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A SCHEMA FOR THE CLINICAL  
STUDY OF MENTALLY AND  
EDUCATIONALLY UNUSUAL  
CHILDREN

By

J. E. WALLACE WALLIN, Ph.D.

*Director of the Psycho-Educational Clinic in the  
St. Louis Public Schools*

MONOGRAPHS OF THE MONTESSORI  
METHOD OF THE SCHOOL CHILD  
No. 420



NEW HAVEN: YALE UNIVERSITY PRESS

1934



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ESTABLISHED AT YALE  
IN 1927 BY  
WILLIAM H. CROCKER  
OF THE CLASS OF 1882  
SHEFFIELD SCIENTIFIC SCHOOL  
YALE UNIVERSITY

# A SCHEMA FOR THE CLINICAL STUDY OF MENTALLY AND EDUCATIONALLY UNUSUAL CHILDREN

UNIVERSITY OF  
BY CALIFORNIA

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*Director-elect of the Psycho-Educational Clinic in the  
St. Louis Public Schools*

BEING CHAPTER XIX OF THE MENTAL  
HEALTH OF THE SCHOOL CHILD  
PP. 429-450



NEW HAVEN: YALE UNIVERSITY PRESS  
MDCCCXIV

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## A SCHEMA FOR THE CLINICAL STUDY OF MENTALLY AND EDUCATIONALLY UNUSUAL CHILDREN

The scientific study of the educationally exceptional child should follow a definite plan of procedure and should be sufficiently comprehensive to include an investigation of all the important intrinsic and extrinsic factors which may mar his development. A complete investigation should include the study of the child's developmental, family, hereditary and school histories, an investigation of his past and present social and physical environment, and an examination of his present physical condition and anthropometric, educational and psychological status. A completely satisfying investigation thus requires the cooperation of the social and hereditary worker, the teacher, the medical expert and the psycho-educational clinician.

The following schema is offered as a guide to the scientific examination of mentally abnormal children. It may be used in either of two ways. First, the various forms may be reprinted on separate blanks with appropriate vacant spaces, to be filled in by the investigator. The chief objection to this plan is probably financial: blanks are expensive, and in few cases will it be possible to fill out *all* the spaces, while in many cases it will not be necessary to do so. Second, the investigator may thoroughly familiarize himself with the contents of the various forms,



and follow them as a systematic and comprehensive guide to his investigation; but instead of entering the data on printed blanks he may write up a 'running history,' giving the essential facts of the case, on blank sheets. Whether the one plan or the other is followed, it is desirable that every investigator should append a brief summary of his findings and recommendations.

It cannot be too forcibly impressed upon social, field and laboratory investigators of children that parents and relatives—or any from whom bio-social data are sought—must be approached with much tact and judgment. Gathering hereditary, personal and social data is, at best, a very delicate undertaking, subject to many errors, and many investigators fail utterly to secure, or otherwise they pervert, the significant factors, either because they do not know how to approach parents so as to win their confidence and put them in a communicative attitude, or because they suggest answers by their indiscreet use of leading questions. While, therefore, a 'guide' will prove of the greatest value to child investigators, they must know above all else how to use the guide with tact, common sense and discriminating intelligence.

Social and hereditary investigators must also be cautioned against drawing premature or unjustifiable conclusions from hearsay evidence. They must accustom themselves to weigh reports very carefully, and to verify them in every way possible. There is a large amount of work done today in heredo-biology, heredo-psychology and social investigation which is careless, unscientific and worthless. Do not conclude that someone was feeble-minded or insane simply because someone reported him to be 'slow,' 'stupid,' 'feebly-gifted' or as acting 'queerly.' Do not conclude that a child is feeble-minded simply



because he appears stupid or feeble-minded to you, or because he happens to test three years, or even four or five years, retarded. Science cannot be founded on guess-work. Gather all possible facts bearing on your case, and avoid hasty generalizations. It is rather for the trained specialist to supply the diagnoses.

It need scarcely be said that when the same person gathers the developmental, hereditary and school data, it is not necessary to re-record on each blank the identical facts called for in the different blanks unless there is a discrepancy in the statements.

