT

The questionnaire used for this study was developed after a thorough review of the literature. The general format follows closely that of one used by Rogerwane Eloise Duncan at Tennessee State University in 1970. Duncan

surveyed the Orlean Parish School System, New Orleans, Louisiana.<sup>1</sup> This study deals with the AAA private and public secondary schools in the state of Tennessee. The writer, with the assistance of her committee, modified the instrument for use in this study.

#### ADMINISTERING THE QUESTIONNAIRE

A letter along with a copy of the questionnaire were sent to the principals of the 118 AAA private and public secondary schools in the state of Tennessee during the week of March 27, 1978. These schools and their principals' names were listed in the 1977-1978 TSSAA Directory. The letters were pre-numbered to ascertain who had not responded. A follow-up letter, another questionnaire, and a self-addressed, stamped envelope, were sent the week of April 10, 1978, to those schools who had not responded to the first letter.

#### ANALYSIS OF DATA

The questionnaire was used to obtain information about the adapted physical education programs. The five

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<sup>1</sup>Rogerwane Eloise Duncan, "To Determine the Best Program of Adapted Physical Education for the Physically Handicapped Junior High Pupils of the Orlean Parish School System, New Orleans, Louisiana," (Unpublished Master's thesis, Tennessee State University, August, 1970), 36.

categories comprising the questionnaire were:

- I. Background information
- II. Teacher-load and class composition
- III. Activities offered in classes
- IV. Available facilities
- V. Professional preparation

The responses to each category were tabulated and reported in numbers and percentages from which suggestions and recommendations were made.

## Chapter 4

### PRESENTATION, ANALYSIS AND DISCUSSION OF DATA

Every school has its share of students with special problems. These include such conditions as heart defects, asthma, diabetes, the partially sighted, rheumatic fever, epilepsy, obesity, injury or illness, broken bones, the mentally retarded and others. Each of these handicapped children is entitled to the opportunity to achieve his optimal education, which must include physical education. "It is the task of the adapted and corrective program to assist each child toward his maximum fulfillment."<sup>1</sup>

This chapter presents information about the adapted physical education programs in the 118 AAA secondary schools in the state of Tennessee and an analysis of a questionnaire designed to obtain information in the following categories:

1. Background information
2. Teacher-load and class composition
3. Activities offered in the adapted classes
4. Available facilities, and
5. Professional preparation

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<sup>1</sup>Ellen Davis Kelley, Adapted and Corrective Physical Education, (New York: The Ronald Press Company, 1967, 11-12.

## ANALYSIS AND DISCUSSION OF QUESTIONNAIRES

The writer carefully studied written works of researchers on adapted physical education and with the assistance of her committee composed a questionnaire which was sent to the 118 AAA secondary schools in the state of Tennessee. Of the population surveyed, 78 questionnaires were completed and returned.

Of the subjects returning the questionnaire, 37 were male and 41 were female. The male subjects ranged in age from 21 to 55 and the female subjects ranged in age from 23 to 56. The years of teaching experience for the male subjects ranged from 0 to 30 years and 1 to 36 for the female subjects. Presented in Table 1 is the age range and sex of the subjects and the percentage of each.

Table 1  
Age Range and Sex of the Subjects,  
and the Percentage of Each

Sex	(Total) %		20-		30-		40-		50-	
			29	%	39	%	49	%	59	%
Male	37	47.4	10	27.2	11	29.7	12	32.3	4	10.8
Female	41	52.6	4	9.8	18	43.9	12	29.3	7	17.0

The subjects were requested to indicate the highest degree held. Bachelor of Science Degrees were held by 11 male subjects and 12 female subjects. Master of Science



Degrees were held by 22 male subjects and 23 female subjects. The Specialist Degree was held by three males and three females. The Education Doctorate Degree was held by one male and three female subjects. Table 2 shows the highest degree held by the subjects and the percentage by sex of the degrees held.

Table 2  
Highest Degree Held and  
the Percentage by Sex  
of the Subjects

Sex	(Total)	BS		MS		Ed S		Ed D	
			%		%		%		%
Male	37	11	29.7	22	59.5	3	8.1	1	2.7
Female	41	12	29.3	23	56.1	3	7.3	3	7.3

The subjects were asked to designate their undergraduate and graduate major and minor. The undergraduate major of 31 of the male subjects was physical education. Two of the male subjects majored in history and political science, two majored in English, one majored in business management and one majored in geography. The undergraduate minors of the male subjects included: political science, geography, accounting, science, biology, psychology, history and social studies, religion, sociology, special education, aerospace, business mathematics and English. Two of the male subjects either had no minor or did not respond to this area of the questionnaire.

