THE DEAF AND HARD-OF-HEARING CHILD
IN BRITISH COLUMBIA

BY

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B.A., UNIVERSITY OF BRITISH COLUMBIA, 1954

A THESIS SUBMITTED IN PARTIAL FULFILMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS

IN THE FACULTY
AND
COLLEGE OF EDUCATION

We accept this thesis as conforming to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA
April, 1963
... "WE CAN ONLY DISPEL THE CLOUDS OF ANXIETY BY THE PATIENT AND DETERMINED EFFORTS OF US ALL. IT CANNOT BE DONE BY CONDEMNING THE PAST OR BY CONTRACTING OUT OF THE PRESENT."

HER MAJESTY THE QUEEN,
CHRISTMAS DAY BROADCAST, 1961
ABSTRACT

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As the population of British Columbia and its diagnostic and educational services increase, so does the number of children known to have hearing impairment. This thesis was written to trace the development of special education for the hearing-impaired within the Province, to outline existing facilities for this education and to indicate trends in the growth of these facilities. It was written also to acknowledge the dedicated work being done in this area of education and to encourage and stimulate others to enter it.

The method used has been historical and descriptive. A thorough study has been made of books, periodicals, reports and literature, together with information from correspondence and interviews. Growth of a programme of special education for the hearing-impaired is traced from the first organized class in the Province to the development of a provincial responsibility, thence to the multidiscipline or team approach. No attempt has been made to establish norms or means or to correlate various organizations' achievements with the efficiency of their staff or physical plant.

Conclusions reached indicate the nucleus of a programme providing much needed services. With efficient co-ordination and thorough development this programme could compare favourably with well-organized plans outside this Province.
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Department of Education

The University of British Columbia, Vancouver 8, Canada.

Date April 17, 1963
Throughout the history of educating the Deaf and Hard-of-Hearing there has been a tendency to look for a single method which will be the answer to the manifold problems inherent in the task. Parents of young Deaf or Hard-of-Hearing children are perhaps the most ardent searchers. They feel they would like to be given something definite and positive which can be delivered to them as established truths concerning the future of their children.

To many such parents, speech for their child is their main goal and by speech they often mean speech like that of a normally hearing child. It is not easy to explain why perfect speech cannot be attained or that, in the total picture of the child's growth, attainment of perfect speech is not even the main goal. His education must be the main goal.

The old controversy between proponents of the "pure-oral" and "non-oral" methods of educating the Deaf and Hard-of-Hearing is not yet ended, but it should be. For, as was the case in the days of religious wars, it has been beyond the power of one side to wipe the other out of existence.

For those who truly understand the field of education and the deaf child there is no controversy, for no one method is best for all children with hearing impairment. Therefore, concerted efforts must be made to examine factors relevant to each child and to select what appears to be the best course of action in terms of that particular child in his particular circumstances.
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Children having impaired hearing may be defined in terms of both their hearing loss and their "... educational and psychological potential".¹ For some authorities the significant dimension would be the child's ability to talk. "In England for example, under the School Health Regulations, children are described as (1) deaf, and (2) partially deaf. The former are those who have no "naturally" acquired speech when they are admitted to school, the latter are those who have begun to talk naturally (however imperfectly) before being admitted to school. According to this scheme children with defective hearing are classified in three grades:

Grade 1: Children who are found to have defects of hearing (which in most cases are amenable to medical treatment) but who do not need hearing aids or special educational treatment.

Grade 2: Children who have some naturally acquired ability to talk but need special educational treatment, on either a part-time or a full-time basis. Many of these children need hearing aids.

Grade 3: Deaf children who are without naturally acquired speech when admitted to school. Many of these children are not totally deaf and can be helped

by hearing aids in learning to talk and to speak distinctly."

The time of onset of deafness affects the psychological and education developmental patterns and should be borne in mind in classifying a child. The important points on the time-of-onset dimension for the Deaf are the age range from three to five years, and the time when adulthood is reached. Children who are deaf before the age of three are not likely to retain normal patterns of speech and language. Obviously, from the age of three to five years, the later a child has lost his hearing the more apt he is to retain natural patterns of communication by speech.

In 1937, the Committee on Nomenclature of the Conference of Executives of American Schools for the Deaf recognized the importance of ability to speak, ability to hear (as shown by the use of their word "functional") and time of onset in proposing the following classification and definitions:

"1. THE DEAF: Those in whom the sense of hearing is nonfunctional for the ordinary purposes of life. This general group is made up of two distinct classes based entirely on the time of the loss of hearing.
   a. The Congenitally Deaf: Those who were born deaf.
   b. The Adventitiously Deaf: Those who were born with normal hearing but in whom the sense of hearing becomes nonfunctional later through illness or accident."


3 The term deafened is often used or encountered; it means the same as adventitiously deaf.
2. THE HARD OF HEARING: Those in whom the sense of hearing, although defective, is functional with or without a hearing aid.\(^4\)

Both English and American definitions are given because literature in this study involves both. Classifications, definitions and decibel losses used are those of the cited author and are given to augment that individual's point of view.

An amount of hearing loss which may be negligible in an adult may be a great deterrent to a child's psychological and mental growth. Not only the amount of loss but the type of impairment is important. Hearing impairment is not a single clear-cut condition for it has a variety of forms and extents which vary in their effect and amenability to treatment. Further, the child's impairment is a highly individual matter involving not only physical but psychological ramifications. The real future of the hearing impaired child begins with the first suggestion that his hearing is not complete. This is usually evidenced by his delay in speaking or his failure to respond to sounds in the home. Then through referral, the appraisal and treatment of the disorder becomes a problem of medical care. Later, special education will follow for children whose impairment cannot be reversed or kept within marginal limits. Education in such cases will range from special seating in regular classrooms to training in special schools and it involves children who are not only hearing-impaired but have one or more additional handicaps. For better or worse the time is past

\(^4\) Hallowell Davis and S. Richard Silverman, op.cit., p. 415. Ewing applies the term to those who lost their hearing before the age of five years, but after having begun to talk. Myklebust uses it to mean profound sensory-neural deafness occurring subsequent to the age at which the use of language is retained, after approximately five years of age.
when work with these cases is the special province of a particular group. The medical, audiological, social welfare and education branches must function as a team striving constantly to be informed and not only in their own discipline.

Speech, speech-reading (lip-reading), writing and reading are used by the Deaf to communicate, as well as the manual methods of finger-spelling and the use of signs, combined with natural gesture and facial expression.
CHAPTER II

SPEECH AND HEARING PROGRAMME JOINTLY OPERATED
BY THE POLIOMYELITIS AND REHABILITATION
FOUNDATION OF BRITISH COLUMBIA AND
THE HEALTH CENTRE FOR CHILDREN

The Speech and Hearing Programme has been in operation since April 1950, when it was set up by Dr. Donald Paterson. However, the beginning in terms of its present organization did not come until 1954, after a tour by Dr. Edith Whetnall, M.C., F.R.C.S. Dr. Whetnall is Director, Audiology Unit Royal National Throat, Nose and Ear Hospital, London, England and Consultant Aural Surgeon, London County Council School Medical Service. In Vancouver, at Dr. Jean McLennan's behest, she addressed the pediatricians, ear nose and throat specialists, as well as members of the Metropolitan Health Organization and other interested bodies. Her address created renewed interest of the medical profession which resulted in the formation of the Pilot Plan in 1954, under Dr. G.C. Robinson, Director of the Health Centre for Children, Outpatient Department. This interest has provided desirable publicity and enthusiasm necessary to develop the Pilot Plan into the growing Speech and Hearing Programme as we now know it. From its 1954 scope of 12 cases per year the Pilot Plan operated approximately a year and one-half until with its numbers steadily increasing it became a service. In 1958, when Dr. D. C. Kendall came from England to become its Director, a total of 581 children were seen;

1. David C. Kendall, Assistant Professor, Department of Pediatrics, U.B.C., and Director, Speech and Hearing Programme, Ph.D. (Manchester University), M.A. (Cambridge), resigned the Directorship in 1961, to become Head of the Special Education Department at the University of British Columbia.
the total number of consultations recorded was 3239, though the actual number exceeds this somewhat, since a number of children were seen by more than one person on the same day. Between January 1st and July 31st, 1959, a total of 507 children were seen; the number of consultations recorded for this period was 3071. These figures mean little of themselves, however, for it must be remembered that no case takes less than half an hour per consultation; many cases take as much as $1\frac{1}{2} - 2$ hours of actual interview and testing. Nor do these figures include any record of the volume of social service case-work on speech and hearing cases.\(^2\)

By November, 1959, the professional staff of the Speech and Hearing Programme was comprised of eleven members. These were the Director, three full-time speech and hearing therapists, three speech therapists (one part-time), two social workers, one kindergarten teacher, one teacher of the Deaf (employed as audiometric assistant). The administrative staff comprised one administrative secretary and two stenographers. In all, there were fourteen members.\(^3\) However, in addition to the full-time clinic staff, a number of other individuals offer regular consultative service to the clinic in the areas of paediatrics, otology, neurology and psychiatry; children referred to the clinic are eligible for any of the considerable diagnostic resources available within the Health Centre for Children.

Perhaps the best source of information concerning the Programme's aims and structure is found in the brief to the Royal Commission on Education, Province of British Columbia, submitted by the Health Centre for Children, 2. Speech and Hearing Programme Annual Report, November, 1959, p.2.

3. Appendix A.
Vancouver, February 1959. From it we learn that the Programme is designed to meet the educational and linguistic needs of the pre-school child, with increasing emphasis upon early ascertainment and educational treatment of hearing loss. "The program has thus clearly recognized the hitherto unmet needs of the pre-school population with impaired hearing". Its general aims then are to offer a diagnostic, counselling and educational treatment programme on speech and hearing problems to two main groups of British Columbia children, those of any age who are financially eligible to receive outpatient treatment at the Health Centre and those of pre-school age who, irrespective of financial eligibility, are referred to the pre-school hearing programme. The particular functions of the Programme, including a mobile clinic supplied and maintained by the B. C. Kinsmen's Club, but no longer in use, are:

1. To provide a 'screening' service for speech and hearing problems in outlying areas;
2. To provide a comprehensive diagnostic and assessment service at the Health Centre;
3. To give counselling and advice about the needs (including the educational needs) of children referred to it;
4. To give appropriate therapy to the children who need this;
5. To carry out research;
6. To act as a teaching centre in the audiological field.

In order that these aims may be carried out, close co-operation is maintained with individuals, department, and institutions in the fields

of medicine, education, and public health. Representatives from these areas regularly attend case conferences and discussions.

Administration

The year 1959, was a decisive year in terms of analyzing, evaluating, establishing firm executive and administrative direction and planning for the Speech and Hearing Programme. On August 10, 1959, a meeting of the two societies which jointly operate the Speech and Hearing Programme was held in the library of the Health Centre for Children at the Vancouver General Hospital. These societies are The Poliomyelitis and Rehabilitation Foundation of British Columbia and the Health Centre for Children Society. The report of the meeting recommended that the two organizations continue, through their respective Boards of Directors, to participate jointly in the development of the Programme to service the children of British Columbia; that the Programme be under the professional direction of Dr. D. C. Kendall and that said Programme should incorporate the following integrated activities:

a) A diagnostic service conducted in the Speech and Hearing Clinic of the Health Centre for Children

b) A mobile diagnostic service to operate in outlying communities of the Province in cooperation with the Public Health Units

c) A therapy service conducted on the premises provided by the Foundation

d) A therapy service conducted by field speech therapists in outlying communities of the Province

5. Appendix B.
e) A research programme to be developed under the guidance of an advisory committee whose members will include:

- The Head of the Department of Paediatrics, U.B.C. or his representative
- The Dean of the Faculty of Education, U.B.C., or his representative
- The Head of the Department of Psychology, U.B.C., or his representative
- The Head of the Department of Physics, U.B.C., or his representative
- The Head of the Department of Electrical Engineering, U.B.C., or his representative
- The Director of the Speech and Hearing Programme.

It was further decided that any future modifications in the Programme be referred for prior approval to the Boards of both societies.

The fulcrum of the whole Programme was established in the further recommendation of this same report that a Joint Planning Committee be established to plan and make recommendations to the Boards of the Health Centre for Children and the Foundation regarding the total Speech and Hearing Programme, the members of the committee to include:

- The Director of the Speech and Hearing Programme, who could act as Secretary of the Committee
- The Head of Department of Pediatrics, U.B.C.
- The Director of the Outpatient Department Health Centre for Children

6. Appendix C.
The Honorary Treasurer and the Executive Secretary of the Health Centre for Children

The Executive Director and one other representative from The B. C. Foundation for Child Care

A representative of the Public Health Service to be appointed by the Provincial Health Branch

The Administrator appointed to the Health Centre for Children by the Vancouver General Hospital.

In the course of discussion other recommendations were made and of these, two are of particular interest here. One is that arrangements be made to communicate with Public Health Unit Directors to obtain the future programme of the mobile diagnostic service and to obtain their co-operation for arranging for better communications with the doctors and school teachers in the areas served by the mobile unit. The other recommendation desires it be ensured that the Canadian Medical Association B. C. Division, should be kept informed of the plans and programme of the speech and hearing service.

In closing their meeting the members discussed considerably the long range developments of the Programme. The opinion was expressed that some aspects of it may in future be accepted as the responsibility of some public body - e.g., Public Health Units or educational authorities.

At this point then, through 1959-60, the Programme was instituted and primarily financed under the Boards of two organi-
zations. The responsibility for administering, implementing and making recommendations concerning the aims of these Boards is vested in the Joint Planning Committee, their chief liaison directly with the Programme being through their member, the Director of the Speech and Hearing Programme, Dr. D. C. Kendall. Effective July 1, 1961, Dr. Kendall resigned to take up the post of Professor of Special Education in the Faculty of Education, at the University of British Columbia. However, he continues with the Speech and Hearing Programme as Research Consultant. The post of Director of the Programme, at the date of writing is not filled, nor is there yet any announcement of intention to fill this vacancy. The duties and importance of this position will be considered later.

It is necessary at this point to consider the over-all organization of the Programme as it existed in July 1961, and to that effect an organization chart is appended. Note must be made that the position of Director of the Programme is not shown on the chart, since, of this last reported date, there is no incumbent and whether the post will exist at all in future is not ascertainable.

From the organization chart can be seen the major divisions of the programme as it now exists: the two sponsoring or executive bodies leading to the Joint Planning Committee and from them to the Director of the Outpatient Department, from him to the Speech Department Consulting Paediatrician and likewise to the Ear, Nose, Throat and Audiology head, then to their respective

7 Appendix D.
consultants and therapists. On the Field Service side the line runs from the Joint Committee to the Supervisor of Field Services, a new position which is presently awaiting selection of an incumbent, then through to four existing field areas and on to the two newly proposed field areas with their future incumbents.

Vancouver services then, entail the Main Diagnostic Unit, the Main Therapy Unit, the Research Programme, and as co-ordinator, the future Supervisor of Field Services.

Services

The main Diagnostic Unit "is housed within the Outpatient Department of the Health Centre for Children and accordingly is under the administrative direction of the V.G.H." (Vancouver General Hospital). Dr. G.C. Robinson, Director of the Outpatient Department is administrator, and reference to the organization chart, Appendix D, will illustrate his lines of authority.

For complete evaluation of their total problem, all preschool children up to the sixth birthday may be admitted to Outpatient Department, Health Centre for Children, if their hearing problems are of sufficient degree that special education facilities,
either at Jericho Hill School or elsewhere in B. C., may be necessary at any time.

These children are usually referred by their family physicians, the Public Health Department through its various Public Health Units, or by Jericho Hill School. Sometimes parents apply for admission directly to the principal at the Jericho Hill School and in these instances the parents are advised to contact the Health Centre for initial evaluation at the Diagnostic Unit. This Unit's functions are:

1. to conduct intensive investigation of three main groups of children
   (a) children of pre-school age with a hearing problem, for a two week period,
   (b) children of school age with a hearing problem,
   (c) children with a severe communication problem, for a one week period.

New cases on these programmes are given one or two week schedules of appointments, according to their classification. The other work of the diagnostic unit (apart from research) is:

2. individual diagnostic examinations,
3. speech clinics,
4. hearing clinics.

The two last are concerned with the rapid screening assessment of new referrals.
Children coming in are seen first by a paediatrician and by the Director of the Speech and Hearing Clinic or an audiological tester who give a "crash" assessment of the case and set up a series of appointments. These generally last for one week in the Diagnostic Unit, then carry on a further week in the Therapy Unit. Upon completion of the crash assessment, decisions are reported in the form of a letter to the referring physician and copies of this letter are sent to the Health Unit concerned. During the critical week of diagnosis the child and parent are seen by a paediatrician, otologist, psychologist, audiologist, geneticist, social worker and a speech and hearing therapist. At the end of the week, there is a conference of the entire diagnostic team where findings are assessed, specific recommendations made and a comprehensive evaluation given. These are known as the Friday conferences. If the Diagnostic Unit requires any further information on the case, requests for same are sent out following the Friday Conferences. Similarly, if it is desired the child be seen for further investigation in other special clinics, arrangements for referral are made at this time. Parents are then informed of the findings and recommendations, and a final summary is sent from the Outpatient Department to the referring physician or Health Unit. Copies of this report are also sent to the medical offices for the Jericho Hill School, the

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9 Loc.cit.
Registry for Handicapped Children, and other social agencies involved. A memorandum is sent to the principal of the Jericho Hill School stating the name of the child, his address and the nature of the problem. Following the evaluation in the Diagnostic Unit of the Outpatient Department each child is transferred to the Speech and Hearing Therapy Unit for appropriate initiation of therapy until a decision is reached concerning formal educational planning.