## FORM I

### DEVELOPMENTAL HISTORY

No.	Diagnosis	Source of data	Date
Full name		Age: date of birth	
yrs.	mos.	Address (with 'phone)	Father's
name		Mother's name	Guardian's
name		By whom referred for investigation	

(Underscore appropriate words, and fill in other data)

**CONCEPTIVE CONDITIONS:** diseases, syphilis, gonorrhoea, tuberculosis, scrofula, alcohol, drugs, health, overwork, starvation, fright, accidents, anxiety, excitement, aversion, etc., before or at time of conception in mother  
in father

**PREGNANCY CONDITIONS:** above data for mother during pregnancy. Also pelvic diseases, attempts at abortion, 'maternal impressions,' legitimacy of child

**BIRTH CONDITIONS:** premature (how much) full term,  
weight labor normal, prolonged (how long) or  
difficult; delivery with instruments or anesthesia; difficult animation,  
breathing or crying, cyanosis; injury or deformity (especially of  
head) or paralysis; inability to suckle

**GROWTH CONDITIONS:** nursed (by whom, how long)  
Bottle fed (how long, what) What fed when  
weaned Sickly as baby or child First

teeth, when (any fever or illness)		Second teeth,
when	Fontanel, closed when	First
crawled, when	Stood alone, when	
Walked (unsupported steps), when		Walked well,
when	Ran well, when	Supported head,
when	Talked—single words correctly applied,	
when	Short phrases, when	Complete
sentences, when	Specific speech defects, what,	
since when, circumstances	Able to hold or grasp well,	
when	Control of fundamental reflexes (acquisition	
of tidy habits), when	Beginning of puberty	
Of menstruation (difficult)		

**DISEASES AND ACCIDENTS** (age, attributed cause, severity, subsequent effects, recovery): measles, smallpox, whooping cough, scarlatina, scarlet fever, mumps, diphtheria, cerebro-spinal meningitis, infantile paralysis, rickets, malnutrition, inanition, scrofula, swollen glands, adenoids, enlarged tonsils, nose, eyes, ears, nervousness, muscular twitches, where chorea, periodical headaches, fainting spells, convulsions (infantile or epileptic, with data) enuresis (nocturnal or diurnal), falls, injuries, orthopedic deformities, pubertal or menstrual troubles Vaccinated, when, effects Hospital or surgical record

M. D.'s by whom examined or treated

Diagnoses by different M. D.'s

**HABITS:** sleep (past and present): hours of retiring and arising sound, restless, insomnia (cause). Drinking: tea, coffee, wine, beer, whisky; drugs (how much, how frequently) Appetite: hearty, poor, capricious, gluttonous, food preferences, usual menu Chews or smokes: cigarettes, cigars, pipe. Excessive indulgence in sweets Masturbates, sexually immoral or perverse.

**MENTAL AND PHYSICAL PECULIARITIES IN INFANCY AND CHILDHOOD** (age first observed, parents' explanation): queer or bizarre ideas, action, behavior, speech, disposition Fits of crying or laughing, with or without cause Outbreaks, tantrums, continuous or periodic Night terrors, sleep-walking

Morbid fears Criminal, intemperate, immoral or destructive tendencies Running away Solitude or company preferred Shut-in, solitary disposition

Playing or seeking younger or older persons or opposite sex

Dull, stupid, lazy, indifferent, bright, talented, precocious (with facts)

RECORD OF DELINQUENCIES (with ascribed causes, institutional, court and probation records):

AGENCIES which have previously been interested in this child:

ADDITIONAL REMARKS:

RECOMMENDATIONS (by whom):

RESULTS OF FOLLOWING RECOMMENDATIONS (as reported later):

SIGNATURE:

## FORM II

### FAMILY AND HEREDITARY HISTORY

No.	Diagnosis	Source of data	Date
Full name		Born, where	Age: date of
birth	yrs.	mos.	Lives with at
(street, with 'phone)		Name, with birthplace, nationality	
and religion of father		of mother	
Language spoken at home			Order of child's
birth	no. of sisters, alive	dead	of brothers,
alive	dead	Age of father at child's birth	of mother
Blood relationship between parents			Parents living
apart, together, divorced.	Occupation and weekly earnings of father		
of mother	of other children	of child	
Health, morals, habits, diseases, sexual habits, etc., prior to birth of child, of father	of mother (see Form I)		