At the graduate level, 12 male subjects reported they held a Master of Science Degree in physical education, two male subjects held a Master of Science Degree in health and eight of the male subjects reported their graduate degrees in the following disciplines: three in educational administration and supervision, three in science and biology and two in guidance and counseling. Of the male subjects surveyed, 15 did not hold a graduate degree. The graduate minor of the male subjects were as follows: one in physical education, four in health, two in biology, two in special education, one in reading, one in administration and two in educational curriculum and instruction. No graduate minor was indicated by seven of the male subjects.

Of the female subjects responding to the survey, 33 indicated their undergraduate major to be physical education. Three of the female subjects majored in health, three majored in English, one majored in biology and one majored in social studies. The undergraduate minors of the female subjects included five in physical education, three in health and 26 in other disciplines which included: two in psychology, two in speech, three in general science, six in sociology, two in social studies, six in history, two in special education, one in education and two in English. No undergraduate minor was reported by seven of the female subjects.

At the graduate level 13 of the female subjects held a Master of Science Degree in physical education, one

in health and seven of them held graduate degrees in the following: one in social science, three in guidance and counseling, one in education, one in curriculum and one in administration. No graduate degree was held by 20 of the female subjects. The graduate minors of the female subjects were as follows: two in physical education and six in health. Of the female subjects responding, 11 did not list a graduate minor. Table 3 represents the undergraduate and graduate major and minor of the subjects by sex and the percentage of each.

Table 3

Undergraduate and Graduate Major and Minor  
of the Subjects by Sex and Percentage

Male	Undergraduate				Graduate			
	Major	%	Minor	%	Major	%	Minor	%
Physical Education	31	83.8	3	8.1	12	32.43	1	2.7
Health			4	10.8	2	5.41	4	10.81
Other	6	16.2	28	75.7	8	21.62	10	27.03
No Response			2	5.4	15	40.54	22	59.46
Female								
Physical Education	33	80.5	5	12.2	13	31.7	2	4.9
Health	3	7.3	3	7.3	1	2.4	6	14.6
Other	5	12.2	26	63.4	7	17.1		
No Response			7	17.1	20	48.8	33	80.5

The instructions on the questionnaire requested the subjects to answer yes or no to nine questions pertinent to the placement of adapted students in the regular physical education classes, the placement of adapted physical education students in separate classes, co-educational classes, provisions for students with physical defects, adequate facilities for the adapted program, the subjects desire for additional skills in the teaching of adapted physical education, the availability of clinics and in-service workshops, if the clinics and or workshops are meeting their needs in terms of the acquisition of adapted physical education teaching skills and if college courses are within commuting distance.

Of the subjects reporting, 72 indicated that adapted physical education students were placed in the regular classes. Adapted physical education students were placed in separate classes at four of the schools. No response to this question was given by two of the subjects. The physical education classes were co-educational at 59 of the schools, and 15 of the schools reported homogeneous classes. No response was made to this question by four of the subjects.

Adequate facilities for the adapted physical education program were reported by 28 of the subjects, and 42 subjects reported that their facilities were less than adequate. No response to this question was given by eight

of the subjects. Special provisions were made for students with physical defects at eight of the schools; however, 69 of the subjects reported that no special provisions were made for the students with physical defects. No response to this question was given by one of the subjects.

Additional knowledge and skills in the teaching of adapted physical education are desired by 52 of the subjects, 16 were not seeking additional knowledge and skills, while ten of the subjects did not respond to this question. Clinics and workshops were made available to 35 of the subjects in their area, 27 of the subjects reported that no clinics and workshops were available in their area, and 16 did not respond to the question. Clinics and workshops were meeting the needs of 29 of the subjects, 33 of the subjects state their needs were not being met and 16 did not respond to the question.

College courses are offered within commuting distance to 68 of the subjects. No college courses are offered within commuting distance of five of the subjects, and five of the subjects did not respond to this question. Table 4 represents the subjects responses to the yes and no questions and the percentage.

Table 4

Percentage of Yes and No Responses to Questions Concerning  
 Student Placement, Teacher-load and Class Composition,  
 Adequate Facilities, Desired Additional Knowledge  
 and Skills, Clinics, In-service and Workshops  
 and Related College Courses

Question	Yes %	No %	No re- sponse%
Are adapted physical education students placed in your regular classes?	72 92.3	4 5.1	2 2.6
Are adapted physical education students placed in separate classes?	4 5.1	72 92.3	2 2.6
Are your classes co-educational?	59 75.6	15 19.2	4 5.2
Is there a special class provided for students with physical defects?	8 10.2	69 88.6	1 1.2
Do you have adequate facilities for your program?	28 35.9	42 53.8	8 10.3
Do you seek additional knowledge and skills in the teaching of adapted physical education?	52 66.7	16 20.5	10 12.8
Are clinics and in-service workshops made available in your area?	35 44.9	27 34.6	16 20.5
If yes, are these clinics and or workshops adequately meeting your needs in terms of acquisition of adapted physical education teaching skills?	29 37.2	33 42.3	16 20.5
Are college courses related to adapted physical education being offered near enough for you to take them?	68 87.2	5 6.4	5 6.4

A total of 2,176 exceptionalities were reported by 75 of the subjects that responded to the questionnaire. There was no response to this part of the survey by three of the subjects. Exceptionalities reported were 159 heart defects, 297 asthmatics, 142 diabetes, 37 partially sighted, 107 rheumatic fever, 141 epilepsy, 637 obesity, 238 injury or illness, 56 broken bones, 317 mentally retarded and 45 other. Included as other were birth defects, pregnancy, muscular dystrophy, hypoglycemia, hard of hearing, knee and back problems, allergies, learning problems and polio.