The Speech and Hearing Therapy Unit, now under the direction of the Poliomyelitis and Rehabilitation Foundation of British Columbia, was until July 1, 1961, under the professional and administrative direction of the Director of the Speech and Hearing Programme, formerly Dr. D.C. Kendall. This building, a house located on a street one block from the hospital's Diagnostic Unit, has an enclosed yard equipped as an outdoor play area used by the pre-school children. Though the indoor quarters are rather small, the location could not have been better. Here, there is nothing of the hospital atmosphere which so often terrifies children and frustrates the basic aims of therapy; no long corridors, white uniforms, rows of sick people and anxious relatives; especially no stale medication-vapoured air; none of these concomitants of threat and fear.

10 Ibid., pp. 1-2.
The main activities at this unit are at present:

1. individual therapy with deaf and hard of hearing children,
2. diagnosis and therapy with speech cases,
3. Kindergarten with the pre-school group.

Child and parent are then sent to the Therapy Unit for a further week, where they are seen daily by the Social Worker, Mr. John Brekelmaus, the Speech Therapist, Miss J. Semple, and any other specialists necessary. The Therapy Unit endeavours to advise the parent on elementary home training. These procedures deal primarily with hearing therapy, the success of which may depend upon the human factors involved. In 1961 a series of ten weekly meetings was held for parents resident in or near Vancouver, at each of which a different central topic was discussed. In addition, during the week at the Therapy Unit mothers were able to talk to the therapist or to the social worker while the child was being tested.

The social worker is concerned with assessing the family social situation as it relates to the child. This takes the whole family into account and an effort is made to ascertain the parental

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11 The most comprehensive operative plan employing these methods is that of the John Tracy Clinic, 806 West Adams Blvd., Los Angeles 7, California. They have extensive free pamphlet publications as well as home courses, in use throughout the world. Some of their pamphlets are in our public libraries. The reader is also referred to Ewing's, Educational Guidance and the Deaf Child, especially Part II, and to Greenaway's, The Properly Organized Nursery Is The Better Home for the Deaf Child.
background, their views about raising children, how they handle their own
and how they themselves were brought up. Findings from these interviews
show some cases of poor parental acceptance of the child's handicap. The
child is considered a lost cause, the responsibility for whose future lies
in the hands of others; hospitals, clinics, a Provincial residential school;
social aid and state care for the rest of its life. The most common patho-
logical attitudes toward the child are direct opposites. On one hand is
overprotection, where the child gets everything it wants. The result is
a spoiled child. On the other hand is rejection. Perhaps the child was
not wanted in the first place. It can be seen how important the marital
situation is in the home of a deaf or hard-of-hearing child. Love, discipline,
encouragement and stimulation\textsuperscript{12} regarding speech, speech-reading, auditory
training and vocabulary building are primary requirements. Emotional dis-
turbances and disorders are encountered by the social workers at both the
Diagnostic Unit and the Therapy Unit. The disturbances are handled by
the social worker and the disorders are handled by the consulting psychiatrist.
Treatment for those in town is weekly. Those from out of town come to the
Unit 3 to 4 times a year. At home their public health nurses supervise and
report progress.

During the child's initial two-week diagnostic and therapy
period accommodation is provided for the out-of-town mother and child,
sometimes the father as well if his presence is considered advisable,
at Easter Seal House. There is a light housekeeping suite made available
during the two-week assessment period and this will be made available again
during the future re-assessment period which may be necessary within a year

\textsuperscript{12} These factors are discussed in a most interesting way in Helen Keller's,
"Teacher: Anne Sullivan Macy, A Tribute by the Foster Child of Her Mind". See this thesis' bibliography.
and one-half or before the child is ready to begin the pre-school programme. The family buys its own food and prepares it in the suite and pays the nominal fee of $2.00 per day. Where the family is not able to pay this amount or its transportation costs to and from the City of Vancouver, upon the advice of the social worker these amounts are paid by the Poliomyelitis and Rehabilitation Foundation (Kinsmen Club) and the B. C. Society for Crippled Children (Lions' Club). The Kinsmen (Mothers' March, Appeal), make hearing aids available to indigent families in cases where a hearing aid is prescribed. The Lions' Club (Easter Seal Campaign) Bunny Buses operate throughout the city and immediate areas to bring children to the pre-school programme and for individual therapy. A charge is made of 30¢ each way, but in approximately half the 1961 cases the social worker's recommendation makes this service free to those who cannot afford to pay.\textsuperscript{13}

Thus, through medical and clinical team approach the child with impaired hearing has been seen in the Diagnostic Unit where causes of hearing impairment will have been diagnosed,\textsuperscript{14} its definition and classification initially approximated.\textsuperscript{15} Testing done in both Therapy and Diagnostic Units helps establish a reasonable initial assessment.\textsuperscript{16} Hearing therapy and speech therapy arising out of hearing loss are begun and continued in the Therapy Unit, where the speech therapist functions in co-operation with the consulting paediatrician, both of whom

\textsuperscript{13} To gain even reasonable cognizance of the number, diversity and location of organizations and services operative in metropolitan Vancouver it behooves the reader to familiarize himself with the small, clearly presented Directory of Health, Welfare and Recreation Services in Metropolitan Vancouver.

\textsuperscript{14} Appendix E.

\textsuperscript{15} Appendix G.

\textsuperscript{16} Appendix F. Techniques in the Assessment of Auditory Acuity.
are responsible to the medical doctor in charge of audiology,17 and the continuing services of the social worker are established.

Following these initial two-week assessments the child comes primarily under hearing therapy services and the continuing co-operative work of the social worker. However, the scope of the social workers is severely handicapped by inability to leave the Units to visit the home where the most valid assessment of the social situation can be made. Legally the two workers are restricted to services within the Units themselves. The hearing therapy functions in two main areas; pre-school and school age.

Pre-school children come to the Therapy Unit once each week from the time they are first assessed until such time as they are ready for final re-assessment and decision concerning the most suitable type of education available to them. This period often begins around the age of 1 year, although one child began at the age of 5 months and is now five years old. Children undergoing therapy have been consistent in keeping their appointments. Parents have realized the importance of the regular visits and, except when the family is away on holiday, or during a specific holiday season the appointments are kept. This speaks well for the Unit's family relationship. Older children making good progress come in less frequently. Any child developing a negative attitude toward therapy is discontinued from appointments until, through counselling and related techniques, this attitude changes. Each child is scheduled for a re-assessment every year or year-and-a-half. This

17. Appendix D
includes the entire team; paediatrician, otologist, audiologist, speech therapist, social worker. The frequent re-assessment is of major importance because it prevents "pigeon-holing" or limited categorization of each child. No financial eligibility is operative for any pre-school child with hearing impairment, which means that all such cases which will benefit from these services are eligible for treatment without charge. Provincial and Federal grants, B. C. Poliomyelitis Foundation et al make this possible. Since many children are seen continuously by the hearing therapist between re-assessments, the therapists records and reports are submitted to the team in place of her actual appearance unless specifically requested or desired. Where a case has not been continuous with either or both the therapist and the social worker the case is brought back to the Therapy Unit and seen by these particular team members for the re-assessment. Friday conferences and a conference between Dr. H. Moghadam and the parent, following these, comprise the reassessment. This same procedure is followed for children from other areas throughout B. C., with reports from the individual health units and physicians being considered in formulation of the re-assessment when the child and parent are in Vancouver. It is desirable that out-of-town children return to the Vancouver centre every three to four months after initial assessment, if this is at all possible. In far outlying cases this is not possible and it is more nearly the year to year-and-a-half period which elapses between re-assessments at the Vancouver centre. For those with more reasonable access to Vancouver the average time lapse is six to eight months.

18. Glossary
Pre-school Programme

Children in the greater Vancouver area are seen by the therapist once each week and in the younger age group from two years to five years of age they participate in the kindergarten programme which operates eleven months of the year, being discontinued for the month of August. It is considered the regular school closing, July and August, is too long for the children to be without therapy but the one month period does allow for family holidays together.

The pre-school group programme actually began early in 1957, with Miss J. Semple, trained teacher of regular classes and speech therapist. She had four children as a group for one hour, Tuesday and Thursday mornings from 10:00 - 11:00, meeting in the Diagnostic Unit of the hospital. Because of limited space there, no free movement activities could be undertaken, only group and table games. In September, 1959, Mrs. D. Carter, trained kindergarten specialist, took over the nursery school, enrolled sixteen children and moved out of the hospital setting to somewhat larger quarters over a bank at 435 West Broadway. These quarters were made available by the B. C. Polio Foundation and although they provided no outside facilities at all, they were a considerable improvement over the hospital's space. The enrolment grew to 25 children, organized in groups of approximately 8, coming in morning or afternoon sessions three times a week. The children were, as they are today, transported by the Bunny Buses, operated by the B. C. Society for Crippled Children. Valuable help was and is given by volunteers from the Junior League of Vancouver in the actual running of the programme. A loop induction group hearing aid, the first to be used in Western
Canada was installed in the classroom, in 1959, from a National Health Grant in 1958. Mrs. Carter also did special observation cases for Dr. Kendall, two mornings a week during this period.

In March, 1960, the Foundation provided the present site of the Therapy Unit at 2838 Heather Street. The pre-school or kindergarten programme is licensed\(^1\) to handle up to 10 children per class but the Unit considers 6 children the maximum under one teacher.

From September 1960 to the end of August 1961 Mrs. Carter averaged 24 children who were grouped as far as possible with compatible hearing losses, in 4 groups of 6 children each. One group was an observation group where hearing loss was either suspected or else was combined with other factors, e.g., autistic children and retarded children. There were three groups. Group A, was the younger profoundly and severely deaf,\(^2\) a group of six, aged 3 and 4 years. They came in the morning from 9:30 until 11:30, on Mondays, Tuesdays and Thursdays. Group B, aged 4\(\frac{1}{2}\) to 6 years, came Monday, Tuesday and Thursday afternoon from 1:30 until 3:30, and were like Group A, profoundly and severely deaf. The Group C, came Wednesday and Friday morning, 9:30 - 11:30, and were the moderately or slightly\(^2\) hard of hearing. It must be noted that these categories of hearing loss are simply descriptions of what may be found and that children within these categories will range considerably in their

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22. Appendices G and H
comprehension and ability in language written, read or spoken. This variation is due not only to differing losses of hearing but also to all of the environmental and physical variants which affect personal and educational development in any child. The degree of hearing loss as well as its type is important, as is the child's ability to use its residual hearing, by no means static criteria solely upon which to consider any child. The inter-involvement of all these factors must be considered when assessing and re-assessing the child as it grows older. Early diagnosis and continuous re-assessment on this basis are the primary aims of the Speech and Hearing Programme, and the paramount concern is the socialization of the child. In summary, the pre-school play groups or kindergarten can be considered as consisting on an average of four groups of six children, with two groups attending three times a week, one group twice a week and one group once a week for approximately two hours at a time, were started in April 1959 with the following objectives:

1. To provide a normal pre-school programme which would enable hard-of-hearing children to socialize, gain self confidence and to enjoy and become skilful at the various activities and occupations.

2. To use this play situation as a setting for stimulating spontaneous speech and thereby building up vocabulary. This is more likely to come about when the child is relaxed as is more likely in this atmosphere than in a more formal setting.

3. To work with and advise parents on behaviour problems etc. and, whenever possible, to give the parents an opportunity of seeing their children in relation to other children.
To keep close liaison with the Social Worker, Speech Therapist and Director of the Programme.

The constant expansion, re-assessment, recommendation, direction and planning so evident in the Speech and Hearing Programme are excellent indications of a development which should become one of the finest in North America and certainly be unparalleled anywhere in Canada. In most cases the Programme's changes have been wise and this may be noted in the following recommendations of the kindergarten teacher in July 1961, for future planning of the work at her level.

It is recommended that in the near future there should be greater segregation of the children. The following categories are suggested:

Group A. Profoundly Deaf

(Where gestures and inevitably poorer speech should not be copied by the partially deaf children)

These children to be taught by a qualified pre-school teacher-of-the-deaf. This may present difficulties as it would involve the Province of B.C. in taking over the responsibility for the education of the profoundly deaf at a younger age. As it is essential to start the child's specialized training before five years of age, it is suggested that this training should start at the two-year age level. Failing this, this group would have to remain at the Therapy Unit, but it should be separate from the other groups.

Group B. The Partially Deaf

This group, whose future education will probably be in the regular schools, can be taught by a qualified pre-school teacher, either in the Therapy Unit or in the Public Schools, with continued support from the Speech Therapist and the Director of the Speech and Hearing Programme. Administrative difficulties may arise here as these children will not all be residents of Vancouver. Ideally, this group should have approximately 50% of hearing pre-school children in their group as association with hearing children increases speech communication for the partially deaf child at a much faster rate.
Group C. Observation Group

This group should be expressly for the child with a suspected speech or hearing handicap combined with other difficulties often expressed in fairly severe behaviour patterns such as extreme aloofness, etc. If placed in Groups A or B, they are a disturbing influence. It is not logical to expect the child with "multiple disabilities" to join in with these other groups and socialize, etc. This child needs a period on his/her own with not more than one or two others, where she can, through free activities, work out her own problems at her own level, with the teacher giving undivided attention to the child's needs.

It is debatable as to which type of building would best suit this group. It needs to be where doctors, social workers, psychiatrists, etc., could observe the child. A two-way screen window would be helpful. After a sufficient period of observation, which would vary with each child, a recommendation could then be made as to which clinic or school therapy could best be carried out.

A teacher who has had some previous experience with normal children and who is flexible in outlook would be desirable for this group.

Placement

Not until their 5th year of age are the children at the Unit assessed in terms of their educational beginnings after they leave. Vancouver children leave between the ages of 5 and 6, depending upon their progress and upon what facilities are open to them at the time. They will then enter:

1) regular kindergartens or first grades in their home area

2) the hard-of-hearing class for grade 1, at the Queen Alexandra School

3) Jericho Hill School's primary division.

Children from outside Vancouver have at present two alternatives. They are to go to numbers 1 or 3, of the above. Vancouver children entering regular classrooms from the Unit have the advantage of continuing their therapy
with the Unit therapist and she likewise visits their schools on an average of three to four times a year to work with the child, teacher and parent together. The key to this triangle is the parent or parents. They have played an important role in the success of the present programme. Success varies in accordance with the parents' willingness and ability to co-operate. The children in public schools now range from Grade 3 down. The following speech therapist's report for July 1961, illustrates their dispersal, progress and factors involved.

REPORT ON ORIGINAL FIVE CHILDREN IN REGULAR SCHOOLS.

JULY/61

The five children written up in the 1960 report all completed successfully their Grade Two work and were promoted to Grade Three in their respective schools. One boy passed as one of the top three students of his grade, and received a book as a prize from his teacher. These children adjusted more easily to Grade Two work, and as the year progressed, each showed a more rapid acceleration in acquisition of knowledge, a more adequate use of the auditory and lip reading facilities, increased language skills, both oral, and written, and improved speech production, closer to the norm. Interesting was the fact that those with severe losses were "A" students in spelling and phonics. The most pleasing aspect of all was that each was a normally adjusted child in his natural environment.

OTHER CHILDREN BEGINNING SCHOOL, 1961

There began two girls in Grade One this year. The first girl had a severe bilateral hearing loss, and the other girl, a severe loss in high frequencies. The first had a poor three-week period of adjusting to the school at first, but after that she was a good student, made excellent use of her hearing and lip reading, learned readily, and participated in class activities and became one with her classmates. She had an understanding and sympathetic teacher, who had an interest in her problem. Mother and teacher consulted regularly. With such full co-operation by all, the child was able to complete successfully her Grade One work, and in September will begin Grade Two.

The other girl had less pre-school training (ten months), was older (eight years), was of average ability, but immature socially and overprotected by parents. She had a sympathetic, but perfectionistic teacher, who demanded too much from herself, and the child. Child coped well at first but she could not keep up the
pace. She acquired much knowledge and increased comprehension but not enough to complete her Grade One work. As a result it has been recommended that she be transferred to the hard-of-hearing class in Vancouver. As yet this has not been completed.

One boy was in Grade One, but he was not followed in school. He attended the Speech and Hearing Therapy Unit fairly regularly for speech therapy. He had developed speech, but it was very defective. He wore a hearing aid. He was a very immature boy, lacked self-motivation. There was conflict in the home over handling the boy. Though his speech showed some improvement, and he adjusted reasonably well in school, he was unable to complete Grade One work. He has enough ability and hearing to complete the work if he becomes motivated to try harder.

A third girl appeared to have a hearing loss, and wore an aid. She also was aphasic and had language incapacity. She started in Grade One in September 1960. She was seen once at school, but she attended the clinic regularly for therapy. Speech production per se was good. Arithmetic gave considerable difficulty, but she gradually acquired the concepts. Her teacher showed a tendency towards impatience with a slow acquisition of knowledge. Reading was excellent, as it has been with all these children with hearing problems. The child lost confidence and floundered towards the end of the term. However, her previous work had been good enough to justify her promotion to Grade Two. Child's language is developing at a reasonably increased rate.