## FAMILY CHART

Subject	Present		Cause of Death <sup>1</sup>	Consanguinity	Normal	Criminal Tendencies	Pauperism	F.-M.	Epileptic	In-sane	In courts, institutions, or hospitals	DISEASES			Schooling <sup>4</sup>	Traits <sup>5</sup>	Comm. Stand. <sup>7</sup>
	Age	Health										Nervous <sup>2</sup>	Gen-eral <sup>3</sup>	Vene-ral			
Child's father . . . . .																	
Child's mother . . . . .																	
Child's brothers . . . . .																	
Child's sisters . . . . .																	
Father's father . . . . .																	
Father's mother . . . . .																	
Father's brothers . . . . .																	
Father's sisters . . . . .																	
Mother's father . . . . .																	
Mother's mother . . . . .																	
Mother's brothers . . . . .																	
Mother's sisters . . . . .																	
Others . . . . .																	

<sup>1</sup>Including stillbirths, miscarriages and abortions. <sup>2</sup>Including convulsions, fainting spells, chorea, paralysis, apoplexy, meningitis, neurasthenia, sick headache, hypochondria, excessive coffee, tea, alcohol or drug habits. <sup>3</sup>Including scrofula, rheumatism, gout, heart disease, scarlet fever, smallpox, diphtheria, typhoid, goitre, tuberculosis, cancer. <sup>4</sup>Sexual immorality and sex perversions. <sup>5</sup>Extent of schooling, failures and successes, illiteracy. <sup>6</sup>Mental traits and peculiarities in childhood and adulthood (see Form I). Any special talents (in what). Dull, stupid, retarded, precocious. <sup>7</sup>Community standing, or social status.

RECOMMENDATIONS:  
SIGNATURE:





**CHILD'S DEPARTMENT AT HOME:** excellent, good, average, poor, bad; obedient, disobedient; mischievous, quarrelsome, fights, cruel to animals or siblings or playmates, incorrigible, destructive; cheats, steals, squanders money, pawns, gambles, plays craps, deceives, lies, untrustworthy; neat, careless, indolent, immodest, immoral; runs away. Attitude toward parents, siblings, playmates, strangers  
Toward reprimands and punishment                      How punished  
Department of siblings at home

**AMUSEMENTS AT HOME:** what, cards, games, plays, singing, music, reading, proper, improper. How does child spend leisure time?  
Chief interests at home                      Vacations,  
when                      where spent

**WORK:** complete record of jobs, with dates, how long held, hours, pay, success, reasons for changes or discharge  
Age on taking first job

**RELIGIOUS DISPOSITION:** religious, irreligious or indifferent. Attends church, where, how often, willingly or reluctantly  
Attends Sunday school, where, how often, willingly

#### NEIGHBORHOOD INFLUENCES

**PHYSICAL SURROUNDINGS:** sanitary, insanitary, dark, smoky, filthy, slummy, densely populated, foreign population, saloons, dance halls, gambling joints, picture shows, immoral resorts.

**SOCIAL ENVIRONMENT:** character of chums or associates (boys, girls, adults), good, bad, vulgar, gamblers, crap players, immoral, corrupt, criminal, thieves. Belongs to clubs or gangs, as leader or follower, what kind (social, amusement, literary, predatory, criminal, etc.), effects of on child                      Tendencies toward loafing, vagrancy, migration.  
Recreation facilities of neighborhood: playgrounds, public, private, supervised, unsupervised, streets, home yard, athletic field, gymnasium, social settlement house. Seeks what kinds of amusements (games, plays, loafing, running around, ball, gambling, crap playing, immoral practices, selling papers, theaters, picture shows, etc.). Plays with boys or girls, older or younger. Attends picture shows or theaters, how often                      What kind of shows preferred  
Effects of on child

**RECOMMENDATIONS:**

**RESULTS OF RECOMMENDATIONS** (from later investigations):

**SIGNATURE:**



FORM IV

SCHOOL HISTORY

TEACHERS' REPORTS ON PEDAGOGICAL, PSYCHOLOGICAL, SOCIAL AND MORAL TRAITS

No.                      Diagnosis                      Reported by (with position)  
 Date                      Full name                      Sex  
 Age: yrs.              mos.              Birthday                      Address (with  
 'phone)                      Parents' or guardian's name (and address,  
 if different from child's)                      Nationality, language  
 and religion of father                      mother  
 Language spoken in child's home                      By whom referred

(Underscore appropriate words: once for 'moderate,' twice for 'marked,' and thrice for 'extreme' degree. Also fill in data in blank spaces.)