Other information requested on the questionnaire concerns the subjects class-load per period, class-load per day and the number of students able to participate in regular activity. For one subject, the class-load per period was under ten students, ten subjects had class-loads per period of 25 to 30, 41 subjects reported class-loads of 30 to 35 and four subjects reported a daily class-load per period of more than 35. A daily class-load of under 50 was reported by one subject. Daily class-loads of 125 to 150 was reported by 63 subjects and 14 subjects reported daily class-loads of more than 150.

Less than five students could participate in regular activities in seven of the adapted physical education programs, 24 subjects reported that five to ten of their students could participate, 22 reported that ten to 15 of their students could participate, ten reported that 15 to 20 of

their students could participate, and 15 subjects reported that more than 20 students participated in regular activity. Table 5 indicates in Part A the subjects average class-load per period; Part B indicates the subjects class-load per day; and Part C indicates the number of students able to participate in regular activity.

Table 5  
Class-load Per Period, Class-load Per Day  
and Number of Students Participating  
in Regular Class Activities

Part A	Under 10 %	20- 25 %	25- 30 %	30- 35 %	More than 35 %
What is your average class- load per period?	1 1.3	10 12.8	22 28.8	41 52.6	4 5.1

Part B	Under 50 %	125- 150 %	More than 150 %
What is your class- load per day?	1 1.3	63 80.8	14 17.9

Part C	Less than 5 %	5- 10 %	10- 15 %	15- 20 %	More than 20 %
How many of these students can partic- ipate in regular activity?	7 9.0	24 30.8	22 28.2	10 12.8	15 19.2

The survey included a listing of outdoor and indoor facilities. The subjects were asked to check those facilities that were available at their particular school. Outdoor



facilities for archery were available at 38 of the schools, indoor facilities at ten. Outdoor facilities for softball were available at 63 of the schools, indoor facilities at ten. Outdoor track facilities were available in 48 of the schools, and indoor facilities at 12. Outdoor football facilities were available at 56 of the schools and indoor facilities at 4. Outdoor tennis facilities were available at 39 and indoor at 9. Outdoor swimming facilities were available at two of the schools and indoor at six. Seven of the schools reported an outdoor golf course was available and five reported indoor golf course facilities. Gymnasiums were available at 67 of the schools. Indoor volleyball courts were available at 70 of the schools and outdoor at seven. Indoor badminton courts were available at 69 of the schools and outdoor courts at seven. Indoor shuffle board areas were available at 44 of the schools and 16 schools had a game room. A special adapted room was available in two of the schools and two of the subjects listed other as one weight room and one dance studio. Table 6 indicates the outdoor and indoor facilities available for the subjects' adapted program.

Table 6  
Outdoor and Indoor Facilities Available  
for the Adapted Classes in the  
AAA Secondary Schools

Facility	Outdoor	%	Indoor	%
Archery	38	48.7	10	12.8
Softball	63	80.8	10	12.8
Track	48	61.5	12	15.4
Football	56	71.8	4	5.1
Tennis	39	50.0	9	11.5
Swimming Pool	2	2.6	6	7.7
Golf Course	7	8.9	5	6.4
Gymnasium			67	85.9
Volleyball Courts	7	8.9	70	89.7
Badminton Courts	7	8.9	69	87.2
Shuffleboard			44	56.4
Game Room			16	20.5
Special Adapted Room			2	2.6
Other			2	2.6

A variety of activities were included in the adapted physical education programs of the AAA private and public secondary schools of the state of Tennessee. All 78 subjects responded to this area of the questionnaire. Archery was offered in 23 of the adapted physical education programs.

Badminton was offered in 40 of the adapted programs. Dancing of various types, i.e. folk, square, social and modern were offered in 25 of the adapted programs. Deck tennis was offered in six of the adapted programs. Field hockey, which was modified, was offered in three of the adapted programs. Golf (modified) was offered in 13 of the adapted programs. Gymnastics were offered in 21 of the adapted programs (participation was on a voluntary basis). Handball was offered in five of the adapted programs. Speedball was offered in nine of the adapted programs. Soccer was offered in 26 of the adapted programs. Stunts and or tumbling were offered in 32 of the adapted programs. Tennis was offered in 29 of the adapted programs. Touch or flag football was offered in 26 of the adapted programs. Track and field was offered in 28 of the adapted programs. Volleyball was offered in 40 of the adapted programs. Wrestling was offered in nine of the adapted programs. Boxing was listed on the original questionnaire; however, no school included it in their adapted program.