**CHILDREN ATTENDING KINDERGARTEN, 1961**

There were three children, two girls and a boy, who attended regular kindergarten in their respective home areas; one lives in the Upper Fraser Valley. They adjusted well to these situations. Enough speech developed and it was recommended that these children begin Grade One in the regular school in September 1961.

Another boy in the Interior will be given a chance to try Grade One in the regular school, if the local authorities agree. He is not ready for it: he has very little speech developed. But, because of the family situation, this was recommended. The case is to be reviewed at the end of this year.

Another girl will enter a special Grade One class in an interior city on a trial basis. She has developed more speech, but is too little prepared to be given more than this. The case will be reviewed in the spring of 1962.

In the latter two cases one does not anticipate too much. Success will likely be unattainable in one year.

J. Semple
Speech and Hearing Therapist
Liaison

If the policy outlined by Dr. G. C. Robinson, in his directive is followed, and acted upon as it relates to the Speech and Hearing Clinic, the Registry for Handicapped Children and the Jericho Hill School, there would appear to be no reason why liaison co-operation and eventual transfer of children should not work smoothly. This presumes, of course, that the administrative incumbents and all personnel concerned in each of these areas has, or takes consistently, the necessary time and attention to implement the intent of the directive. The policy provides for co-operative and informative measures between the Units and J.H.S. on each level. The following excerpts from the directive are pertinent.

Pre-School Hearing Programme

A. Speech and Hearing Diagnostic Unit

When the comprehensive evaluation has been completed, a final summary of the Outpatient Department findings is sent to the referring physician or Health Unit and copies of this report also are sent to the School Medical Officer for the Jericho Hill School, the Registry for Handicapped Children, and other social agencies involved. A memorandum is sent to the principal of the Jericho Hill School stating the name of the child, his address and the nature of the problem.

B. Speech and Hearing Therapy Unit

This unit under the administrative direction of the B.C. Foundation for Child Care, Poliomyelitis and Rehabilitation and at the present time is under the professional and administrative direction of Dr. David Kendall.

(a) Periodic conferences are held at the Therapy Unit and a final conference should precede the child's transfer from the Therapy Unit to either the Jericho Hill School or other school. This conference should be preceded by review studies by a paediatrician and as indicated by representatives from Social Service,

24 Policy Relating to Joint Activities Between Health Centre for Children, Speech and Hearing Therapy Unit and Jericho Hill School, G. C. Robinson, M.D. Medical Director, Outpatient Department, Health Centre for Children, September 23, 1960.
Psychology, Dentistry, and Audiometry. It is the responsibility of the Director of the Therapy Unit to initiate such studies by advising the Chief Clerk in the Health Centre for Children, Outpatient Department of the need for such appointments.

(b) The Therapy Unit staff will hold periodic meetings with the Principal and School Medical Officer of the Jericho Hill School to review prospective transfers to either the Jericho Hill School or to other schools in B.C. These conferences will precede the final evaluation prior to their discharge.

(c) It is the responsibility of the Administrative Assistant in the Therapy Unit to inform the Public Health Nurse in the Outpatient Department of decisions to transfer children either to the Jericho Hill School or to other schools. In this way the final medical report, containing Medical, Speech and Hearing and Social Services summaries, is directed to the appropriate School Medical Officer, from the Outpatient Department of the Health Centre for Children. In the event that a child is to be transferred directly to the regular school in the Metropolitan area, the final report should be sent to the Senior Medical Officer of Health, Metropolitan Health Committee.

JERICHO HILL SCHOOL

1. Evaluation Programme

(a) New admissions not previously registered in the Pre-school Hearing Programme at the Health Centre

Children of school age enrolled at the Jericho Hill School and not previously registered in the Pre-school Hearing Programme at the Health Centre for Children, may be referred to the Outpatient Department for initial evaluation only if they are eligible for Outpatient care. There are very few such children admitted to the Jericho Hill School each year and they usually derive from other comparable schools throughout Canada.

The Jericho Hill School will submit a list of all such eligible school children who require evaluation at the Outpatient Department at the beginning of each school year.

The requests for this evaluation should be submitted to the Medical Director of the Outpatient Department of H.C.C. on the regular PH 32 forms.

(b) Re-Evaluation of children previously registered in the Pre-School Hearing Programme at the Health Centre for Children

Likewise any requests for follow-up studies on school-age children attending the Jericho Hill School who were formerly registered
at H.C.C. should be made in writing to the Medical Director, Outpatient Department. Re-evaluation is only available for children who are financially eligible in the O.P.D. In the event of borderline situations, special consideration will be given to requests for study. The school report should be included with the request for evaluation in both instances.

2. Jericho Hill School, Medical Care Services

(a) Children enrolled at the Jericho Hill School who are eligible for Outpatient Care can be referred to the Outpatient Department for investigation and treatment of a medical illness unrelated to their auditory problems. It is requested that the Nurse Matron phone the Appointment Desk in the Outpatient Department to obtain these appointments (Local 2446) and send a letter of referral with the escort (PH 32 in duplicate), explaining the medical problem. A report will be returned to the School Medical Officer in care of S.M.O., M.H.C.

(b) Children at the Jericho Hill School who are not eligible for Outpatient care, cannot obtain their medical care at the Health Centre for Children, Outpatient Department.

These, then, are informative measures set forth in regard to all children entering the Speech and Hearing Programme or entering Jericho Hill School for the first time, and the further measures to facilitate diagnosis, therapy, and in the case of some children, programming for later entry into Jericho Hill School.

Members of the Speech and Hearing team hold conferences each Friday. When such conferences include discussion of children who are possible entrants to J.H.S., Dr. C. E. MacDonald attends as well. In the school year 1960-61 Dr. MacDonald has attended approximately a dozen of these conferences. The spring conferences require his presence most frequently because that is when plans for fall enrolments come under consideration. An example of the type and number of transfers can be seen in this abbreviated summary of possible candidates for Jericho Hill School decided upon in November 1960. The following is a list of candidates for the fall term of 1961.
1. Those who should start in January, 1961
Four children - one of these likely but not yet assessed,
one - mother doubtful.

2. Those who should start at Easter
One child.

3. Those who should start in September, 1961
Eight children - one for review,
one more likely regular school,
one probable six-year-old and
one, if ready, from Victoria.

4. Those who need assessment
Four children - one of these unlikely to enrol,
one coming again in April,
one depending upon parents' decision
after re-assessment will probably enrol in special class.

5. Those definitely "No"
Twelve children - one of these for regular kindergarten,
two likely after review,
one for School for Mentally Retarded,
one C.P. case.

6. Those definitely "Yes"
Nine children, four of whom are deaf and blind.

The Speech and Hearing clinic continues to serve as a screening
clinic for entrants to the School for the Deaf at Jericho Hill and a close
relationship with the school has been maintained.
Field Services

Information derived from (a) the operation of the field therapy services in four areas, (b) mobile clinic operations, and (c) reports and requests from health units not presently served by field or travelling programmes suggests that there is a growing concern about the number of children (particularly those of school age) with speech difficulties. This concern is linked with the fact that there is usually nobody available qualified to assess these problems, or to advise about treatment.

It is practically impossible to make an accurate calculation of the number of children in the province who require assessment, or the proportion of cases recommended for assessment who require treatment. A conservative estimate would put the number of school-age children likely to be referred for assessment at 3% of the school population. Our information suggests that approximately one third of these cases (or 1% of the school population) is likely to need follow-up of some kind, such as counselling or therapy.25

To provide this travelling or mobile assessment to those areas of the province not presently covered by existing facilities the position of Supervisor of Field Services has recently been established, though not yet filled. As the organization chart, Appendix B, shows he will be responsible to the Joint Committee and responsible for the four present Units and for the two proposed travelling Units. The Supervisor's responsibilities will entail:

(a) the professional supervision of the work of the field therapists, including those therapists carrying out the travelling operations.

(b) active liaison with the Provincial Department of Health and the Medical Directors of Public Health Units over the operation of programmes carried out in the local areas.

(c) responsibility to the Joint Committee for the efficient management and operation of the travelling and field therapy services.

The two travelling therapists, working under the supervisor will provide this mobile assessment and counselling service to those areas in the Province not presently covered. They will provide mobile assessment and counselling service to those areas in the Province not presently covered by any of the existing facilities. On the basis of the estimates suggested in #2, the services of at least two full-time speech therapists would be required. Provision of two therapists would:

(a) visit every population centre once a year;

(b) carry out a screening assessment of the three percent of the school population likely to be referred;

(c) give a more detailed assessment of the 1% of the school population likely to require fuller investigation;

(d) give brief counselling where this is indicated.

Research

Without research, no programme of any sort can hope to function adequately in terms of its total field. A programme may begin as a limited response to concerted demands and may from time to time ascertain where it is, how it presently constitutes itself, where it has been, how it got there, but in only a few instances just exactly why. No future
can be reasonably planned without its basis in a sound, many-faceted, continuous programme of research. We all use the term "dead", as in a dead group, a dead place to work or a dead city. The expression means exactly what it implies, a condition without the spark of life which brings change for the good and the positive sense of an improving and promising future. Mere increase in size without an accompanying change in scope is usually deadening.

With this in mind we now consider the research going on in the Speech and Hearing Programme. Direction of research will remain with Dr. D. C. Kendall, as he moves to the University and the office of Director will likely be discontinued and a new, expanded form of organization will absorb its responsibilities. In the 1959 brief to Royal Commission on Education, it was stated that a number of projects have been started in connection with the Speech and Hearing Programme. Two student projects ("hearing in new-borns"; "vestibular function in children") were completed during 1959; these were valuable preliminary studies which, it is proposed, will be followed up during the next year. Work on a hearing aid project - exploring automatic volume compression - has begun, as has a second project on a speech frequency compression system. Both of these projects are being carried out in collaboration with staff members in the Department of Electrical Engineering of the University of British Columbia. A more elaborate and extensive research is planned, which will incorporate a detailed and broadly based study of 150 consecutive referrals to the pre-school hearing programme. This study - auditory disorders in children of pre-school age in British Columbia - is intended to provide physical, audiological and aetiological data about what is
virtually a whole population of children with auditory disabilities. In connection with this study, a genetic investigation of children with auditory disorders has already been started with the collaboration of the Department of Neurological Research. It is hoped that the part-time services of a fellow in Paediatrics and a full-time Research Assistant will be available under the National Health Research Grants for these studies.

In July, 1961 the work on auditory disorders in children of pre-school age in British Columbia and the work on a frequency compression system for use with deaf children, are still in progress on the approximated three-year basis. The part-time services of a fellow in Paediatrics were obtained in the person of Dr. Elizabeth Johnson working under an honorarium until July, 1961. The position is vacant at present. The services of a full-time Research Assistant have been obtained and the present incumbent is Miss Doris Bergbush.

Financing the Speech and Hearing Programme falls upon three main groups. The budget for the period September 1, 1960 to December 31, 1961 is slightly over $121,000, with the following breakdown:

- B.C. Child Care and Polio Foundation $ 91,000
- National Health Grants 30,000
- Vancouver General Hospital 234

The $91,000 is deployed in direct financial support of salaries, building and supplies. Additional indirect financial support is provided by

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26 Figures and disbursement can be obtained from the Health Centre for Children, Vancouver, B.C., Financial Statements, 1960, published under Gunderson Stokes Walton and Co. Chartered Accountants, Vancouver, Victoria, Penticton.
Polio and Rehabilitation Foundation of B.C., and the B.C. Society for Crippled Children, in Easter Seal House accommodation, travel assistance, Bunny Bus transportation and financial assistance in part or full for hearing aids and ear moulds.

In terms of non-visible support, the free services of medical consultants at the Vancouver General Hospital, the University of B.C., and the consultant services of other organizations must be considered. Financial recommendations of August 10, 1960 included the following:

That the major sources of financing continue to be the B.C. Foundation for Child Care and the National Department of Health, the latter to be requested to continue its present support and to provide additional grants for field services. It is proposed that the Vancouver General Hospital and the University of British Columbia continue to provide partial support to the particular activities of the programme which come under their direct administration. It is recommended that discussions take place immediately with education authorities with a view to having a teacher of the Deaf financed from this source.

That discussions should commence this year with a view to field services ultimately becoming the responsibility of public health and/or education and that, during the three-year evaluation period, public health grants to augment the B.C. Foundation's grant for the field programme should be requested, to assist this year with financing of the salaries of the supervisor and one travelling therapist and with travel costs.

That research and investigative activities should continue according to the present programme which is mainly financed through National Health Grants.

This account has been concerned only with the hearing therapy part, the larger part, of the Speech and Hearing Programme. The programme has been in operation since 1950, with its present form of organization.

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27 Summary of Report and Recommendations on Programme and Budget from the Joint Planning Committee of the Speech and Hearing Programme Jointly Operated by the B.C. Foundation for Child Care and the Health Centre for Children. August 10, 1960.
dating from 1954. From 1958 to 1961 the post of Director was held by Dr. D. C. Kendall, who resigned to become Head of the Special Education Department at the University of British Columbia. It is unlikely that the post of Director will be filled again. With the increase in size and scope of the programme, future reorganization will likely result in the function of that post being distributed as shown on the organization chart, Appendix D.

The general aims of the Programme are to offer thorough diagnostic, counselling and pre-school educational treatment to any pre-school child in British Columbia who has a speech and hearing problem. The same facilities are available likewise to British Columbia children of any age who are financially eligible to receive outpatient treatment at the Health Centre.

Provision is made through counselling and team consultation, to place each child into the school programme most appropriate to his capabilities and to the location of his home. This may find him enrolled in a regular school classroom, in a special classroom in a regular school, or in a special school as a day pupil or as a residential pupil.
Boys’ Industrial School, 4100 West 4th Ave. As it appeared about 1908. Apparently not long after it was built, as the approach walks, etc., have not been laid out.

It was a lonely isolated place, reached after passing along Point Grey, then a mere trail in the forest, and continuing over a narrow corduroy road crossing the swamp, now the low part of 4th Ave., just west of Alma Road. There was deer, bear, and cougar in the forest nearby, which during a dry summer, sometimes caught fire and created much smoke. It was very remote. It is my recollection that the nearest street car was at Kitsilano Beach. I doubt the 4th Ave. was named.

In October 1920, the school was moved to Bisco, Coquitlam, J.R. Bryan, Supt. of both schools. Later it became School for the Deaf, School for the Blind, and is now (1957) called “Jericho Hill School.”

The reason it was built “out in Point Grey” was the remoteness and isolation—to keep the boys away from temptation; also it was high and dry; to the east was a hollow 9-swamp.

Photograph and details courtesy of the Vancouver City Archives.
CHAPTER III

A HISTORY OF JERICHO HILL SCHOOL

The chronicle of British Columbia's School for the Deaf and the Blind is a record of the effort and achievement which has taken place during the last fifty years.

Prior to 1914 the child with a serious auditory handicap was sent to the School for the Deaf in Winnipeg, Manitoba, at an annual fee of three hundred dollars. The necessity for a class or classes in Vancouver had not been overlooked, but the Vancouver School Board "had never been able to obtain the sanction and financial support of the Department of Education, for such work".¹

However, during 1914, the combined effects of several actions resulted in a change for deaf children of Vancouver. The annual fee for out-of-province pupils at the Winnipeg School for the Deaf was raised to five hundred dollars. With the prospect of considerably higher expenses because of this, the Vancouver School Board became interested in starting special classes for the Deaf. Mrs. W.H. MacInnes, a teacher of the Deaf, formerly in Cincinatti, Ohio, impressed a member of the Board by her account of such classes, run on oral lines and operating as an integral part of the system of education.² Sympathetic also to the complaints of

¹ Board of School Trustees Vancouver City Schools Thirteenth Annual Report, December 31, 1915, pp. 13-14.

² Loc.cit.
Vancouver parents, who expressed strong opposition to sending their children as far away as Winnipeg, the Board arranged a meeting at which the possibility of providing local service was discussed. 3

As a result, a day class of eight deaf children ranging in age from five to sixteen years was opened in Mount Pleasant School, on 8th Avenue East, in Vancouver. Taught by Miss Mabel Bigney from Halifax, Nova Scotia, the class commenced in March, 1915. In September Miss Bigney, unable to return because of ill health, was replaced by Mrs. W.H. MacInnes, who continued until Mr. F.W. Hobson, a trained teacher, arrived from England to become principal in January, 1916.

The position and attitude of the School Board with regard to the establishment of this class and its early functioning can be ascertained from the report of December 1915.

We had at this time in the city at least eight deaf and dumb children of school age. To educate them in Winnipeg would cost the Province $4,000 for fees and a considerable sum for travelling expenses besides. Moreover, the parents were in most cases unwilling to send their children away if at all possible to educate them at home.

Your committee, convinced that the teaching would be well done in our schools, again took the matter up with the Department of Education and received in February permission to proceed with the work, together with a promise of the usual monthly government grant of $38.35 for the teacher of this class, thus placing this branch of school work on the same financial basis as our ordinary day school work. With the sanction of the Board, your committee appointed Miss Mabel Bigney, an experienced, expert oral teacher, to take charge of this work on the first day of March.

3 W.H. MacInnes, information from letters written by Mrs. MacInnes, Vancouver, B.C., September, 1947.
After close observation of the management of this class for ten months, we are convinced that the Board was fully justified in opening it, as the progress made by these pupils has been most satisfactory. The cost of operation has been small - $383.50 paid by the Provincial Government, and $419.75 by the city. In short, the operation of this class has already effected a saving of over $2,500. These figures speak for themselves.  