ATTENDANCE RECORD: Age on entering first school (kindergarten included)

Names of schools attended, in correct time order	Location of School	Time, from to	No. of months in attendance	Grades completed	Grades repeated
(1)					
(2)					
(3)					
(4)					

*Repetition:* number of months spent in each grade child has repeated  
 Total time (years or months) spent repeating work

*Retardation:* grade in which child should be according to age                      Present grade

Amount of pedagogical retardation (yrs. and mos.)

Attendance, regular or irregular, during past or present time (ascribed causes of irregularity)

PAST RECORD: character of work, conduct, disposition, traits, etc., as reported from previous teachers or specialists

PRESENT PEDAGOGICAL STATUS: *School efficiency in general:* excellent, good, fair, poor, very poor, total failure. Prospects of promotion: excellent, good, fair, poor, none. Poorest work in which branches

Best work in which branches

Special aptitudes, what school work	Greatest interests, or likes, in	Greatest dislikes	In which
Pedagogical traits in which most deficient	strongest		
or poor in ability to observe		<i>Learning capacity:</i> is	child good
to memorize (mechanically, logically, understandingly)		to concentrate	
to retain	to express orally or in writing		to
form habits	to adapt self to new or changing situations, conditions or emergencies	to think, judge, reason, understand	
to direct	to do independent work	to lead	
head (easily confused)	to originate, invent	to keep a level	
memorizing, reasoning, imitation, experimenting for self (hit or miss).		Learns best by repetition, rote,	
knows alphabet (letters not known)		<i>Accomplishments:</i> in reading:	
reader	how well	reads in what	
words, long words, spells out words		reads at sight, syllables, short	
counts, how far	Ability in addition,		<u>In arithmetic:</u>
tion	multiplication	division	subtrac-
problems	How far advanced		Best in
concrete or abstract work		<u>In spelling:</u> sample words	
child can spell	Words child cannot spell		In
<u>writing</u>	<u>In drawing</u>	<u>In grammar</u>	In
<u>language work</u>	<u>In speaking, dramatizing</u>		
<u>In music</u>	<u>In kindergarten</u>	<u>In manual train-</u>	
<u>ing</u>	<u>In shop work</u>	<u>In domestic science</u>	
<u>In school gardening</u>	<u>In gymnastics, games</u>		In
<u>history</u>	<u>In geography</u>	Ability of brothers	
	of sisters		

Reported defects or capacities of mother of father

**ATTITUDE TOWARD SCHOOL WORK:** interested, willing, tries, industrious, energetic, cheerful, trustworthy, lazy, slovenly, careless, shirking, despairing, diffident, non-persevering, easily wearied or fatigued, grows sleepy, dopey, disinterested, bored, inattentive, complaining.

**ATTITUDE TOWARD CORRECTION, REPROOF OR PUNISHMENT:** heedless, resentful, headstrong, obstinate, talks back, abusive, sensitive, cries, indifferent. Very responsive, tries to improve, takes it with good grace.

**ATTITUDE TOWARD PLAYS AND GAMES:** seeks or avoids games. Plays much or little. On playground Plays with boys or girls with younger or older children

Fond of what games or plays	Plays make-believe
plays	ability to plan or lead games
Gets confused in games	Loses self-control
Behavior in games	

**MENTAL, MORAL AND SOCIAL TRAITS:** Circumspect, deliberate, thoughtful, thoughtless, impulsive, careless, slothful, slovenly, lazy, inert, slow, dull, stupid, apathetic, unresponsive, taciturn, reticent, diffident, retiring, bashful, quiet

Bright, talented, precocious, quick, responsive, talkative, loquacious, communicative, entertaining, boring

Cheerful, good-natured, gay, humorous, kind, affectionate, sympathetic, helpful, generous, frank, obedient

Moody, sensitive, despairing, fretful, cranky, resentful, malignant, defiant, angry, meddlesome, complaining, quarrelsome, trouble maker, brutal, fights, kicks, scolds, nags, spiteful, jealous, sullen, selfish, self-centered, proud, domineering, bossy, changeable moods, capricious disposition or character