The subjects reported that various other activities not listed on the survey were offered in their adapted programs. The other activities offered were modern gymnastics which included rhythmic routines using Indian clubs, ribbons, ropes, balls and hoops; swimming, paddleball, bowling, pinball, horse shoes, hula hoops, checkers, rope skipping, table tennis, and outdoor education. Table 7 shows the

number of schools that offer the various activities in their adapted program and the percentage of AAA secondary schools making the activity available to their adapted students.

Table 7

Reported Activities Offered in the  
Adapted Classes and the  
Percentage of Schools  
Offering the Activity

Activities	Schools	%	Activities	Schools	%
Archery	23	29.5	Shuffleboard	24	30.8
Badminton	40	51.3	Soccer	20	25.6
Basketball	35	44.9	Softball	38	48.7
Calisthenics	34	43.6	Speedball	9	11.5
Dancing	25	32.1	Stunts and or Tumbling	32	42.0
Deck Tennis	6	7.7	Tennis	29	37.2
Field Hockey	3	3.8	Touch and or Flag Football	26	33.3
Golf	14	17.9	Track and Field	28	35.9
Gymnastics	21	26.9	Volleyball	40	51.3
Handball	5	6.4	Wrestling	9	11.5
Other	22	28.2	Boxing	0	0

The survey results indicate that the subjects attempt to supplement their teaching skills in adapted physical education in various ways. College courses are taken by 11 of the subjects, sometimes by 31 of the subjects, 24 never

take college courses and 12 did not respond to this question. Professional literature related to adapted physical education is read by 31 of the subjects often, sometimes by 22 of the subjects, 20 of the subjects never and five subjects did not respond to this question. Clinics, workshops and or conventions are attended by 12 of the subjects often, sometimes by 42 of the subjects, never by 20, and four of the subjects did not respond to this question. Presented in Table 8 is the manner in which the subjects supplement their adapted physical education teaching skills.

Table 8  
Reported Teaching Skills Supplement  
and the Percentage

	Often		Some- times		Never		No re- sponse	
		%		%		%		%
Take college courses	11	14.1	31	39.7	24	30.8	12	15.4
Read the Professional literature related to adapted physical education	31	39.7	22	28.3	20	25.6	5	6.4
Attend clinics, workshops and or conventions	12	15.4	42	53.8	20	25.6	4	5.2

The subjects were requested to indicate what might be done to help them achieve more skill in teaching adapted physical education. In-service courses for college credit were preferred by 28 of the subjects. Participation clinics

were preferred by 38 of the subjects. Non-participation clinics were preferred by 16 of the subjects. Workshops were preferred by 48 of the subjects. In-service courses, clinics, and workshops were preferred by 53 of the subjects. No response was given to this area of the question by 15 of the subjects. Table 9 indicates the subjects preferred methods of acquiring additional adapted physical education teaching skills.

Table 9  
Preferred Methods of  
Acquiring Additional  
Teaching Skills

Preferred Method	Subjects	%
In-service courses for college credit	28	35.9
Participation clinics	38	48.7
Non-participation clinics	16	20.5
Workshops	48	61.5
In-service courses, clinics and workshops	53	67.9
No response	15	19.2

A listing of professional preparation courses was included in the writer's survey. The participants were instructed to indicate with a check the courses completed during their professional preparation as an undergraduate or graduate student. The professional preparation courses

completed by the subjects and the percentage of subjects having completed them are displayed in Table 10

Table 10  
Professional Preparation Courses Completed  
and the Percentage of Subjects  
Having Completed Them

Course	Subjects	%
First Aid	72	92.3
Human Anatomy and Physiology	69	88.5
Adapted Physical Education	55	70.5
Perceptual and Motor Learning	36	46.2
Kinesiology	56	71.8
Introduction to Physical Education for the Handicapped	26	33.3
Physical Education for the Atypical Student	15	19.2
Measurement and Evaluation in Physical Education	64	82.1
Secondary School Program Content in Physical Education	58	74.4
School Health Program	63	80.8
Field Work	28	35.9

The subjects were asked to rate their over-all competency for teaching adapted physical education. Of the population surveyed, 17 of the subjects rated themselves highly competent, 45 rated themselves as adequate, and 15

rated themselves as less than adequate in teaching adapted physical education. No response was given by one of the subjects. Shown in Table 11 are the subjects self-rating of their over-all competency for teaching adapted physical education.