In 1916 the Annual Report states, "Attendance in the oral class inaugurated last year has increased from eight to eleven, thus necessitating the appointment of an additional instructor in this work". The Report for 1917, indicated an enrolment of seventeen children and others seeking admission. The School Board, having found it necessary to appoint two assistant teachers during that year, hinted at provincial aid.

"This work, also, should not rightfully fall upon the shoulders of the School Board, and it is to be hoped that before long a provincial institution will be provided for the purpose of carrying it on".

The 1918 Report notes that, in spite of increasing difficulty in obtaining adequate accommodation, the classes for the Deaf and the Blind with four teachers, under their principal, Mr. Hobson, had been established in Braemar School on Broadway West. The following observation indicates the feeling of the Board at that time.

Again, another type of unfortunate little ones is being cared for to the best of our ability, and the ultimate expense to the state being lessened by just so much, as is the difference between an adult of certain economic value as against one who is a total economic loss. There is also to be considered the personal happiness and contentment of the individual so trained.

4 Board of School Trustees Thirteenth Annual Report, loc.cit.

5 Board of School Trustees Vancouver City Schools Fourteenth Annual Report, December 31, 1916, p. 17.

6 Board of School Trustees Vancouver City Schools Fifteenth Annual Report, December 31, 1917, p. 20.

7 Board of School Trustees Vancouver City School Sixteenth Annual Report, December 31, 1918, p. 17.
It is interesting to note that Miss M.N. Blake recalls the old Braemar School as a "big brown house on Broadway, in the 1200 block".\(^8\) Too, Mr. S.H. Lawrence, later principal, saw the building as "a large dwelling house on 9th Avenue, three blocks east of Granville". He states that classes continued there until near the end of 1919, when the Victorian Order of Nurses needed the building and the little school for the Deaf had to move out. After the Christmas holidays we secured quarters in one of the buildings which had been temporarily erected where Kitsilano High School is now.\(^9\)

The Vancouver School Board Report of 1919, on page 17, under the heading "Defective Children", indicates:

The Provincial Government has been urged to take over the care of the blind and deaf children, since these come from all parts of the province, and therefore should not be a charge upon the city. This matter is still under consideration and in the meantime the School Board is conducting the schools under increasing difficulties with regard to proper accommodation.

Page 28, reveals:

Conditions in the Oral School and the School for the Blind are highly unsatisfactory. The Oral Classes cannot find a temporary home in the Kitsilano High School building for longer than a single term.

In the Board's 1920 Report we read:

It is a pleasure to be able to announce that at last the Deaf-Oral School has been taken over by the Government. This does not mean that students coming from Vancouver are cared for by the Government free of charge, as we pay $100. per child per

\(^8\) Mabel N. Blake, Information received during an interview, July, 1960.

\(^9\) S.H. Lawrence, Information from Letters written by Mr. Lawrence, Vancouver, B. C., September 1947.
year, but it does save the city some small amount of money and this Committee much work. Then again it is a step along the road to real State care, which should be given to all those unfortunates not possessing ordinary powers...\textsuperscript{10}

Further, on page 18 of the same report, is stated;

Arrangements were made with the Government and Point Grey School Board for the use of a school in Point Grey, in which to accommodate the Deaf-Oral School, which at the early part of the year was being carried on in the Kitsilano High School. These rooms were eventually required for High School purposes.\textsuperscript{11}

In 1920, under Mr. S.H. Lawrence, formerly of the Halifax School for the Deaf, a new school was opened. Located in a building in the vicinity of 25th Avenue and Oak Street, it was the first of its kind to function under the Provincial Government.

Until 1920, deaf children from outside the Vancouver school district had gone to Winnipeg. Although it is possible that one or two may have been admitted to the Vancouver class, the Vancouver School Board's Report for 1919\textsuperscript{12} indicates no policy regarding children not resident in the district.

However, with the advent of provincial responsibility in this field, deaf children anywhere in British Columbia became eligible for admission to the school at 25th Avenue and Oak Street. As there were no dormitory facilities, children from outside Vancouver were placed in foster homes during the school year. There was great difficulty in finding suitable homes until, in 1922, the Boys' Industrial School was relocated and its former premises at 4100 West 4th Avenue were allocated

\textsuperscript{10} Board of School Trustees Vancouver City Schools Eighteenth Annual Report, December 31, 1920, p. 12.

\textsuperscript{11} Ibid., P. 18.

\textsuperscript{12} Board of School Trustees Vancouver City Schools Seventeenth Annual Report, December 31, 1919.
to the School for the Deaf. The same year the Provincial Government assumed responsibility for the education of blind children. These were moved to the same campus and the whole became known as the British Columbia School for the Deaf and the Blind.

There was a great deal of parental criticism of the placing of the deaf and blind children in the Boys' Industrial School. The main objection seemed to be that what was not good enough for the boys could not be considered good enough for the Deaf and the Blind. However, Mr. Lawrence explained that with renovations and changes the school would be made suitable. He also pointed out that although the building had not quite met the needs of the Boys' School its size and potential were adequate for the requirements of the Deaf and the Blind.

It should be noted here that the superintendent, as he is now known, of such a school, has a vastly greater responsibility than his counterpart in a public school. He has very little free time. Planning, maintenance, every facet of school organization are his continuing charge, and because of this it is customary for him to live on campus.

In the early days a convenient pattern of organization was evolved in the new schools in the East, and spread across the United States and Canada, the husband-and-wife team. Started in this area by Robert J. Staines in 1849 in his Victoria school it was followed in 1854 by Edward Cridge, later the first inspector of schools.14 Under Mr. Lawrence at the School for the Deaf and the Blind, Mrs. Lawrence

was appointed matron, her duties consisting of the supervision of all household staff. Some teachers also acted as house supervisors after school hours. Miss Blake recalls that during a strenuous eighteen months of combined duties "the school engineer had to help me bathe the boys".15

In a report of Mr. Lawrence's to the Provincial Department of Education 1929-30, concern is voiced over vocational training. This has been a constant factor ever since.

The subject of vocational training has occupied a good deal of my thought during the year. In a small school like this one hardly feels warranted in recommending equipment and full-time employment of teachers for trade-teaching such as the older and larger schools of this nature have. It would likely prove a costly venture and serve but a small number of pupils.16

The same critical situation obtains in school today - the difficulty of providing a variety of trade courses for a small number of students. This need is now being met to some extent since Jericho Hill students with a satisfactory attainment at the grade ten level may be recommended for admission to Vancouver Vocational or Technical Institutes. The latter schools will from time to time at their discretion admit Jericho Hill students below the grade ten level.

In January 1935, S.H. Lawrence retired and Dr. C.E. MacDonald came from New Jersey to become principal. It is of interest here that Mr. Lawrence had taught Dr. MacDonald's mother when she was a student at the Halifax school. Dr. MacDonald's father too was a teacher there.

15 Blake, loc.cit.

This general setting is reminiscent of the Alexander Graham Bell-Mabel Hubbard story. Similar details are characteristic of the background of many prominent men and women in the field of Deaf education in North America.

In his notes for an address to the deaf alumni of Jericho Hill School Dr. MacDonald mentions that after almost a half century of being involved with the education of the Deaf, he had by that time been for about twenty years principal of this school with an enrolment of around ninety and a staff of thirty five.

Recalling his early days at Jericho Hill he remarks,

Miss Blake who had recently been trained at Clarke School, Northampton, Massachusetts, was appointed Vice-Principal and Mrs. Tyler became Matron. Mrs. MacDonald took charge of the office, voluntary work which had continued for the next twenty years. Mr. Smalley, later killed in action in World War II was the first appointed supervisor of boys. The gym which had been closed for several preceding years for economy reasons was opened for basketball. Equipment was provided by the Vancouver Central Lions' Club.17

By 1936-37 the School for the Deaf and the Blind Industrial Arts programme listed fourteen courses: Carpentry and Joinery, Cabinet Making, Draughting, Electricity, Household Mechanics, Shoe Repairing, Barbering, Farming, Art, Weaving, Typing, Cooking, Sewing and Beauty Culture.18

In the following year three more courses were added: Upholstery and Furniture Finishing, Leathercraft and Art Needlework.19

17 C.E. MacDonald, Notes from an address to the Deaf Department Parent Teacher Association, 1957, p.1.


The 1938-39 Annual Report mentions the first Metropolitan Health Service examinations at the school.

Through the co-operation of the Metropolitan Health Service, ten children were immunized against smallpox, and every child in the school received a careful physical examination. When deemed desirable more frequent or specialized examinations have been made.\(^\text{20}\)

In the same school year a rotating plan affecting the upper classes was put into operation. Results were very satisfactory as evidenced by higher levels of student interest and achievement. The course of studies was also revised in part;

\[\ldots\text{ in order to give greater emphasis to the reading and language needs of deaf students. Reading and language are more than mere subjects for those in a world of silence. They are vitally important means of communication between themselves and the hearing world.}\] \(^\text{21}\)

With the addition of Cosmetology,\(^\text{22}\) the Industrial Arts Programme listed nineteen courses.

World events in 1940-41 from Dunkirk to the declaration of war on Japan had far reaching effects. In Canada, as elsewhere the increased demand for labour provided opportunities for most school leavers wishing to enter industry. Ex-students of Jericho Hill School, many of whom replaced workers called to the colours, were no exception, and became very satisfactory employees.


\(^\text{22}\) Public Schools Report, loc.cit.
When Japanese-Canadian communities were removed from British Columbia coastal areas the deaf pupils were evacuated to supplement military accommodation needed here and because...

... feeling deep concern for the safety of our children who were housed in the buildings near the Jericho Air Base, the Minister of Education took steps early this spring to have the school moved to a new location. After considerable study, it was finally decided to take over the old Borstal School in Burnaby on April 1st. The new location gave accommodation for the out-of-town children for the duration.23

The removal necessitated hours of commuting by public transport for the many day students, faculty, house-parents, nurse-matron and her staff. Due to these circumstances, ...

... permission was granted by the Vancouver School Board for the establishment of a day class in the Lord Tennyson School. Experience has shown that it will be necessary for us to maintain one or more classes in city centres as long as the resident school remains in its present location.24

Reorganization of the academic department, reassignment of teachers, and suspension of all vocational classes became necessary.

In spring 1945, after months of preparation a pre-primary day class for deaf infants and their mothers was opened at the School for the Deaf and the Blind. In charge of Miss Norah Townsend, a trained teacher from the Primary Deaf Department, this class too was located in Lord Tennyson School.

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The results achieved exceeded our most optimistic expectations. While this is the first class of this kind to be established in the Dominion of Canada, it is hoped before long, resident accommodation will be available to afford the same opportunities to all aurally and visually handicapped children of the province.25

On December 1st, 1945 part of the Jericho buildings were returned to the School for the Deaf and the Blind. These included the office, Superintendent's living quarters and six classrooms in the annex which were hastily made ready for occupancy after the Christmas holidays. In the spring of 1946 the pre-primary class came to the school from Lord Tennyson and four senior classes came from the Burnaby quarters. Because the R.C.A.F. retained the use of the kitchen and dining-hall buildings until the end of that school year, these students had to commute between Jericho and their Burnaby quarters. Not until the end of March 1947 were the Borstal quarters in Burnaby vacated, and the School for the Deaf and the Blind again in full operation at Jericho.

Dr. MacDonald stated regarding qualified teachers of the Deaf and house-parents or supervisors:

It remains almost impossible to secure trained teachers in Canada for our work. However, we have two young British Columbia women in training centres in the United States for our staff next fall. It is hoped that before long all our teachers will have had the required special training. Half the members of our children's supervisory staff have enrolled for Summer Session classes in Physical Education. This is the first step in our programme to establish professional standards for our supervisors.26


Two former R.C.A.F. buildings, a mess hall and dormitory building and about eighteen acres of adjoining land were transferred to the use of the school to provide for its annually increased enrolment.27,28

In the summer of 1949, the School for the Deaf and the Blind added another first in Canada29 to its endeavours when it established summer courses on the campus for teachers, supervisors or houseparents of deaf and hard-of-hearing children. Forty-two teachers, including those from other schools in Canada and the United States attended the courses given by the Summer School of Education, of the Department of Education, Victoria. There was no fee for attendance at these courses and renowned teachers in the field were brought in to give them. There were no Canadian instructors. Miss Mary New and Miss Mildred Groht from the Lexington Avenue School for the Deaf, New York City, gave courses in Speech and Language.30 The programme was so successful that it was repeated in the summer of 1950. It ran from July 3 to August 4, when Miss Josephine Bennett and Miss Beatrice Hodgins also from Lexington Avenue School gave the courses. A total of thirty-nine Canadians and Americans took the courses. Credits earned by those at the B.C. School for the Deaf and the Blind were applied toward higher certification with the Provincial Department of Education.31

27 Loc.cit.
28 See Table I
29 "Teachers Learning to Train Deaf", The Vancouver Daily Province, July 23, 1949, p. 43.
During the school year 1950-51, eight pre-school-age children and three others received home training through correspondence courses prepared by Miss Helen Woodward, Vice-Principal of the Deaf Department of the B. C. School for the Deaf and the Blind. During the spring of 1952, a committee of doctors and educators held monthly meetings at the school, under the chairmanship of Dr. Reba Willits, the school's medical health officer at that time. Their purpose was to study problems relating to pre-school training of deaf children, adequate care and training for those hard of hearing, and a speech therapy programme.

A panel of specialists was devised and a new procedure adapted for the purpose of reviewing borderline cases already attending the school, and for screening potential entrants. The panel, headed by the Superintendent, consisted of a paediatrician, an otologist, an opthalmologist, an audiometrist, a psychologist and a psychiatrist.

The Association of Parents of Deaf Children was formed in 1953, by a group of parents who had deaf or hard-of-hearing children attending day classes at the school. A few teachers joined the association. Its meetings were held off campus. By February, 1954, a formal Parent Teacher Association functioning within the Provincial organization was chartered. While most members of the Association of Parents also belonged to the Parent Teacher Association, it was not until 1959, that the former group disbanded.

In the early spring of 1954, an Advisory Committee was established at the school.33

A year later, in the spring of 1955, the Department of Education approved a change of name from the "School for the Deaf and the Blind" to "Jericho Hill School".34 The Deaf Department P.T.A. and the Blind Department P.T.A. wanted the change because they felt the old name conveyed too much the ideas of institutional and custodial care.

During the school year 1954-55, Jericho Hill School operated a third classroom in the Vancouver city schools. Thus a single class was now operating in Lord Kitchener, Sir William Dawson and Model Schools. The class at Lord Kitchener moved to Trafalgar School in 1961, because of the new grade seven changes resulting from implementing the Chant Commission recommendations.

In 1955-56, ten city deaf children from three to five years of age were given special instruction with their mothers twice weekly during the school year, and home instruction was sent to three out-of-town parents. During this same school year, the Advisory Committee recommended, and the Department of Education approved that eligible students be enrolled in the three off-campus intermediate classes for a period of two years.35 Prior to this some students in these "outside" classes had remained from three to five years.


The school year 1956-57 saw arrangements completed whereby not only screening but also training of both hard-of-hearing and deaf children of pre-school age was to be undertaken at the Health Centre for Children. This arrangement began in September 1957, after which, the age for admission to Jericho Hill School was raised to five years.\(^{36}\)

A summer school loan scholarship was made available to teachers and resident instructors of our Blind Department, limited to $500 a year. This provides financial assistance of $100 each to five persons, with 75 per cent repayable within a year. Similar consideration may be given for a year's training course. This is a new scholarship offered to members of our staff by the local chapter of the Pi Beta Phi Sorority.\(^ {37}\)

Teachers of the Deaf and Hard-of-Hearing are not eligible to apply for this loan.

In 1958 an accident insurance plan was introduced. To parents of day pupils the yearly premium was set at $3, and to parents of resident children at $7.\(^{38}\) In the following year, 1959, completion of Grade IX was established as the minimum requirement for a graduation academic diploma. A vocational certificate may now be awarded on completion of the elementary programme of studies plus satisfactory completion of an approved vocational course at Vancouver Vocational Institute or the like.\(^ {39}\) This same year, on the recommendation of the Superintendent, the Advisory Committee decided to recommence pre-school instruction for "severely Hard-of-Hearing and deaf 4-year olds at Jericho


\(^{38}\) Ibid., p. W 58.

Hill School. For the past several years this instruction had been provided at the Children's Health Centre. Current planning provides that children in the pre-kindergarten age group, to approximately five years of age, should remain with the Children's Health Centre for diagnosis and therapy. Following that age children capable of attempting the work will be placed in kindergarten in their own district schools. Those whose school districts have no kindergarten programme will come to the Jericho Hill pre-school class. Similarly, children deemed unlikely to progress in regular kindergartens will likewise come to Jericho Hill.

In June 1961, two senior deaf pupils successfully wrote the regular British Columbia Social Studies 30 examination. In April, 1962 the same two boys sat the entrance examinations for Gallaudet College in Washington D. C. They were both successful and were enrolled in the freshman class in September of that year. They were Jericho Hill's first students to attend the only college for the Deaf in the world and reaching an unusually high standard did not require the customary preparation year at college before commencing the Bachelor of Arts programme.

Appendix E is of interest here as it is the expression of an Ontario deaf student's own assessment of his programme and an evaluation of post graduate possibilities.

During the school year of 1961-62 the Provincial Government announced future plans for the construction of, in the first stage, a new

40 Ibid.
41 Gallaudet College, Kendall Green, Washington 2, D. C.
dormitory building for boys, followed by a unit of classrooms including a library and an audio-visual room. Projects for further consideration include a dining hall, an auditorium, a girls' dormitory and a gymnasium to adjoin the present swimming pool and bowling alley.