Graceful, artistic, neat, awkward, clumsy, poor gait, poor motor control, stumbles, falls, injures self

Bold, reckless, heedless of danger, venturesome, blustering, noisy, fearsome, cowardly

Restless, fidgety, nervous, scowls, twitching movements (of what) excessive movements, emotional, excitable, impulsive, passionate, violent

Strange or peculiar actions, habits, speech (what)

Sudden or capricious outbreaks of passion, anger, fear, destructive tendencies, love, gaiety, laughing, crying, tantrums, fits, fainting spells. Automatic actions (when excited or otherwise)

Suspicious, solitary, seclusive, shut-in, avoids company, dreamy, observant

Honest, truthful, pure, modest; dishonest, untruthful, steals, lies, profane, swears, obscene, lewd, masturbates, immoral

Any sense of shame, of difference between right and wrong, of guilt, remorse, sorrow, reverence, religion

Speech: stutters, stammers, lisps, lalls, indistinct, inarticulate, sluggish, mumbling, thick, incoherent, halting, jerky, rambling, pointless, labored; clear, fluent, logical, sensible, braggadocious, egotistical, gossipy; declaims, recites, sings

Headaches, eyestrain, holds eyes near work, mouth open, poor hearing, takes cold easily, running nose, gets sick, tired

Smokes, chews. Data from school medical record:

What special measures have been taken to overcome the child's pedagogical deficiencies?

To overcome his physical defects

His moral or social shortcomings

RESULTS OF THESE MEASURES:

RECOMMENDATIONS:

RESULTS OF FOLLOWING RECOMMENDATIONS (from later inquiries):

SIGNATURE:

## FORM V

### PHYSICAL AND ANTHROPOMETRIC EXAMINATION

No.	Diagnosis	Examiner	Date
Full name		Sex	Birthday
Age: yrs.	mos.	Address	Parents' or guardian's name (and address, if different, with 'phone)
Brought by		Referred by	

(Underscore appropriate words: once for 'moderate,' twice for 'marked,' and thrice for 'extreme' degree. Supply all relevant data in blank spaces.)

### DEFECTS, DISEASES, DISORDERS AND STIGMATA (Anatomical, physiological, neurological)

**GENERAL APPEARANCE:** Expression                      nutrition  
Fat, corpulent, lean, emaciated, fair, normal.

**SKIN:** complexion; pallid, sallow, ashen, oily, moist, dry, leathery, wrinkled, baggy, florid, scars, birthmarks.

**TEETH:** carious (number, degree)                      roots, tartar,  
impacted, irregular, malocclusion, rachitic, serrated, pointed, Hutchinson's  
Gums

**TONGUE:** thick, pointed, large, small, furrowed, enlarged papillæ.

**THROAT:** tonsils, enlarged, atrophied, submerged, pitted, soft, removed. Pharyngitis. Laryngitis. Mouth breather. Lymph glands. Thyroid, enlarged, atrophied. Adenoids.

**PALATE:** cleft, V-shaped, arched, narrow.

**LIPS:** normal, hare-lip, thick, thin, everted, fissured.

**NOSE:** deflected septum, enlarged turbinates, polipi, rhinitis, broad base, sunken bones, squat, mongoloid, cretinoid.

**EYES:** acuity, R                      L                      Astigmatism                      Small palpebral fissure, exophthalmos, choked disc, scotoma, hemiopia, irregular or eccentric pupils, ptosis, oblique mongolian, epicanthus.