Table 11  
Self-rating of Over-all Competency  
for Teaching Adapted  
Physical Education

Self-rating	Subjects	%
Highly competent	17	21.8
Adequate	45	57.7
Less than adequate	15	19.2
No response	1	1.3

The writer requested the subjects responding to the questionnaire to comment on any aspect of the survey if they desired to do so. Constructive and meaningful comments were made by 23 of the subjects. The comments ranged from the frustrations felt by the teacher in trying to identify the exceptional student to the value of the study itself. Health records of the students are not accessible to 11 of the subjects. The health records that are available are sometimes found to be of little help. The subjects also stated that lack of training for working with students in



need of an adapted program posed problems. The general feeling expressed by the subjects with regard to an adapted physical education program was that physical education teachers reach more students through an avenue that has more carry-over value than any other aspect of the school program; however, until competent staff and a workable teacher-pupil ratio is realized in regard to exceptional individuals, most adapted physical education programs will fall far short of proper satisfaction.

In view of the enactment of Public Law 94-142 in 1975 which became effective during the 1977-1978 school year, it is important both for individual teachers and for school administrators to be aware of the provisions of this law. The primary goal of Public Law 94-142 is to provide free, appropriate educational opportunities for all handicapped individuals who require special educational services. This law makes the state of Tennessee as well as the other states of the Union responsible for ensuring that these services are provided.

## Chapter 5

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### SUMMARY

Every school system should be committed to the physical problems of each student. Successful adapted physical education programs depend on special medical examinations. It is generally recognized that physical education programs for children with mental retardation and or a physical handicap have developed and expanded during the 1960's and early 1970's. The growth in programming for this type child is undoubtedly the results of the joint effort by professional organizations, private institutions and agencies of the federal government.

In an adapted physical education program the student who cannot engage in the regular physical education program should have the opportunity to:

1. Improve his neuromuscular skills, strength and endurance;
2. Avoid conditions that might aggravate his physical condition or subject him to unnecessary injury;
3. Be continually observed and be referred to medical or other services when the need arises; and
4. Be provided with opportunities that promote his psychological adjustment and social development.

A review of the works of researchers relative to the development of adapted physical education programs seems to indicate a significant increase in programming for exceptional students; however, there appears to be relatively little substantive and organized data as to the exact nature or content of existing adapted physical education programs. The writer feels that the availability of such information would not only serve to provide valuable impact in modifying present instructional programs for the handicapped but also serve to guide the content of professional preparation programs.

#### CONCLUSIONS

The writer carefully studied the works of available researchers on adapted physical education programs and with the assistance of her committee, composed a questionnaire which was sent to the 118 AAA secondary schools in the state of Tennessee. Of the surveyed population, 78 questionnaires were returned and the percentage of each answer was computed. Based upon the findings of this study, the following conclusions appear to be warranted:

1. The typical male teacher of adapted physical education was between the ages of 21 and 55 with teaching experiences ranging from 0 to 30 years. The majority held Masters Degrees with undergraduate and graduate degrees in physical education.

2. The typical female teacher of adapted physical education was between the ages of 23 to 56 with teaching experiences ranging from 1 to 36 years. The majority held Masters Degrees with undergraduate and graduate degrees in physical education.

3. In the majority of the AAA secondary schools, adapted physical education students were placed in regular physical education classes. No special provisions were made for students with physical defects.

4. The majority of the physical education classes were co-educational.

5. The physical education teachers' class loads per period ranged from under ten students to an excess of 35 students and the class loads per day ranged from under 50 students to an excess of 150 students. Included in these classes were 2,176 exceptional students.

6. Facilities for the instruction of individual, dual, team and lifetime activities were available in the majority of the AAA secondary schools. The majority of the subjects reported that these facilities were inadequate for their adapted physical education programs.

7. Professional literature related to adapted physical education, clinics, workshops and conventions are used to supplement the teachers' knowledge and skills in teaching adapted physical education.

8. In-service workshops and clinics now being held by the various school systems are not meeting the needs of the majority of the subjects in terms of the acquisition of additional teaching skills in adapted physical education.

9. College courses related to the teaching of adapted physical education are available to the majority of the subjects in their geographic area.

10. The majority of the subjects had completed a wide variety of professional preparation courses.

11. The majority of the subjects rated themselves as adequate for the teaching of adapted physical education.

#### RECOMMENDATIONS

Secondary schools should take seriously their responsibility to serve the needs of the exceptional student. Based on the data obtained from this study and in the interest of improving adapted physical education programs for the exceptional students, the writer makes the following recommendations:

The State Department of Education should:

Designate a person who would serve as director or coordinator of all adapted physical education programs in the state of Tennessee.

The local school systems should:

1. Up-grade the facilities available in the schools to better accommodate the various adapted physical education programs,
2. Provide more meaningful in-service clinics and workshops for the physical educators in the school system, and
3. Provide additional personnel in order to adjust the teacher-student ratio of teachers who have a class-load per day in excess of 150 students.

The school administrators should:

1. Provide accurate and up-to-date health records of the students, making them accessible to the physical educators in order that they might plan a program which would meet the needs of the exceptional student, and
2. Assist the physical educator in the identification of the exceptional student.