Designs for a vocational building have also been discussed. Its function would be to train not only senior students at Jericho Hill School, but also other young deaf men and women who could profit by attending. Further details are unavailable at this time, but it is thought that Saskatchewan and Alberta may wish to participate at some later date. This possibility of inter-provincial co-operation opens a future of progress undreamed of fifty years ago.

Arising, in 1915, from the growing need to provide adequate education locally for a small number of handicapped children, the first successful endeavour has increased and prospered despite inevitable difficulties, reaching its culmination to date in the 1962 plans which should make Jericho Hill School one of the finest of its kind.
CHAPTER IV

ADMINISTRATION AND SERVICES OF

JERICHO HILL SCHOOL

Jericco Hill School, financed by the Provincial Government, provides complete residential and educational facilities for deaf and hard-of-hearing children in British Columbia. All food, lodging and laundry are provided. Wolf Cubs, Boy Scouts, Brownies and Girl Guides, Sunday School, Bunny Bus transportation, athletic equipment, library books, gifts, grants and some individual hearing aids for underprivileged pupils are provided by other organizations and interested individuals.

There are three main groups of pupils: residential pupils who live at the school, with the exception of summer and other long holidays; weekly boarders, who return home most weekends; pupils who commute daily. Parents of residential pupils are required to provide transportation. Special holiday fares are obtainable for resident pupils on the railways, Greyhound buses and some coastal steamships. The fare provides a return ticket for the one-way price.

Parents are urged to register their child with the Metropolitan Health Services' dental clinic. The registration fee of $3.00 per year provides for day and resident pupils, dental services including extractions, porcelain or silver fillings and prophylaxis from the school clinic.
In the case of resident pupil illness a visiting paediatrician is called as the situation warrants. Medical and drug costs are referred to parents, so it is important that families inform the School concerning their Medical Services Association or other coverage. Where a family has not established residence for government hospitalization purposes, parents are required to subscribe to an acceptable hospital insurance plan or be prepared to assume responsibility for hospital costs.

An accident insurance plan is available, covering day and resident pupils. The 1961-62 premiums were $1.50 per year for day pupils providing coverage from home to school and back and during any supervised school activity on or off campus. The rate for resident pupils was $5.00.

Individual financial records are kept of all money received for pupils' normal personal needs. Parents of each resident pupil are required to send the family allowance plus an additional amount depending upon the individual requirements of the child. The Department of National Health and Welfare stipulates that in order to continue to receive family allowances each family must spend a minimum of $35.00, plus the amount of the allowance each month for each resident child. This amount can be spent on clothing, shoe repairs, dental and medical services, children's weekly allowances, travel and all other normal expenditures. For instance, should the purchase of eye glasses, special dental work, or major repairs to individual hearing aids be necessary, the expense of these can be counted towards the minimum required expenditure.

The School is required to submit reports twice each year on the amount of clothing, cash and the like received from parents for each resident child.
An agreement exists between the Provincial Government Department of Education and the School Boards of Greater Vancouver Districts whereby assistance allowance may be given to parents of day pupils. Those living within three miles of Jericho Hill School, or the "outside" classes are eligible to receive 50¢ for each day of attendance. Those living beyond the three-mile limit are eligible to receive a maximum allowance of $1.00 for each day's attendance. These provisions include pre-school children as well. Regulations governing the transportation allowance plan state:

(a) The election of the parents (as between resident or day enrolment) as of September 1st of each year, will remain in effect throughout the school year - September to June - unless written request for a change is made for valid reasons and approved by the Advisory Committee of Jericho Hill School.

(b) Allowance cheques will be paid through the Jericho Hill School office to the parent or guardian signing the Transportation Enrolment Form.

(c) Payments will be made on or before November 15th, March 15th, May 15th and July 15th for the preceding two-months period.

(d) Any complaints by parents regarding the allowance rate adopted must be made to the Advisory Committee in writing.

Parents must advise the Superintendent's office of any change of address as quickly as possible, particularly where it concerns the daily mileage rate. This is extremely important.

The school does not assume any responsibility for, or exercise any control over, buses or transportation arrangements. Information may be obtained with regard to the available facilities through the Transportation Chairman of your P.T.A. or Easter Seal Society (Bunny Bus), TRinity 9-5221.

All pupils eat their noon meal at the School without charge.

The scope and functions of this Committee are: to consider recommendations and opinions of the Superintendent on matters pertaining

1 Handbook of Information for Parents, Jericho Hill School, p. 10.
to the School; to consider major complaints, which are referred to them by the Superintendent; to act as an advisory council to the Deputy Minister of Education and through him to the Department of Education, upon matters of policy concerning the School.\(^2\)

Reference to the Appendices for the School's organization plan will show all major divisions. Dr. J. F. K. English, Deputy Minister of Education, administers the major functions of the Department of Education. The Advisory Committee of the School consists of six members. They are appointed for an indefinite period by the Department of Education. The present members are Dr. W. A. Plenderleith, Co-ordinator of Services, Department of Education, Dr. C. E. MacDonald, Superintendent, Jericho Hill School, Col. J. N. Burnett, District Superintendent of Richmond Schools, F. M. Wallace, Inspector, of Vancouver Schools, Mr. D. McEwen, President of the Deaf Department Parent-Teacher Association and Mr. J. Mercer, President of the Blind Department Parent-Teacher Association Jericho Hill School. The presidents of these Associations are Committee members during their terms in office.

The Chief Inspector of Schools for British Columbia, Mr. E. E. Hyndman, is Inspector for Jericho Hill School.

The major duties of the Superintendent are: to administer Jericho Hill School; to plan and direct the educational programme, the techniques used and the extra-curricular programme conducted by the supervisors, insuring its correlation with educational policy; to exercise general supervision of the health services programme, integrating

\(^2\) Minutes of the Advisory Committee Meeting, Jericho Hill School, February 24, 1954.
the services of all agencies; to supervise the general functions of the
business administration and maintenance staff; to promote and maintain
good relationships with industry, the churches and general public; and
assist senior students in securing suitable vocational training or
employment.  

Integration of the functions of the various departments is main-
tained through directing staff conferences, monthly teachers'
meetings and supervisors' meetings. The directing staff
normally brought into conference includes: the Vice-Principal,
Principal ... Nurse-Matron, Chief Recreational Instructor and
Business Manager. 

The Vice-Principal functions under the general direction of the
Superintendent to: supervise teachers and instructors, arranging
schedules, rules and regulations pertaining to them, and to assist in
their training when necessary; to supervise classes, co-ordinating their
programmes of studies; to ensure, at all times during school hours, the
maintenance of student discipline; to supervise and maintain a school
library plan, a student testing programme and records of students'
academic achievement; to prepare requisition lists of text books, class-
room and other equipment, ensuring their proper use and care; to assist
in the conducting parent-teacher programmes, in liaison with all publicity
media, and in any other public relations activities. 

The Chief Recreational Instructor, under general direction of
the Superintendent, conducts an extra-curricular programme for students,

3 Organization Plan, Duties and Responsibilities of Senior Staff, p. 3.
4 Loc.cit.
5 Ibid., p. 4.
which promotes their interest in sports and recreational activities; directs the supervisory staff, and coaches volunteer assistants involved in the programme; takes charge of all equipment involved and arranges schedules for the supervisory staff. 6

The term "supervisory staff" refers to the dormitory supervisors or house-parents who care for the children when classes are not in session. During the school year 1961-62, there were fourteen supervisors.

The Business Manager acting under general supervision of the Superintendent interviews applicants for positions on the staff. His other administrative responsibilities include: maintaining personnel records, monthly payrolls, financial statements, annual estimates, requisitions and vouchers for purchases and services, stock records and required inventories. He collects extra-provincial student fees, and maintains children's incidental and special accounts. He also prepares family allowance reports, and supervises duties of the Dietitian and of the building maintenance staff. 7

The Nurse-Matron under the general supervision of the Superintendent provides nursing care for all sick children in the School clinic and infirmary; gives audiometric and visual tests, and arranges escorts for children's visits to specialists; checks and buys clothing for resident children; and supervises the health and welfare aspects of supervisors' duties; supervises housekeeping staff, and directs the duties of nurses, aides and ward assistants. 8

6 Ibid., p. 5.
7 Ibid., p. 6.
8 Ibid., p. 7.
The Dietitian, functioning under the direct supervision of the Business Manager, has specific responsibilities which include: the devising of varied breakfast, lunch and dinner menus, in accordance with Canadian Council on Nutrition principles; the supervising of the preparation and service of these meals, the maintaining of cleanliness and sanitation of all facilities involved; the providing of weekly supplies of food for the hospital and other staffs, the preparing of special meals for diabetic and other students on dietary restriction, the contracting of food purchases on a quarterly, monthly and weekly basis and the preparing of work schedules for all the staffs concerned.9

The Coordinator of Medical Services functions under general supervision of the Director of Medical Services, Vancouver Metropolitan Health Services to: supervise all public health aspects of the school, and advise upon operation of the School clinic and infirmary; preside, as Chairman of the Screening Panel of specialists, on new admissions; correlate medical services in problem cases. This function is currently performed by Dr. Jean McLennan,10 who is not a member of the staff.

Pupils come from all over the Province. In 1962, the School enrolled one 16-year-old British Columbia student who had never been to school before. This pupil, socially mature, readily accepted by the others and interested in school work, is making good progress. At present there are also three Eskimo children from Baffin Island. It has been difficult to locate the family of one of these each June and again in September since they live quite nomadically.

9 C. E. MacDonald, Information received in an interview, September, 1962.

10 C. E. MacDonald, op.cit., p. 8.
Table 1 and Chart 1 show past and present enrolment while Table 2 shows expected enrolment. Pupils may enter the Jericho Hill Pre-school at the age of 5 years plus, and may remain in the School until the age of 18. Provision is made for all over this age who show continued progress to remain until graduation or until the age of 21. The estimated annual cost per pupil in 1961-62 was $1675.11

Reference to Table 1 and Graph 1 shows School growth while Table 2 provides estimated enrolments for 1963-64 and 1968-69.

11 C. E. MacDonald, figures provided during an interview, September, 1962.
Table 1

Jericho Hill School Deaf Department Day and Resident Pupil Enrolment

Figures from British Columbia Public Schools Reports, 1952-62

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<td>X 95</td>
</tr>
<tr>
<td>1960-61</td>
<td>91</td>
<td>102</td>
<td>193</td>
<td>Z 92</td>
</tr>
<tr>
<td>1961-62</td>
<td>88</td>
<td>105</td>
<td>193</td>
<td>*</td>
</tr>
</tbody>
</table>

* C. E. MacDonald, figures provided during an interview, September, 1962.
Table 2

Estimated Future Enrolment Jericho Hill School
Deaf Department

<table>
<thead>
<tr>
<th>School year</th>
<th>Statistical estimates</th>
<th>Estimated B.C. public school population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1963-64</td>
<td>223</td>
<td>360,000</td>
</tr>
<tr>
<td>1968-69</td>
<td>248</td>
<td>400,000</td>
</tr>
</tbody>
</table>

These estimates were arrived at by the Superintendent of the School and the Director, Division of Tests, Standards and Research, Department of Education, Victoria, B.C. They are based upon a ratio of 62 deaf and severely hard-of-hearing children per 100,000 school children in the Province.

The statement of Aims and Philosophy of Education in British Columbia as set forth in the Department of Education's Programme of Studies, applies in the broad sense to general and special education alike. By the application of special methods and techniques, Jericho Hill School

... seeks to achieve the same ultimate aims for certain groups of exceptional children as does any other school following the regular programme. These aims include the attainment of self-realization, good human relationships, economic efficiency and civic responsibility.

12 C. E. MacDonald, loc.cit.
It is understandable, of course, that there should be some variations in the objectives of school subjects as between regular and special school programmes. Furthermore, it is understandable that there should be differences in teaching, techniques and procedures. Such variations are essential in order to minimize the physical handicap of these exceptional children and to achieve maximum individual development.13

The School is not a charitable or custodial institution. It is dedicated to training "... the mind, the heart and the hands of children ... with little or no hearing"14 and provides special instruction for children unable to make reasonable progress in the regular public school situations. The ultimate aim of the Schools is to accept only students capable of advancement by the special instruction provided. At present, most students at the School are in that category. Those who are not, enter Jericho Hill School because other facilities for their education are unavailable.

The multi-discipline or team approach used in screening applicants for admission has been discussed in Chapters II and III. Reference to the Appendices will provide detailed information concerning the procedure.

The location of the School in the Province's largest centre of population has numerous advantages. Specialists are available in the many professions and centres providing necessary facilities involved in diagnosing, treating and educating the Deaf and Hard of Hearing. Table 1 shows the large proportion who are day pupils.

13 Jericho Hill School - Our Aims and Philosophy, p. 1.
14 Ibid., p. 2.
It is possible for the students to visit and learn for themselves much about the industry and local occupations of this area. Thus do employers have the opportunity to meet the students, some of whom may become their employees. Finally, it must be noted that the Deaf gravitate to the large cities not only for reasons of employment but also for social reasons. It has been said the Deaf are the greatest visitors in the world, which simply means they will travel miles to be with others who are Deaf. Here, associations such as the Vancouver Association of the Deaf, the Jericho Hill School Alumni Association, the Jericho Hill School Parent-Teacher Association, the League for the Hard of Hearing and the Vancouver School Board night classes in Speech-Reading and Language provide opportunities for discussion of mutual problems, self-improvement and social gathering.

New pupils are enrolled at the age of 5 years, or over, and usually enter the Kindergarten class. From there they progress through Grade 1, Grade 1-1/2, Grade 2, leaving the Primary Department at approximately Grade 2-1/2 and in a few instances, Grade 3. Their stay has been four years in the case of the better pupils. Others may require an additional year.

The method used throughout, except in two special classes, is the oral method. The teacher talks and uses the blackboard. The pupils, who receive Speech, Speech-Reading and Auditory training using group and individual hearing aids, reply orally and in writing much as any child in the early years at any primary school. No manual methods are used in school and the children are encouraged to use only speech and speech-reading during play time. However, no repressive measures
are employed which may inhibit free expression by the children among themselves on the playgrounds. The direct experiences of the children are used as the basis for teaching. Speech, Speech-Reading and Reading are all taught with the intent of producing connected language both spoken and written. No matter what subject is being taught at what grade level, this goal is always present. As the Ewings so often said, "Thursday's child has a long way to go", and correct language is his greatest asset.

There are also two ungraded "opportunity" classes, the aim of which is to accommodate students who cannot keep up with regular programmes. These children are slow learners, often having additional physical handicaps.

In the two opportunity classes the teachers use finger-spelling and conventional signs to supplement Speech, Speech-Reading and written language, and the pupils reply in the same fashion. The pace is slow. Patience, understanding and constant review of elementary principles are required in great quantity to achieve progress. The teacher in one of these classes is deaf. Her work through the years has won admiration and respect from all who are aware of it. Boatner, present Superintendent of the West Hartford School for the Deaf, the first of many such units established in the United States, and which opened in West Hartford, Connecticut in 1817, says:

Many slow-learning deaf children have developed into self-supporting, happy, well adjusted citizens under the kindly tutelage of the deaf teacher. In my estimation this is often a far greater accomplishment than the sending of some bright student to college. It is interesting to note in this connection that very little attention has been paid by the theorists to the slow-learning deaf child and yet we have many of them just as there are many slow-learning children in the public schools. We do not solve their
problems by ignoring them and here again the deaf teacher has made a solid contribution in an area where the majority of hearing teachers would not care to labor.\textsuperscript{16}

It says also that the deaf teacher has an understanding of the deaf child which in some respects surpasses that which the most earnest and sympathetic hearing teacher can achieve, and that "... today approximately one out of five teachers in our residential schools is a deaf teacher".\textsuperscript{17}

The need for research in the area of the slow-learning deaf child was also brought forward by Dr. George Leshin, hearing conservation supervisor, Oregon State Board of Health, Salem.\textsuperscript{18}

Dr. Boatner's opinion concerning the role of deaf teachers of the Deaf is shared by Dr. Graunkee, in his report concerning counseling and vocational planning, when he says, "Deaf teachers seem to have a greater insight into their problems and are better obeyed by deaf youth".\textsuperscript{19}

In 1961-62, the Primary Department at Jericho Hill had 95 pupils and 9 teachers.

The Intermediate Department takes the children from the Primary, and in 1961-62 comprised 4 teachers and 39 pupils. The slow learners go to Intermediate classes on the Jericho Hill campus, there being such class


\textsuperscript{17} Ibid., p. 309.


\textsuperscript{19} Lloyd W. Graunkee, \textit{Counselling and Vocational Planning op.cit.}, p. 206.
at that time. The other pupils go to the three "outside" classrooms mentioned in Chapter III. Each of these classrooms has a trained teacher of the Deaf and is located in one of three Vancouver Public Schools. There were 29 children in these classes.

The "outside" classes send their pupils into the regular hearing classes for Art, Shop and Home Economics, Physical Education and Assembly. The pupils are encouraged to associate to whatever extent they wish with the hearing children during these periods and during free time, the aim of this being to promote as much integration as possible. The degree of integration and its success depends largely on the school administrators and teachers involved. Their understanding, liaison and co-operation is essential. The fact that the children are out in public schools cannot, of itself, assure satisfactory integration. Of course, the attitude of the child, his proficiency in speech and speech-reading, written language and reading skills are of prime importance. However, a desirable combination of attitude and ability are required for success in any such integrated programme.