The physical education teachers should:

1. Collect and study data related to the exceptional student to determine his needs and interests,
2. Review the students' health records and plan a program that meets the students' particular needs,
3. Avail themselves of the college courses being offered in their geographic area,

4. Plan and hold in-service workshops and clinics themselves, and,
5. Attend the adapted physical education sections at local, state, regional and national conventions.

Based on the findings of this study and the enactment of Public Law 94-142 it is further recommended that a follow-up study be conducted to determine whether the above recommendations have been implemented and whether changes have occurred in the adapted physical education programs.

## **APPENDICES**



## APPENDIX A

## LETTER TO AAA SECONDARY PRINCIPALS

Date \_\_\_\_\_

Dear \_\_\_\_\_,  
Principal

I am enrolled in the Doctor of Arts Program in physical education at Middle Tennessee State University.

As a part of my dissertation I am surveying the 118 private and public AAA secondary schools of the state of Tennessee concerning the adapted physical education programs. I would be deeply appreciative if you would pass the enclosed questionnaire, along with the self-addressed, stamped envelope, to the person or persons responsible for your school's adapted physical education program in order that they may complete it and return it to me.

This questionnaire is designed to collect information about existing adapted physical education programs. It will inquire into the preparedness of the adapted physical education teacher as well as seek information concerning the available facilities and activities.

The findings may be used to enhance future adapted physical education curricula in the institutions of higher education in the state of Tennessee which hopefully will aid secondary schools in the conduct of their programs in adapted physical education. Of primary importance will be the information gathered regarding the teachers' expressed needs and desires for clinics, workshops, and in-service education for the improvement of their teaching skills in adapted physical education.

Your cooperation is sincerely appreciated.

Yours truly,

Mrs. Omega J. Stratton  
3813 Dunbar Drive  
Nashville, Tennessee 37207

Enc.

**APPENDIX B**  
**QUESTIONNAIRE**

**I. Background information:**

Sex \_\_\_\_\_ Age \_\_\_\_\_ Degree: BS \_\_\_\_\_ MS \_\_\_\_\_ Ed.D. \_\_\_\_\_ Other \_\_\_\_\_

Undergraduate minor \_\_\_\_\_ Undergraduate major \_\_\_\_\_

Graduate major \_\_\_\_\_ Graduate minor \_\_\_\_\_

Years experience in teaching physical education \_\_\_\_\_

Are adapted physical education students placed in your  
regular physical education program? Yes \_\_\_\_\_ No \_\_\_\_\_

Are adapted physical education students placed in separate  
classes? Yes \_\_\_\_\_ No \_\_\_\_\_

**II. Teacher-load and class composition:**

Are your classes co-educational? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your average class-load per period?

20-25 \_\_\_\_\_ 25-30 \_\_\_\_\_ 30-35 \_\_\_\_\_ more than 35 \_\_\_\_\_

What is your class-load per day? 125-150 \_\_\_\_\_ more than 150 \_\_\_\_\_

Approximately how many students are enrolled in your classes  
with one or more of the following exceptionalities?

_____ heart defect	_____ obesity
_____ diabetes	_____ broken bones
_____ asthma	_____ injury or illness
_____ partially sighted or blind	_____ mentally retarded
_____ rheumatic fever	_____ others (please list)
_____ epilepsy	

How many of these students can participate in regular activity?

less than 5 \_\_\_\_\_ 5-10 \_\_\_\_\_ 10-15 \_\_\_\_\_ 15-20 \_\_\_\_\_ more than 20 \_\_\_\_\_

Is there a special class provided for students with physical  
defects? Yes \_\_\_\_\_ No \_\_\_\_\_

III. Indicate with a check (✓) activities offered in adapted classes:

<input type="checkbox"/> Archery	<input type="checkbox"/> Shuffleboard
<input type="checkbox"/> Badminton	<input type="checkbox"/> Soccer
<input type="checkbox"/> Basketball	<input type="checkbox"/> Softball
<input type="checkbox"/> Boxing	<input type="checkbox"/> Speedball
<input type="checkbox"/> Calisthenics	<input type="checkbox"/> Stunts and or tumbling
<input type="checkbox"/> Dancing	<input type="checkbox"/> Tennis
<input type="checkbox"/> Deck Tennis	<input type="checkbox"/> Touch and or flag football
<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Track and Field
<input type="checkbox"/> Golf	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Handball	<input type="checkbox"/> Other (specify)

IV. Available facilities:

Do you have adequate facilities for your program: Yes \_\_\_ No \_\_\_

Are the following facilities available?

out- door	in- door	out- door	in- door
<input type="checkbox"/>	<input type="checkbox"/> Archery	<input type="checkbox"/>	<input type="checkbox"/> Gymnasium
<input type="checkbox"/>	<input type="checkbox"/> Softball	<input type="checkbox"/>	<input type="checkbox"/> Volleyball courts
<input type="checkbox"/>	<input type="checkbox"/> Track	<input type="checkbox"/>	<input type="checkbox"/> Badminton courts
<input type="checkbox"/>	<input type="checkbox"/> Football	<input type="checkbox"/>	<input type="checkbox"/> Game room
<input type="checkbox"/>	<input type="checkbox"/> Tennis	<input type="checkbox"/>	<input type="checkbox"/> Shuffleboard courts
<input type="checkbox"/>	<input type="checkbox"/> Swimming pool	<input type="checkbox"/>	<input type="checkbox"/> Special adapted room
<input type="checkbox"/>	<input type="checkbox"/> Golf course	<input type="checkbox"/>	<input type="checkbox"/> Other (specify)

V. Professional Preparation:

(Indicate with a check (✓) the courses you have taken during your professional preparation as an undergraduate or graduate student)

☐ First Aid  
☐ Human Anatomy  
☐ Adapted Physical Education  
☐ Perceptual and Motor Learning  
☐ Kinesiology  
☐ Introduction to Physical Education for the Handicapped  
☐ Physical Education for the Atypical Student  
☐ Measurement and Evaluation in Physical Education  
☐ Secondary School Program Content in Physical Education  
☐ School Health Education  
☐ Field Work

Rate your over-all competency for teaching adapted physical education:

highly competent

adequate

less than adequate

Do you seek additional knowledge and skills in the teaching of adapted physical education? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, check (✓) to indicate which of the following you use.

	Often	Sometimes	Never
Read the professional literature related to adapted physical education	_____	_____	_____
Attend clinics, workshops, and or conventions	_____	_____	_____
Take college courses	_____	_____	_____

Are clinics and in-service workshops made available to you in your area? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, are these clinics and or workshops adequately meeting your needs in terms of acquisition of adapted physical education skills? Yes\_\_\_\_\_ No\_\_\_\_\_

Are college courses related to adapted physical education being offered near enough for you to take them? Yes\_\_\_\_ No\_\_\_\_

Indicate what can be done for you in terms of helping you achieve more skills in the teaching of adapted physical education:

\_\_\_\_\_ in-service courses for college credit  
 \_\_\_\_\_ participation clinics  
 \_\_\_\_\_ non-participation clinics  
 \_\_\_\_\_ workshops  
 \_\_\_\_\_ in-service courses, clinics and workshops

Would you like a summary of the results of this study? Yes\_\_\_\_\_ No\_\_\_\_\_. If so, please include your name and address.

Your comments will be appreciated on any aspect of this questionnaire. (Use the back)

Thank you for your time and effort in completing this questionnaire. Please return in the enclosed self-addressed envelope to:

Mrs. Omega J. Stratton, 3813 Dunbar Drive, Nashville, TN.  
37207

## APPENDIX C

## AAA SECONDARY SCHOOLS

<u>School</u>	<u>Principal</u>
Antioch	John M. Adams
Ashland City (Cheatham Co.)	Alvin Rose
Athens (McMinn Co.)	Jim Parris
Bartlett (Nicholas Blackwell)	John D. Barnes
Blountville (Sullivan Central)	Kenneth Goff
Bluff City (Sullivan East)	Kenneth Carrier
Bolivar (Central)	Milton R. Basden
Bristol (Tennessee)	Hugh David
Brownsville (Haywood)	Gordon Perry
Chattanooga Baylor	Herbert B. Bark, Jr.
Chattanooga Brainerd	Dr. Colbert W. Whitaker
Chattanooga City	Dr. Charles Kendrick
Chattanooga East Ridge	Mack Franklin
Chattanooga G. P. S.	Nat Hughes
Chattanooga Howard	Sullivan R. Ruff, Jr.
Chattanooga Kirkman	W. Frank Preston
Chattanooga McCallie	Spencer J. McCallie, III
Chattanooga Red Bank	W. G. Eldridge
Chattanooga Tyner	Harry J. Phillip, Jr.
Clarksville	Howard L. Thompson
Clarksville North West	T. G. White
Cleveland (Bradley)	Dale R. Hughes

<u>School</u>	<u>Principal</u>
Cleveland	Thomas C. Henley
Clinton	Tony L. Hale
Columbia Central	Hardy Loyd
Cookeville (Putnam Co.)	Bob Holloway
Covington	John Underwood
Crossville (Cumberland Co.)	Tom Upshaw
Dandridge (Jefferson Co.)	William J. Taylor
Dickson (Dickson Co.)	George T. Caudill
Dyersburg	Thomas R. Cross
Elizabethton	Sam P. Sentelle
Erwin (Unicoi Co.)	Ted R. Masters
Evensville (Rhea Co.)	Jim Rankin
Fayette Central	Bill Evans
Franklin	Carl Pike
Franklin B. G. A.	John A. Bragg
Gallatin	Dan P. Herron
Germantown	Ernest L. Chism
Greeneville	Hilton A. Seay
Harrison (Chattanooga Central)	Stanley J. Farmer
Hendersonville	William B. Clevenger, Jr.
Hermitage Dupont	Albert E. Williams
Hixson	B. E. Edwards
Jacksboro (Campbell Co.)	Clifford C. Douglas
Jackson (Central-Merry)	Tom Fann
Johnson City Science Hill	Paul Slonaker