Children usually remain in the "outside" classes for a period of up to six years, being two years with each of the three teachers involved and progressing from Grade 3 to Grade 6 or 7. In some cases proficient students can go higher in these six years, though it is not usual. Provision is made to return to Intermediate or Senior classes within Jericho Hill, for those pupils who do not gain sufficiently in the "outside" programme.

The Senior Department in 1961-62 had 5 teachers and 56 pupils. One of these teachers is deaf. Courses taught are Speech, Language,
Reading, Mathematics, Science, Social Studies, Typing, Home Economics for the girls, Shop and Industrial Arts for the boys. The programme provides for both day and resident students, courses in Physical Education, Arts and Crafts, and a recreational schedule for swimming and bowling teams, school parties, dances, mixers for visiting students from other high schools and sailing instruction on a ketch build by senior boys in their shop training. When the new Vocational building and the new Industrial Arts building are completed, a full commercial course, including office duplicating procedures, will be available to girls and boys, allowing them to proceed to the limit of their abilities. Training in laundry, dry cleaning and power sewing will be provided, also courses in occupations such as the work of bus boy, dishwasher, kitchen assistant and cook.

Instruction in electrical and mechanical repair, tool maintenance and repair and key making will be offered, as well as courses in horticulture such as raising, bedding and planting flowers and shrubs and the growing and care of lawns.

Jericho Hill offices, activities and grounds will provide a source of on-the-job training during various phases of the programme.

A full-time vocational and employment counsellor will also join the staff. The new vocational programme should meet, in large measure, the recommendations made for this educational area.20, 21, 22


21 Recommendations to the Royal Commission on Education, Province of British Columbia, Submitted by the Teachers of Jericho Hill School, Deaf Department, January, 1959, p. 2.

Throughout the school year there are three Parents' Days when parents, relatives and friends may visit classes. Two single rooms and one suite are located on campus, in Lawrence Hall, for the use of parents from out of town when they wish to stay overnight. These rooms are used chiefly by parents of new entrants and parents who cannot come for the regular Parents' Days.

Numerous other visits to the School are made by medical, educational and other interested groups. Religious affiliations are maintained with various denominations and a Deaf Fellowship group meets regularly upon a non-sectarian basis.

The administration of an establishment such as Jericho Hill School is, of necessity, complicated. With careful planning, maximum co-operation from each staff member and the new buildings and programme outlined, the School can offer a highly comprehensive programme for Deaf and Hard-of-Hearing students from five to twenty-one years of age.
CHAPTER V

SOME ASPECTS OF A PUBLIC SCHOOLS PROGRAMME
FOR THE DEAF AND HARD-OF-HEARING
IN THE METROPOLITAN AREA OF VANCOUVER

The function of the Vancouver School Board's Special Committee Number 15 is to explore requests for establishment of a school for children with severe physical disabilities. On October 29, 1960, the Committee met to consider the matter of establishing within the local system, a class for children with hearing difficulties. Its members were five Trustees: Mr. Frederick G. Hoyme, Mrs. John Quinell, Mrs. O. M. McLean, Mr. Frederick N. A. Rowell and Mr. John Henderson. The Committee, noting previous discussions and professional opinions concerning the topic, recommended that a class for children with hearing difficulties be established to meet the immediate needs of pupils in Grades I and II. This was subject to approval of the Department of Education. Approximately fifteen was considered a suitable enrolment, admittance would be on a voluntary basis, and "... an experienced, sympathetic primary teacher should be assigned to the class rather than having a teacher trained to teach deaf children".

The programme opened in September 1960, in a classroom at Queen Alexandra Elementary School. It was under the immediate supervision of

1 Report of Special Committee Number 15, to the Management Committee, Board of School Trustees, Vancouver, B.C., September 6, 1960, p. 1.

2 Ibid.
the principal there, but was organized on special lines devised by those in charge of the Speech and Hearing Programme. In September 1961, the services of a trained and experienced teacher of the deaf and hard-of-hearing were obtained for the class.

In September 1962, a Special Class for hearing-impaired children was opened by the Burnaby School Board. It does not have a trained teacher of the Deaf and Hard of Hearing. It is known that the School Boards of North Vancouver and West Vancouver have been considering the matter of forming their own special classes for hearing-impaired children within those districts.

It is evident that public schools' systems in the metropolitan Vancouver area may eventually provide services for their hearing-impaired children. Therefore, it is well to consider the major aspects of such programmes in the public schools.

In tracing the development of education in Canada, Phillips notes: "The difficulty everywhere in Canada, was to provide adequate school accommodation without encouraging the building of too many small schools, in deference to the narrow preferences of local democracy."³ Addition to the number of schools in the aggregate is no sign of advancing education and in fact can be quite the reverse. Phillips advances this point with particular examples, then offers:

"The tendency of this increase in the larger towns is usually very great and nothing but the restraining power of the Board can keep such places from being deluged with a

multitude of petty rival schools and the Province from being saddled with many thousands of dollars ... expense. Nor are the rural districts entirely free from the tendency in question. There it has its origin in dissensions among the inhabitants who seek to escape the ... effects by ... establishing additional schools. These fledglings are necessarily poor affairs, and are all the more to be deprecated that one of the first and worse effects of them is to reduce the schools from which they have swarmed, to the same low level with themselves."

Although the foregoing referred to the early growth of education in Canada, its main points have bearing in reference to this period of early growth in public-school classes for the hearing-impaired in British Columbia. It is essential that duplication of services be avoided and that the equipment and procedures used in these classes be of a high professional and specialized standard.

It follows that admission to the classes be upon clearly established bases. These bases should be arrived at from a thorough study of current literature and of at least three successfully established programmes of a similar nature, two of which must be in North America. Each programme studied should involve pre-school to high school levels and should show definite provision and procedure for students leaving the schools for further education, training or placement. Any screening committee functioning in terms of these bases should have the services of a qualified and well experienced teacher of the Deaf and Hard-of-Hearing. Such a teacher must have first-hand knowledge of various approaches used in educating the Deaf. The committee must bear in mind its purpose in screening concerns the educational future of the child and it will need the counsel of such a teacher. Parents will have questions concerning

4 Loc.cit.
many aspects of educating the Deaf and the committee should be in a position to provide unbiased information.

In the initial stages of such a programme the number of classes is likely to be small and their enrolments should be limited to homogenous grouping. This will exclude children who can progress in regular classrooms, provided they receive some special attention or tuition within or outside the regular school programme. It must always exclude children who cannot progress at a reasonable rate within the special classes, even though such pupils may live within the districts of the various schools involved.

These classes would be the "transitional" type, whose students would work toward eventual placement in hearing classes.

Students not going to full-time regular classes would form regular special classes where they would receive basic courses by the special class teacher and would go out to regular classes in the school for Physical Education, Shop and Home Economics courses. Where practicable, some of these students might also take their Mathematics courses with the regular classes and, of course, all students would attend general school functions such as assemblies, sports-meets and so forth. This is the present system of the Jericho Hill "outside" classes.

A reciprocal arrangement between the Province and the participating School Boards would permit eligible students from Jericho Hill School to enter the programme as well, thus making available a combination of facilities from kindergarten to high school and vocational levels. Frequent evaluation of progress and adjustment would determine to which classes and schools the students would be best suited.
Any decision to transfer a very deaf child from the slower-paced programme of a school for the Deaf to the highly competitive programme of regular classrooms is always very important. Dr. Clarence O'Connor, Superintendent of the Lexington School for the Deaf in New York City, undertook a study of fifty pupils who were transferred from Lexington to classes for the normally hearing between 1954 and 1957. The primary objectives in the study were to determine the degree of adjustment in integrated programmes and the factors influencing success or failure.

Eighteen transfers were selected for intensive study. The principal and the teacher in the school each child was attending as well as the pupil's parents were interviewed, and each of the eighteen pupils was given: the Psychometric Test (WISC), a Standard Pure Tone Audiometry Test, the Stanford Achievement Test, and the Personality Inventory (Brunschwig) Test. Dr. O'Connor presents his results in the following manner:

"1. The Stanford Achievement Tests given to the 18 pupils showed that they generally divided into two groups as far as achievement is concerned. Twelve in Group A were close to the norm for their age level, being only approximately four months behind regular children on the average. However, six of these 12 were achieving better than average for hearing children. Six in Group B averaged about three and a half years behind children of their particular age level.

2. Both parents and teachers tended to overrate the pupil's academic achievement in comparison to scores obtained on the Stanford tests, the ratings of parents being even more optimistic than the teachers'.

3. Generally, those in Group A had higher I.Q.'s than those in B. The range for nine of the 12 in A was 120-132.

4. Those in Group A generally had more useful hearing than those in Group B, the average speech range loss for the former being 79 db compared with 85 db for Group B.
5. Parent, teacher and pupil interviews and the Brunschwig personality inventory revealed in general that pupils in Group A were more willful, tenacious, attentive and had outgoing personalities, while those in Group B tend toward being followers and daydreamers, lacking self-confidence and initiative.

6. Those doing best in both groups were with teachers who had adjusted the program to meet the needs of the hearing-handicapped members of the class, such as speaking more slowly, writing more often, arranging for classmate help, and other changes.

7. The presence in the school of a counselor for the hearing-handicapped resulted in higher achievement and better social adjustment for the hearing-handicapped pupils in attendance.

What we learned from our intensive study of these 18 pupils tended to reinforce the possibilities of deaf children moving through an educational program geared to the normally hearing. These are:

1. That, with very few exceptions children who begin life with an average speech-range hearing loss of 60-70 db or more cannot successfully or comfortably integrate educationally with hearing children at the age of five or six. They need the specialized program of a school for the deaf for a number of years, at least, in order to acquire facility in the use of language, without which they would be hopelessly lost in regular classes.

2. That the percentage of pupils in a school for the deaf who are logical candidates for ultimate educational integration in classes for the hearing is small. The vast majority will need the benefit of the specialized program of the school for the deaf throughout their entire educational career.

3. That no pupil should be transferred to regular classes until he has developed communication ability that will make it possible for him to meet the severe competitive conditions he will experience therein. This means that, in general, he will not be ready for such transfer before the age of eight or nine.

4. That a careful assessment of the following factors that will affect the success of his ultimate integration be made for each pupil for whom a transfer to regular classes is being considered:

   (a) His Age

   We have found that the majority of our pupils who are ready for integration do not reach this point before the age of eight or nine. If they have been through our nursery and preschool classes and if all other factors are favorable, they may then be mature enough to meet the challenge of the new regime.
(b) His Communication Ability

At best a hearing-handicapped child moving from a school for the deaf to regular classes will be far behind hearing children in his ability to use and understand language. He should, however, have ability to communicate expressively through speech and writing, and receptively through reading and lip-reading supported by the most effective possible use of his residual hearing with sufficient skill to be able to articulate with and become an effectively functioning member of the regular class. If his use of language is not securely established, even within narrow limits when compared to his hearing peers, then he is not ready for transfer. His reading level should be at least at the national norm for his age.

(c) His Intelligence

This is one of the most critical factors for successful integration. Children with marginal ability and a relatively severe hearing loss have little chance of achieving satisfactorily in regular classes. This will be difficult enough for those with better than average ability. Accordingly, he should have an I.Q. of 110 or over.

(d) His Personality Make-Up

The hearing-handicapped child frequently must take a lot of emotional buffing-about in regular classes. He must be prepared for repeated even though only temporary failure through not always understanding what is being discussed. He must also be prepared for unintended neglect at times on the part of his teacher or social rejection by his classmates. The tougher his emotional fibre the more successfully he may over-ride these roadblocks. A timid, sensitive, hearing-handicapped youngster who lacks confidence or does not have the strength to fight back may be emotionally chopped to pieces in an integrated situation to the extent that he may find himself more segregated in the so-called "normal" program than he was in the so-called "abnormal special school segregation" program from which he was "liberated".

(e) The Program to Which He Will Be Transferred

The degree to which the staff in the pupil's future regular program is oriented to the special needs of a hearing-handicapped pupil is vastly important. The capacity of a teacher to make simple management adjustments in the pupil's classroom environment and program will affect his entire achievement pattern.

(f) His Parents

The differential that frequently is the most important factor influencing successful integration is the pupil's parents.
How well are they oriented to the problems he will face and to his overall needs?

How much help and guidance can they be relied upon to give their child at home? The answers to these questions are important in arriving at a decision concerning transfer.

(g) Guidance and Follow-Up

Once the decision has been made to transfer a pupil to a regular class, conferences should be set up with the parents and the staff of the school to which he will be transferred. The creation of a favorable educational, social, and emotional climate for the pupil is essential. Similar followup conferences should be arranged after the pupil has been transferred. One final word concerning this question.

As appealing as integration may be to parents who have every right to hope that some day their deaf child might attend his neighborhood school with his hearing brothers and sisters, it might be that such a program is not logical for him. If so, this should be accepted realistically. More than that, if a transfer is tried and the child is not adjusting satisfactorily, parents should have the courage and wisdom to return the child to the school for the deaf. Above all, continue to seek the counsel of those who also love your child and who hold dear to their hearts his happiness and well being.5

Dr. O'Connor's study concerned the very deaf child on transfer to regular hearing classes. It did not consider the similar child on transfer to the "outside" classes. It is thought by Jericho Hill authorities that the British Columbia combination of residential school facilities and "outside" classes in the regular hearing schools is unique in North America. This writer has found in pertinent literature no indication of any similar programme in any other English-speaking country, although it may be possible in Holland, the Soviet Union or some other European country.

The public school programme of special classes is already in operation and will grow to provide services in three major directions: remedial work in speech and speech-reading for students enrolled in

full-time hearing classes; preparatory work in communicating abilities and regular subjects for children enrolled in transitional classes; preparatory work in communication abilities as outlined in O'Connor's section 4 (b) and directed toward providing a sound knowledge of the curriculum subjects appropriate to the grade level being undertaken, for students enrolled in the regular special classes.

This third group should be the most flexible and it is with this group that the values of communication and interpretation within the hearing environment will have to be considered in terms of academic progress. The junior-high or high-school pupil must be able to progress reasonably at the academic level. The demands of class and homework make serious inroads into his time, less of which is available for corrective speech and speech-reading. In the upper grades the ability to progress academically and vocationally must take precedence.

Teachers for students in the first group can be public school teachers without special training, although a teacher specializing in primary methods or experienced in a branch of special education would bring understanding and certain basic approaches to the class. Such teachers should require two considerations. They should have the advice and services of a peripatetic speech-therapist or teacher of the Deaf and Hard-of-Hearing and they should be allowed to count each hearing-impaired student the equivalent to four or five hearing students for enrolment purposes.

Teachers for the second and third groups should always be trained and experienced teachers of the Deaf. The British Columbia
Speech and Hearing Association which is composed both of speech-therapists and teachers of the Deaf and meets regularly in Vancouver, is well experienced in these two approaches and in their application to special education. The difference in functions of the speech-therapist and the teacher of the Deaf was studied by the Association and has been expressed by the Alexander Graham Bell Association for the Deaf to Miss Winnifred Cory, of the British Columbia Speech and Hearing Association in this manner:

"We have searched in vain for official definitions of speech therapist, audiologist, and teacher of the deaf. Many authors have outlined the functions of one or the other, but to our knowledge no official job descriptions are available. However the literature certainly makes it clear that there is a real difference between the teacher of the deaf and the therapist. The positions are not interchangeable.

If there are teachers of the deaf in your new association, there should definitely be a classification for them. Perhaps the best way to go about it would be to check the basic requirements of one or two colleges concerning these positions. You can also check the certification requirements of the conference of Executives of American Schools for the deaf, for teachers of the deaf, and the requirements of the American Speech and Hearing Assn. for certification of speech and hearing therapists. The very fact that there are different certification groups would indicate that there are differences in the positions—and there are.

The average speech therapist is not required to learn to teach to deaf children—a handicap as great or greater than the absence of speech. Neither is the average therapist required to do practice work with deaf children. This is not required by the average college, and is not required for certification. I think it is not necessary for me to tell you the difference among children who are educationally deaf, and those who have a useful measure of hearing for speech. The problems are not the same and neither are the teaching methods. There is a certain overlapping in the area of speech and auditory training, but the difference outweighs this.

The speech therapist, on the other hand, is trained to correct speech defects such as stuttering, and this training is not required of the teacher of the deaf.

Primarily the therapist is a teacher trained to work in the public school system or in a clinic, with children who need
special help. In most cases these children are capable of taking their academic work in the regular classroom while receiving special help at other times. She has not been trained to work with deaf children who must be placed in special schools or classes and whose language, speech and other handicaps prevent them from taking academic work in the regular classrooms.

You might receive further help from such books as: Hirsh: The Measurement of Hearing; Irwin: Speech and Hearing Therapy; and Strang: Hearing Therapy for Children.

It is my sincere hope that your association will not attempt to classify teachers of the deaf as speech and/or hearing therapists. It would be an injustice to all three groups.6, 7

In programming for the hearing-impaired there is a tendency to concentrate on the early years, which are extremely important, but to neglect the final years of education and indeed various aspects of adult life in this group. Foregoing discussion indicates possible approaches to high-school education and Chapter IV has mentioned Gallaudet College. Apart from the very small number of deaf and hard-of-hearing students who attend regular universities, another group remains to be considered.

In the autumn of 1961, the California School for the Deaf (Riverside) and the Riverside Board of Education inaugurated a class for deaf students at Riverside City College, a junior college in that city. A qualified teacher of the Deaf who can interpret manually was added to the college staff. He interprets the basic English, History and Health courses required for the college certificate and acts as liaison between

6 Letter to W. C. Cory from Alice Dunlap, Executive Secretary, Alexander Graham Bell Association for the Deaf, Incorporated, dated February 26, 1957.

7 See also W. C. Cory, Education of the Deaf in Canada, Appendix C.
the deaf students and their vocational instructors. There is a ratio of one special instructor for each ten deaf students, which ratio will be maintained as the programme grows. The design of the programme is for those who can benefit from further education but who will take vocational majors in the two-year college. "Deaf students who can benefit from a liberal arts program in a four-year college will continue to be encouraged to go to Gallaudet College."8

In this thesis no discussion will be given to proposals to establish a particular school for children with various severe physical handicaps as such consideration of itself requires exhaustive study. However, the California School for the Deaf (Riverside) contemplates building a $1,706,000 addition for the diagnosis and education of children who have other handicaps as well as deafness. It would consist of twenty classroom buildings, six cottage-type dormitories, an office-clinic, a multi-purpose building and a dining room addition.9 There is no doubt that in British Columbia hearing-impaired children with additional handicaps are in great need and there is evidence of an increase in their numbers. This group may be divided into six categories: the aphasic and deaf; the mentally retarded and deaf; the brain injured and deaf; the deaf-blind; and the cerebral palsied and deaf.

Special classes, their personnel, techniques and liaison, no matter how well they function, cannot produce effectively without

8 California School for the Deaf (Riverside), The California Palms, Vol. 6, No. 5, p. 2.
9 Ibid.
efficient and sympathetic administration. The attitude of the principals of individual schools and those with whom they co-operate plays an important role. In no case should a special class be placed in a school whose principal feels, for whatever reasons, out of sympathy with the project or unable to give to it a fair apportionment of his time and understanding. Special class supervisors must have sufficient time, understanding and the physical plant necessary to their duties and all levels in the field of special education should be co-ordinated at the Department of Education level, for the entire Province.
APPENDIX A

NOVEMBER 1959 STAFF OF THE SPEECH AND HEARING PROGRAMME

Professional

Director

Speech and Hearing Therapist, with special responsibility for work with deaf and hard of hearing children

Speech and Hearing Therapist, with special responsibility for diagnostic speech assessment

Speech and Hearing Therapist, Field Service

Speech Therapist, Field Service

Speech Therapist, Field Service

Speech Therapist, Field Service

Teacher in charge of pre-school programme

Social Worker, Health Centre for Children

Social Worker, Health Centre for Children (resigned November 14, 1959)

Audiometric Assistant

Administrative

Administrative Secretary

Stenographer

Stenographer

David C. Kendall, Ph.D.

Miss Jean Semple

Miss Dorothy Washington

Miss Joan Busse

Mrs. Florence Vidal

Mrs. Elfrida Webb

Mrs. Annie Clarke

Mrs. Diana Carter

Mr. J. Brekelmans

Mrs. E. Hayward

Miss F. Wilson

Mrs. Joan Brehaut

Miss Veronica M. Allan

Miss Freda Venables

1 Appendix, Speech and Hearing Programme Annual Report, November 1959.
APPENDIX B

REPORT OF A MEETING HELD TO MAKE RECOMMENDATIONS REGARDING THE SPEECH AND HEARING PROGRAMME....

Members Present

Dr. M. D. Young, A Paediatrician-in-Chief, Health Centre for Children, Chairman

Dean J. F. McCreary, Faculty of Medicine, University of B. C.

Mr. L. King, Executive Director, B. C. Foundation for Child Care

Mr. R. B. MacKay, Honorary Treasurer, Health Centre for Children

Mr. G. Ruddick, Assistant Director, Vancouver General Hospital

Dr. G. C. Robinson, Director, Health Centre for Children, Out-patient Department

Dr. D. C. Kendall, Director, Speech and Hearing Programme

Dr. J. M. Teasdale, Department of Paediatrics, Health Centre for Children

Mrs. J. Thomson, Executive Secretary, Health Centre for Children

(Dr. G. R. J. Elliott, Assistant Provincial Health Officer, was unable to attend but had presented his opinions.)

August 10, 1959
APPENDIX C

JOINT PLANNING COMMITTEE FIRST ESTABLISHED
IN AUGUST, 1959, WAS CONSTITUTED AS FOLLOWS

1. The Head of the Department of Paediatrics, U.B.C. (Chairman)
2. The Director of the Speech and Hearing Programme (Secretary)
3. The Executive Director and one other representative, B. C. Federation for Child Care
4. A representative of Public Health Service, Provincial Health Branch
5. A representative of the Administration of The Vancouver General Hospital
6. The Director of the Outpatient Department, H.C.C.
7. The Honorary Treasurer and the Executive Secretary, H.C.C.¹

¹ Summary of Report and Recommendations on Programme and Budget From the Joint Planning Committee of the Speech and Hearing Programme Jointly Operated by the B. C. Foundation for Child Care and Health Centre for Children. P.2.
APPENDIX E

WHAT A COLLEGE EDUCATION AT GALLAUDET COLLEGE MEANS TO A DEAF STUDENT

This speech was given by Marshall Wick at the second Biennial Convention of the Ontario Parents’ Counsel for the Deaf and Hard of Hearing on June 30, 1962 in Brantford, Ontario. Marshall Wick is totally deaf and graduated from Gallaudet College in June of this year with a Bachelor of Science degree. Marshall lost his hearing at the age of eight in an automobile accident. He attended the Ontario School for the Deaf in Belleville, Ontario and also the Whitby High School. He then went on to Gallaudet where he maintained an average of over 80 per cent through four years of college. He won the award for academic achievement in his graduating year and was also mentioned in "Who's Who in American Colleges". In September he will attend the American (Hearing) University in Washington to work for his Master's degree in Business Administration. He was awarded an $1800. Fellowship to this college and has been granted the necessary balance by the Rehabilitation Department of the Ontario Government on the petition of Mr. L. H. Parker of the Canadian Hearing Society. No one is better qualified to speak on the above subject and we are sure that this speech will be an inspiration and revelation to everyone who reads it. For those who heard it given it had even greater value.

Madam Chairman, Parents and Friends,

I recall the story of a speaker who appeared with several bandages on his face and spoke on and on without mentioning them. After
he was finished someone approached him and asked him why he had the bandages on his face. "Oh!" he said, "When I was concentrating on my speech this morning while I was shaving I cut my face."

"Well", the man snapped back - "You should have concentrated on your face and cut your speech!"

When I saw a copy of the program which allowed me a whole half hour, I told myself that the audience was in for a treat. It would be next to impossible to speak anywhere near that time on so limited a topic as "What a College Education Means to Me" because as in any personal experience some factors are so deep that they cannot be expressed in words. So with apologies to the program chairman, I have enlarged the topic to "What a College Education at Gallaudet College means to a Deaf Student".

First, as to anyone ... whether deaf or hearing ... a college degree represents a feeling of fulfillment and achievement. With it comes a feeling of pride and dignity which must neither be underestimated nor over-estimated as they have their rightful place as with anything else ... the "Golden Mean" is the word for it. A college degree does not entitle someone to respect and admiration for these must be earned, but it does open the door of opportunity to help one on one's way to getting them.

That, basically, is how anyone should consider higher education ... as a stepping stone available ... but we still must climb it after we graduate. The job and our place in life is not waiting for us when we leave, we must look for it!

As an example of opportunity ... I looked in the Want Ads
of the newspapers and came up with the following information ... Jobs, available to me, a skilled printer, had I never gone to college ... Seven, not all in the printing trade of course. Jobs available to me as a college graduate in business administration along with printing experience and training ... Twenty-Nine.

The most important thing here is not the number of jobs but the quality of them. Perhaps a printing job would, at first, pay better than some of the other jobs but in the long run it is doubtful. But money not being the most important thing in life, let's consider the job conditions and standing. With a college degree, I am able to enter the PROFESSIONAL field and enjoy the additional status this carries with it.

In these days when the college degrees at the Bachelor's level are becoming common-place, as college enrollments increase, it is even more important to deaf people to have a college degree. This is fast becoming the age of automation. Printing is one of the best jobs which deaf men with training can obtain. But those like myself who have kept abreast with recent developments in the trade can show cause for alarm. In the recent report from the Printing Industry of America automation was a key topic. Automation in the teletypesetters and photo composition are ALREADY here. The former does linotyping by tape and the latter has put the skilled compositor out of work as an office girl can work it. The printer of the NEAR future will be the one with a deep knowledge of chemical engineering as offset lithography takes over more of the market with its recent developments.
The industry is holding those who are presently working, teaching them new methods and re-training them for new jobs. This is through union pressure which requires union shops to retain the positions of present employees but does not extend to hiring of new ones.

Most of us are aware of the large number of deaf printers, but unless the new crops of those taking printing receive deeper and more intense training they are going to find it extremely difficult to obtain jobs in the future. Perhaps a college education with concentration on chemical engineering is a solution to this. Every parent with a son taking printing would do well to consider this and whether the boy is capable of going on to college. But, I digress; let this, a topic with which I am aware, serve as an example of why today as far as obtaining employment is concerned, obtaining a college education is even more important than ever before. This applies not only to printing but to every other field as well. Office workers are out of jobs when computers come in but we must remember that new jobs are created. But these require higher educational backgrounds. Take the computers I just mentioned, for example, ... they require programmers to feed them. Several of my friends from Gallaudet have entered this field in the past three years ... with beginning salaries of up to $6000. a year!

Well, this about covers what a college education means to me, and we can begin now with what a college education at GALLAUDET means to a deaf student, myself included.

First, as could be expected from a liberal arts college, it has given us the opportunity of expanding our knowledge of the
world in which we live. We have been exposed to a wide area of studies. It is true that other colleges have the same courses of study but they do not have the same environment. At Gallaudet we live and mix and study with fellow deaf students and compete with them ... We Have Motivation. Talent without motivation is inert and of little use to the world. There must be a DESIRE to excel. High individual performance depends to some extent on the capacity of the society or institute to evoke it.

As we leave Gallaudet, we will put to use what we have learned there. I speak not of book learning, for few of us will apply what we have learned from texts. I speak of learning to use our minds, learning to accept responsibility, learning to be good mixers, and most important, learning our place in life. We learn that our deafness does not make us second class citizens and we must prove it.

Being among fellow deaf students, all sharing similar ideals and communication method, is a stimulating experience.

Further, the teachers, using the sign language gave us the opportunity to grasp deep or lengthy lectures quickly and as easily as a hearing person. There is no compromising with those who are poor lip-readers and those who are good ones. There is one fast pace which offers the challenge to keep up with it.

Gallaudet offers an inspiration in that it accepts the fact that I am deaf. I quote the following from a part of my graduation address: "I have no regrets that I am deaf but this does not mean that I consider myself normal. Because no deaf person is. No one is going to make me a cheap imitation of a normal hearing person. I am deaf. I have
limitations and I fully recognize them. What I can do I will try to do well; what I cannot do because of my limitations, I will not do. So be it. However, recognizing our limitations is not enough ... we must make the best use of our capabilities. In order to compete in job advancement with those people with normal hearing we must be better prepared."

What better preparation is there than a college degree from Gallaudet, where we can develop an all around personality through participation in all phases of college life. Deaf students have succeeded and will continue to succeed at other colleges scholastically but it is very doubtful that any have done better elsewhere than they could at Gallaudet, in learning to be good mixers and to shoulder individual and community responsibilities.

I might add here the fact that a quarter of the teachers themselves are deaf and that this in itself is a motivation and inspiration to other deaf students to likewise succeed.

So you can all see that a college education means much more than a better job and prestige ... It means a new outlook on life with a broader understanding of everyday affairs. As I said at graduation ... there is so much to be thankful for and to remember. So while the song has ended, the melody lingers on.
APPENDIX G

EDUCATIONAL CLASSIFICATION OF CHILDREN WITH DEFECTIVE HEARING

<table>
<thead>
<tr>
<th>Hearing Loss for Pure Tones</th>
<th>Linguistic Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Profound</td>
<td>Ranging from children with no intelligible speech and little or no comprehension of oral speech to children with good lipreading ability and intelligible speech - usually defective in articulation and voice quality. Some may be able to discriminate vowel and other speech sounds through aided hearing.</td>
</tr>
<tr>
<td>(average hearing loss 90 decibels over speech range in better ear)</td>
<td></td>
</tr>
<tr>
<td>II. Severe</td>
<td>Ranging from children with little or no intelligible speech and poor comprehension of oral speech to children with good speech comprehension (generally using lipreading and aided hearing) and fluent, well-inflected speech.</td>
</tr>
<tr>
<td>(average hearing loss 60 - 89 decibels)</td>
<td></td>
</tr>
</tbody>
</table>
Hearing Loss for Pure Tones

III. Moderate
   (average hearing loss
   45 - 59 decibels)

IV. Slight
   (average hearing loss
   15 - 44 decibels)

V. May vary
   (15 decibels - total
dehaflness)

Linguistic Status

Ranging from children with grossly
defective speech and marked diffi-
culty in speech comprehension to
children with practically normal
speech and generally adequate
speech comprehension.

Ranging from children with defective
speech and difficulty in speech
comprehension to children with
normal speech and speech comprehe-
sion.

Language development affected also
by second disability, e.g. mental
retardation, brain injury, emotional
disturbance.¹

¹ Brief to the Royal Commission on Education, Province of British
Columbia, submitted by the Health Centre for Children; Vancouver, 1959,
p. 6.
PUPTIL HISTORY
Record Sheet

1. Name..........................Birth Date: Year...Month...Day....

2. Postal address:..........................Telephone.............

3. Father:...............................Country of Birth............
   Address:...............................Occupation:.............
   Schooling: (e.g. grade completed, etc.)........................

4. Mother:...............................Country of Birth............
   Address:...............................Occupation:.............
   Schooling:............................Occupation before marriage:

5. Guardian:..............................Country of birth:........
   Address:...............................Occupation:.............
   Schooling:................................

6. Relatives at home: Brothers? older...younger...Sisters? older...
   younger...Other relatives (give relation)......................

7. How many brothers, sisters: Are in school?...Are at work?.......
   Have been or are in the armed forces?.......Are unemployed?.....
   Completed elementary school?...............High School?.........
   Completed vocational training (state nature)...................

8. Family background.
   (a) Well-educated...........Well read, but lack of formal education
       Poorly educated..............Illiterate....................
   (b) Wealthy......Well-to-do.....Self-supporting....Poor...........
   (c) Socially prominent.....Average social status....Low Social level
   (d) Length of residence in community...........................
   (e) Other significant facts......................................

   ..............................................................................
Physical Record

1. Height: __ft__ in. Weight: __lb__ Overweight: __lb__ Underweight: __lb__

2. Family physician: ______________ Address: ______________

3. Last general physical examination by above: ______________

4. Last general physical examination at school: ______________

5. Contagious diseases (check): Mumps __ Scarlet fever __ Measles __
   Whooping-cough __ Others (list) __

6. Physical defects: ______________

7. Major surgical operations: ______________

8. Serious injuries: ______________

9. Hearing: Normal __ Defective __
   Vision: Good __ Poor __ Needs glasses ______________
   Tonsils: Normal __ Diseased __ Removed ______________
   Adenoids: Normal __ Diseased __ Removed ______________
   Teeth: Good condition __ Need attention ______________
   Nutrition: Good __ Poor __ (if poor, action taken) ______________

10. Make a note of any illness which has kept pupil home one month or more: ______________

   ______________
Activity Record

1. Student's hobbies: .................................................................

2. Does any school club or activity incorporate one of these hobbies?....

3. Club membership:  In school..............................................
    Outside of school.............................................................

4. Favourite sports:...............................................................
    Played at school........... Outside of school.....................

5. Lessons outside of school (e.g. music): ..............................
    Time per day spent in practiseing................................

6. Any other leisure-time interest: ........................................

7. Evidence of leadership:
    Offices held (in clubs or class, etc.)..............................
    Other..............................................................................

8. Special abilities noted: Musical... artistic... verbal... mechanical...
    dramatic... social... other............................................

Home Duties, Work Record

1. Regular duties at home.....................................................
    .....................................................................................
    .....................................................................................

2. Allowance received? ................. How much? ....................
    How spent? ......................................................................

3. After-school or Saturday employment: ............................
    .....................................................................................

4. Vacation jobs during past year: ........................................
    .....................................................................................
5. From your own experience with the pupil's reaction to tasks he has had to perform, indicate his likes and dislikes:

<table>
<thead>
<tr>
<th>Likes very much</th>
<th>Immaterial</th>
<th>Does not like</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working by himself</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working with objects (machines, tools, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working with ideas (solving problems)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working with his hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working at tasks with variety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working at repetitive tasks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PERSONALITY

Note: Rate the pupil on the following scale for his age and grade. Place a check (v) at the point on the scale that best represents your considered opinion. On each scale there are nine points from which you must select the one that seems to fit the case. The descriptive terms above each scale are for your assistance in reaching a decision.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dependability, Responsibility</td>
<td>Unreliable</td>
</tr>
<tr>
<td>2. Industry</td>
<td>Slack-aims to get by</td>
</tr>
<tr>
<td>3. Initiative</td>
<td>Inert</td>
</tr>
<tr>
<td>4. Co-operation, Sociability</td>
<td>Poor worker in group</td>
</tr>
<tr>
<td>5. Emotional Control</td>
<td>Excitable</td>
</tr>
<tr>
<td>6. Courtesy</td>
<td>Illmannered, Average for boorish age</td>
</tr>
<tr>
<td>7. Poise</td>
<td>Awkward, uncertain</td>
</tr>
<tr>
<td>8. Appearance</td>
<td>Untidy</td>
</tr>
<tr>
<td>9. Personality (total effect)</td>
<td>Lacking</td>
</tr>
</tbody>
</table>
APPENDIX I

APPLICATION FOR ADMISSION DATA
Jericho Hill School,  
4100 West Fourth Avenue,  
Vancouver, B.C.  