<u>School</u>	<u>Principal</u>
Jonesboro Daniel Boone	Nathan S. Hale
Jonesboro David Crockett	Donald Bull
Kingsport Dobyns-Bennett	Dr. Robert Smotherman
Knoxville Austin East	Jimmie Thacker, Jr.
Knoxville Bearden	Frank G. Hall
Knoxville Central	Dan Y. Boring
Knoxville Doyle	Billy K. Nicely
Knoxville Farragut	James W. Bellamy
Knoxville Fulton	Dr. Louis G. Scott
Knoxville Halls	Roy E. Mulling
Knoxville Karns	Leland Lyon
Knoxville South-Young	Edwin Cloud
Knoxville West	James Simpson
Lawrenceburg (Lawrence Co.)	Tom Crews
Lebanon	Barry Sutton
Madison	Harvey Hertenstein
Manchester Central	Bobby Cumming
Maryville Heritage	James D. Lillard
McMinnville (Warren Co.)	C. N. Womack
Memphis Briarcrest	Joseph A. Clayton
Memphis Carver	James M. Smith
Memphis Central	Florence Leffler
Memphis Christian Brothers	Bro. J. Stephen F. S. C.
Memphis Craigmont	William P. Woodard
Memphis Fairley	T. W. Conner

<u>School</u>	<u>Principal</u>
Memphis Hamilton	Oliver J. Johnson
Memphis Hillcrest	Gordon L. Gilbert
Memphis Kingsbury	Bill Taylor
Memphis Melrose	Melvin A. Conley
Memphis Mitchell	Alonzo Weaver
Memphis Northside	Charles E. Woodard
Memphis Overton	Billy G. Evans
Memphis Raleigh-Egypt	Bennett E. Hunter, III
Memphis South Side	Willie E. Johnson
Memphis Tech	William C. Kobeck
Memphis Washington	Moses Walker, Jr.
Memphis Westwood	Freeman Robinson, Jr.
Memphis Whitehaven	Frank Farino, Sr.
Memphis Wooddale	John W. Simonton
Millington Central	Joe Morton
Morristown Hamblen East	Jerry T. Williams
Morristown Hamblen West	Jack O. Pemperton
Mt. Juliet	Elzie D. Patton
Murfreesboro Oakland	John M. Swafford
Murfreesboro Riverdale	Carl Buckner
Nashville Cohn	Fred S. Hatchett
Nashville East	Joe W. Higgins
Nashville Glenclyff	Dick Hays
Nashville Hillsboro	N. Taylor Hagan
Nashville Hume-Fogg	John D. Roper



<u>School</u>	<u>Principal</u>
Nashville M. B. A.	Francis E. Carter
Nashville McGavock	Chester A. LaFever
Nashville Maplewood	Riley W. Elliott
Nashville North	Richard Clanton
Nashville Overton	William J. Stanfield
Nashville Pearl	Dr. Samella W. Junior
Nashville Ryan	Rev. Ronald Dickman
Nashville Stratford	Dr. Howard Baltimore
Newport	J. L. Zavona
Oak Ridge	D. L. Bordinger
Paris (Henry Co.)	Darrell Rowlett
Ripley	James G. Douglas
Selmer (McNairy Co.)	John R. Rackett
Sevierville (Sevier Co.)	Jack D. McMahan
Shelbyville Central	Mike Bone
Smyrna	Robert L. Raikes
Somerville (Fayette-Ware)	Kenny L. Hunt
Springfield	Joe L. Morris
Strawberry Plains (Carter)	David Setzel
Tullahoma	Creed McClure
Winchester (Franklin Co.)	James Douglas

## APPENDIX D

## FOLLOW-UP LETTER TO AAA SECONDARY PRINCIPALS

Date \_\_\_\_\_

Dear \_\_\_\_\_,  
Principal

During the week of March 27, 1978, you received a letter along with a questionnaire. I requested that you pass the questionnaire on to the person or persons responsible for your adapted physical education program in order that they might complete it and return it to me.

To date I have not had any response from your school. I realize that all of us are especially busy at this time of the year, but I would deeply appreciate your staff's responding to my questionnaire. I have enclosed another copy along with a stamped, self-addressed envelope if perchance the first one was misplaced.

Your cooperation will be sincerely appreciated.

Yours truly,

Mrs. Omega J. Stratton  
3813 Dunbar Drive  
Nashville, Tennessee 37207

Enc.

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