Dear Dr.,  

RE:  

CHILD OF:  

ADDRESS:  

The above child has been placed on the list for admission to this School. Would it be possible for the family to have medical examinations by the following specialists prior to admission: (1) paediatrician, (2) otologist, (3) audiometrist, (4) ophthalmologist, (5) psychiatrist and psychologist. If this child is under care of a family doctor, we would appreciate a report from him. It is also possible that he would wish to arrange the specialists' examinations. In some districts of British Columbia the services of the Travelling Clinic of the Children's Hospital and the Child Guidance Clinic are available. If the family is financially unable to do this, could any arrangements be made to have the child brought to Vancouver before entrance to school for these examinations? If they are not financially eligible for outpatient service at one of the hospitals and are medically indigent, a group of local doctors have volunteered their services for these examinations.

The enclosed forms are to be completed by the respective specialists examining the child i.e.,

Ear Examination (including audiogram and audiometrist's report)  
Eye Examination  
Paediatrician - Use the medical form of the School for the Deaf  
Psychiatrist and Psychologist - no special form  

The information desired relates to educability, probable adjustment in school and general social behaviour. If there are emotional problems, any information regarding them and suggestions regarding their management at the School, would be appreciated. Outside the Greater Vancouver Metropolitan area the application form and the social history are prepared by the local Social Welfare Branch.

If only some of these examinations are available locally, arrangements could be made to have the remainder done in Vancouver. If any of the above examinations have been done recently, the reports of them would suffice for the immediate present.

Yours truly,

School Medical Officer  
JERICHO HILL SCHOOL
APPLICATION FOR ADMISSION

1. Name of applicant in full

2. Place and date of birth

3. Is the applicant deaf or blind? Total or partial?

4. At what age did condition occur? State cause, if known

5. Has applicant any other defect? Is applicant of normal mentality?

6. Is applicant able to dress and eat without assistance?

7. Does applicant wet or soil the bed? Day clothing?

8. Have the applicant's (ears) (eyes) been examined by a specialist?

9. By whom? When?

10. What does the specialist say of the case?

11. Has the applicant had any of the following and at what ages (approx.):

   Mumps        Whooping-cough        Chicken-pox        Measles
   Smallpox     Scarlet fever        Diphtheria        Epilepsy
   Convulsions  Infantile paralysis  Tonsillitis        Tuberculosis
   Rubella      Typhoid             Pneumonia

12. Any other illnesses?

13. Any injuries?

14. Any operations?

15. Has applicant been successfully vaccinated? When?

16. Are any others in the family deaf or blind?

17. Does tuberculosis exist in the family?

18. To what religious denomination does applicant belong?

19. Name and address of parents
PERSONAL HISTORY

DEVELOPMENT

1. Mother's health, mental and physical, during pregnancy.
2. Natural or instrumental birth. Labour.
3. Name of attending physician.
4. Weight at birth. Breast or bottle fed.
5. Age weaned. Difficulties of weaning.
7. Has physical and mental development been apparently normal?

HABITS

1. Eating. (Regularity of meals, amount, fussiness, any reaction to food)
2. Sleeping. (Hours, regularity, disturbed, peaceful, etc.)
3. Elimination. (Infantile habits and training - any enuresis or constipation - how treated)
4. Other habits. (Thumb sucking, nail biting, masturbation, tics and habit spasms, stuttering, etc.)
5. Education. (Age when started school, teacher's opinion)
6. Interests. (Religion, clubs, sports, other activities)
7. Personality (child's estimate of himself). (His wishes, daydreams, and remote ambitions)
8. Expenditure of energy. (Lively or inactive, sluggish or lazy, talkative or quiet)
9. Habits of activity. (Systematic, definite, consistent, efficient, practical, or the reverse)
FAMILY HISTORY

1. What is the general attitude of family toward applicant?..............

2. Were the parents related before marriage?..................................

3. Are any members of the family serious behaviour problems?..........

4. Father (if dead, give cause of death).................Race

   Name...........................Place and date of birth......................

   Religion.....................Education........................................

   Health........................Occupation.....................................

   Efficiency....................Habits: Alcohol?........Drugs?............

   Personal traits...............Nervous or mental illness............... 

5. Mother (if dead, give cause of death and date)..............Race

   Maiden name....................Place and date of birth..................

   Religion.....................Education........................................

   Health........................Habits: Alcohol?........Drugs?............... 

   Personal traits...............Nervous or mental illness............... 

6. Siblings (in order of birth, including still-births, causes of deaths)

   Name             Date of birth   School grade   Behaviour   Health

   .................................................................

   .................................................................

   .................................................................

   .................................................................

   .................................................................

   .................................................................

7. Please state monthly family income (or yearly if seasonally employed)... 

8. Is family covered by medical insurance?.................................

9. Could parents be expected to pay transportation of applicant to
   Vancouver..........................

10. Could parents be expected to provide necessary clothing from time to
    time?..............................

11. Could parents be expected to provide money for minor incidental
    expenses?..........................

   .................................................................

   (Date)                                      (Name of investigator)
MEDICAL REPORT

(To be filled in by a registered physician)

1. Child's name..........................Date of examination............

2. Height............ft........in.   Weight.............lb.

3. Skin.................................................................

4. Glands (specify goitre)...........................................

5. Teeth...............................................................  

6. Tonsils.............................................................

7. Nasal breathing...................................................

8. Hearing:  R......L......by.......................................  
          (Indicate means of testing employed)

9. Vision:   R......L......(with or without glasses?)...............  

10. Lungs...............................................................

11. Heart..............................................................

12. Pulse rate........................................................

13. Nervous system...................................................

14. Extremities.......................................................  

15. Kahn..............................Smear................................

16. Urinalysis:  Clear.....Ac.....Alk.....S.G.....Alb.....Sug.....

17. Remarks..............................................................

18. In your opinion, is the applicant too deaf or too blind to make satisfac­
    tory progress in the public school system?......................

19. This is to certify that I have examined...........................

    and, to the best of my knowledge, believe him (or her) to be of normal
    mentality and free from any disease or vice which would render his (or
    her) residence with other children undesirable.

    (Name)   

    Signature......................, M.D.
JERICHO HILL SCHOOL

Name .................................................. Age ........................................

Date..................................................

EYE EXAMINATION

<table>
<thead>
<tr>
<th>RIGHT</th>
<th>LEFT</th>
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<tbody>
<tr>
<td>Eye condition</td>
<td></td>
</tr>
<tr>
<td>Vision without glasses</td>
<td></td>
</tr>
<tr>
<td>Vision with glasses</td>
<td></td>
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<tr>
<td>Movement</td>
<td></td>
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<tr>
<td>Pupil reaction</td>
<td></td>
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<tr>
<td>Conjunction</td>
<td></td>
</tr>
<tr>
<td>Cornea</td>
<td></td>
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<tr>
<td>Iris</td>
<td></td>
</tr>
<tr>
<td>Media</td>
<td></td>
</tr>
<tr>
<td>Fundus</td>
<td></td>
</tr>
<tr>
<td>Peripheral fields</td>
<td></td>
</tr>
</tbody>
</table>

Refraction of benefit? ........................................

Is sight likely to improve, fail, or remain as at present? ........................................

Recommended treatment ........................................

Is it advisable that sight be used as far as possible at school? ........................................

Would gymnasium work be harmful? ........................................

Recommended date of re-examination ........................................

For Deaf or Hard of Hearing children only: In your opinion is there sufficient impairment of vision to interfere with the ability to lip-read? ........................................

.................................................., M.D.
JERICHO HILL SCHOOL
4100 West 4th Ave., Vancouver 8, B.C.

Name.............................................Age.............................................
Date.............................................

EAR EXAMINATION

<table>
<thead>
<tr>
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</tr>
</tbody>
</table>

Drum.............................................
Discharge............................................

CV. W V..................Air Conduction CV. W V..................

512........1024........2048........Bone Conduction 512........1024........2048........
with masking

(ATTACH AUDIOGRAM)

Type Deafness: Conductive...............Perceptive..................
Probable cause of deafness...............Duration..................
Is condition likely to improve?........Fail?..................
Remain as at present?...........................
Is it advisable that earphones be used as far as possible at school?....

Should periods of such stimulation be limited?...........................

Unlimited?...........................

Tonsils and adenoids..................Nasopharynx..................
Nasal condition..................Allergy..................

Sinuses.............................................

1. Regular School with Speech Therapy
2. School for the Deaf
3. Pre-school
4. Other recommendations

Recommended date of re-examination.............................................

Please return to the school medical officer ............................., M.D.
PRE-SCHOOL REGISTRATION FORM

Please fill in and return:

Name of Child .............. Date of birth .............. Sex (Boy or Girl)
Surname                   Given names                  Day Month Year

Address .................. Telephone ........ Place of birth ........

Name of father (in full) ........ Occupation ........ Racial origin ........

Name of mother (in full) ........ Occupation ........ Racial origin ........

Parent's place of work ........ Address ........ Phone No. ........

Person willing to assume responsibility for child (in absence of parent) in
case of accident or illness during school hours -

Name .................. Address ........ Phone ........

Number of children in family .......... Ages of children ........

Did child attend a Child Health Centre? ........ If so, which one? ........

HISTORY - Please give dates child has had:-

Chickenpox ........ Sc. Fever ........ Asthma ........

Measles ........ Wh. Cough ........ Diabetes ........

Mumps ........ Pneumonia ........ Eczema ........

Rubella ........ Rheumatism ........ Epilepsy ........

Any other illness, accidents or operations ........

Any Problems (Yes or No): Developmental ........

Emotional ........ Behaviour ........ Feeding ........

Tuberculosis in family ........

Has child defective hearing? ........

Immunization - please give date completed

Diphtheria Toxoid ........

Tetanus Toxoid ........

Wh. Cough Vaccine ........

Other ........
Smallpox Vaccination - Primary..............Revacc'n...........
BCG (For Tuberculosis) - Primary..............Revacc'n...........
Dates of last
Chest X-ray......................Result..........................
Tuberculin test....................Neg....................Pos.........
Defective sight?.................................................

Signature of Parent.........................

METROPOLITAN HEALTH COMMITTEE - DIVISION OF CHILD WELFARE
SPECIAL FORM REGARDING THE CAUSES OF DEAFNESS

Name........................................Date of birth........................................
Address........................................Sex......................................................
Diagnosis........................................
Father's names........................................Address........................................
Mother's names........................................Address........................................
Address at onset of deafness........................................
Person interviewed..............................Interviewer........................................
Other possible sources of information (ie. physician, parent, etc.)....................

FAMILY HISTORY

Health of father.................Of mother...............No. Preg..........................
No. of children living........No. of children dead........No. of miscarriages........

FAMILIAL DISEASES  T.B........Rheumatism..............V.D..............................
Allergy......................................Diabetes........................Others......................
Nervous diseases:....................Kidney.........................................................
Deafness in either father or mother or other children? (Give date of onset)

Deafness in immediate family or remote relatives? (Give date of onset)........
Other speech delay or speech defects on either side of the family?..................

HISTORY OF HEARING LOSS

ONSET

1. Was the child deaf at birth?........................................
2. At what age was suspicion first aroused?.............................
3. What was the reason for suspicion?.....................................
4. Did hearing seem normal in the first year and then become decreased in the second or third year?..............................
5. If deafness came on after two years, was acquired speech lost?...........
PROGRESS OF DEAFNESS

1. Deafness: Better?.........Worse?.........Same?...............

RESIDUAL HEARING

1. What does he hear without hearing aid? Bells.........Whistle.............
   Drums...........What noises?........................................

2. At what distance does he hear words or sentences?..........................

3. Does he notice change of radio programs or volume of sound or music?.....

4. Does child make a lot of noise playing with toys, etc?......................

5. Does child give much continued attention to noise-making toys as
   whistles, drums, etc?...................................................

6. How can his attention be attracted when absorbed in play?..................

SPEECH DEVELOPMENT

1. Did the child make the usual babbling sounds as a baby?....................

2. Did these sounds continue after age of one year?............................

3. If continued is sound of voice flat or inflected?............................

4. Any words or sentences?............................................... 

5. Is patient's speech understandable to those outside the family?..........

6. Has loss of hearing affected speech?....................................

7. Does the child watch speaker's face when listening?.........................

8. Does child respond to speech without:-

   (a) seeing speaker's face?............................................

   (b) seeing gestures?................................................

   (c) knowing the clue of tune, place, etc?............................
HISTORY OF BIRTH AND DEVELOPMENT

INTRAUTERINE FACTORS

Did mother, during pregnancy, have:- (Give stage of pregnancy)

1. German Measles?

2. Any drugs? (Name, i.e. Aspirin, Quinine, etc.)

3. Vaccination? State primary or revacc.

4. Any other illnesses during pregnancy?

5. Maternal diabetes?

6. Are there any other congenital malformations in this child?

NATAL FACTORS

1. Blood groups: Mother..................Father.........................
   (a) Any miscarriages or still births?
   (b) Difficulties with other children during neonatal period?
   (c) Any children jaundiced at birth or did they require blood
       transfusions?
   (d) Central nervous system disease in other children?

2. Birth injury:
   (a) Was the baby premature?..................Birth weight
   (b) Duration of labour
   (c) Normal birth?..................Caesarean?........Instrumental?
   (d) Any known injury at birth?
   (e) Was oxygen necessary at birth?
   (f) Was there difficulty with breathing?
       Sucking?
POST-NATAL HISTORY

General (Give age)

2. Influenza ................... 12. Tuberculosis ................
3. Encephalitis ................. 13. Convulsions ..............
5. Mumps ........................ 15. Allergies ................
6. Chicken Pox .................. 16. Any prolonged hospitalization ....
7. Whooping Cough ............... 17. Head injury ..............
8. Diphtheria ................... 18. Unconscious ..............
10. Poliomyelitis ...............

Any other illness? ..................

Drugs ................. Sulphas .......... Streptomycin ............
Dihydro Streptomycin ........
Poisoning: Lead ............... Carbon Monoxide ..............
Carbon Tetrachloride .........

E.N.T.

Any otitis media? .............. Earache? .......... Snore at night? .......
Sleep with mouth open? ....... Frequent sore throat? ..............

DEVELOPMENT

At what age did child sit alone? ..................
At what age did child walk alone? ................

Does the child:

(a) Prefer right or left hand? ..................

(b) Have a normal gait? ..................
(c) Lose balance easily or seem awkward and incoordinated?.........

(d) Have difficulty chewing or swallowing?..........................

Behaviour difficulties:..........................................

.................................................................
THE MANUAL ALPHABET, OR FINGER SPELLING

APPENDIX K

THE MANUAL NUMBERS

Aphasia: loss or impairment of the ability to use language because of lesions in the brain.

Audiogram: a graphic record of the hearing of an individual tested by the pure-tone audiometer. It records the intensities of successively higher pure tones which he is just barely able to hear in a quiet environment; in other words, his threshold acuity. The audiogram here shown indicates the significance of hearing loss as measured in decibels. (Reproduced by courtesy of the American Hearing Society from Orientation Training for Vocational Rehabilitation Counselors, American Hearing Society, 1956.)

Audiologist: a specialist in the nonmedical evaluation, habilitation, and rehabilitation of those whose language and speech disorders (communicative disorders) center in whole or in part in the hearing functions.

Audiology: the science of hearing. The term is designed to co-ordinate the separate professional skills which contribute to the study, treatment, and rehabilitation of persons with impaired hearing.

Audiometer: a precision instrument for measuring hearing acuity. Measurement by this means is called audiometry and the person trained in the use of the audiometer is called an audiometrist (or hearing tester).

Auditory: pertaining to the sense of hearing.
Auditory training: a means of educating or reeducating the residual hearing to interpret (identify, understand) meaningful auditory patterns. The person must learn or relearn to use any remnant of hearing he has. Amplification of sound by group and individual hearing aids assists this learning process.

Decibel: a unit for measuring the difference between the perceived intensity or loudness of a certain sound and that of a standard sound. It is abbreviated as db.

Frequency: when applied to sound, designates the property which can be measured as cycles per second by physical means. The number of vibrations per second of a sound wave determines the pitch of the heard tone. The intact human auditory mechanism is capable of perceiving tones between 15 and 15,000 cycles per second.

Hearing loss: the measure of an individual's hearing deficiency as compared with the so-called normal ear. It is measured, for different frequencies, in terms of just-perceptible stimuli and recorded (absolutely) in decibels or (relatively) as a percentage of normal acuity.

Pure-tone audiometer: an audiometer (see above) which tests hearing acuity for pure tones. The tones emitted are set in steps at octave or semi-octave intervals and usually range from 125 to 12,000 cycles per second (cps), depending on the instrument. The most important speech sounds occur in the region of octaves 512, 1024, and 2048.

Residual hearing: the hearing still retained by a hearing-impaired person.

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