Nystagmus, strabismus, diplopia, accommodation to light to distance  
 Argyll-Robertson  
 Iris, color, R L Wearing proper or improper glasses  
 EARS: acuity, R L Rinné Otitis media,  
 R L Impacted cerumen, perforated drum, otorrhea.  
 Large, small, Darwinian tubercle, lobule absent, fossæ absent or irregular, pinna (size, shape) asymmetries  
 FACE: immobile, mobile; forehead, Bombé, receding, low or narrow; prognathous jaws, asymmetries  
 HEAD: hydrocephalic, macrocephalic, microcephalic, rachitic, syphilitic, cretinoid, asymmetries. Hair: color coarse, dry, oily, scant, brittle. Pediculosis.  
 SHOULDERS: round, square, stooped, asymmetrical. Scaphoid scapula  
 SPINE: scoliosis C D L lordosis, C D L  
 kyphosis  
 CHEST: flat, rachitic, pigeon, funnel, barrel-shaped, asymmetrical.  
 Lungs Respiration, rate character  
 UPPER LIMBS:  
 LOWER LIMBS:  
 Flat foot  
 CIRCULATION: good, poor. Heart: dilation, murmurs, displacements.  
 Pulse: volume rate rhythm pressure Veins  
 Arteries Blood examination: red corpuscles  
 white corpuscles hemoglobin color index  
 Widal Wasserman  
 ALIMENTATION: appetite digestion abdomen  
 stomach intestines  
 GENITO-URINARY SYSTEM:  
 NEURO-MUSCULAR: tone, relaxed, flabby, tense. Corrugation, overaction of frontals. Tremors, coarse, fine, unilateral, spastic, jerky, intermittent, rhythmical, of what parts Hand balance:  
 relaxed, tense, drooping, asymmetrical, finger twitches Station:  
 relaxed, unsteady. Head balance Gait: normal, lively,  
 clumsy, shuffling, spastic, ataxic, waddling. Paralyzes  
 Contractures Fainting spells Tics  
 Habit spasm Convulsions Chorea  
 Epilepsy Hysteria Headache, migraine  
 Anesthesias  
 Reflexes: patellar, R L Clonus Babinski  
 Other reflexes Defective speech  
 OTHER DEFECTS OR STIGMATA:

**ACTIVE DISEASE PROCESSES:** record the diseases, and indicate whether slight or serious, of the integumentary, skeletal, muscular, nervous, nutritive, respiratory, circulatory, lymphatic, excretory and reproductive systems.

**HISTORY OF DISEASES, DEFORMITIES AND ACCIDENTS, WITH PREVIOUS MEDICAL DIAGNOSES:**

**NAME OF EXAMINER:**

**PHYSICIAN'S RECOMMENDATIONS:**

**RESULTS OF RECOMMENDATIONS (as later ascertained):**  
 Physician or hospital recommended:

#### ANTHROPOMETRIC MEASUREMENTS

Weight: lbs.	kg.	Stature, net standing (mm.)					
Sitting	Ponderal index	Statural index					
Statural type	Spread of arms						
Spirometry: 1	2	3	Chest girth (below level of axillæ):				
maximal inhalation	exhalation		normal	Vital index			
Dynamometry: R	1	2	3	L 1	2	3	Head
measurements: circumference			height	length (antero-			
posterior diameter)	breadth		cephalic index				
Other measurements							

### FORM VI

#### PSYCHOLOGICAL EXAMINATION

It has been deemed wise to omit a schema for conducting psychological examinations for the following reasons. First, a considerable number of graded scales for testing intelligence (particularly versions of the Binet-Simon scale) are now easily accessible in English. Second, hundreds of different psychological tests and experiments are equally accessible in the standard books dealing with psychological tests (*e.g.*, the manuals by Whipple, Franz, Titchener, Sanford, Starch, Scripture). It would be futile to attempt to print a selected list of such tests here, because the expert experimental psychologist is qualified to make his own selection, while the inexperienced psychologist (physician, nurse, teacher) would scarcely be able either properly to conduct the experiments without technical training, or elaborate explanations, or correctly to interpret the findings. Third, there is little profit in outlining a comprehensive series of tests until *reliable clinical norms* are available. Unfortunately such norms are not yet available. The fact that this is so makes it all the more



necessary that the clinical psycho-educational examiner should possess very extensive first-hand experience with many types of mentally unusual children, so that he will be able to diagnose cases fairly accurately with the aid of a minimal number of tests.

## FORM VII

### PEDAGOGICAL EXAMINATION

Until we have available a series of clinical pedagogical age-norms, in various school studies, established by objective tests given under standard and controlled conditions, possibly to individuals rather than to groups—such as the Courtis scores in the fundamental mathematical processes, though these are group norms—it would be of little avail to outline a schema for the pedagogical testing of the child. We have, to be sure, the pedagogical scales by Vaney and Holmes, but the former is very limited in range and not entirely appropriate to pupils trained by American school methods, while the latter has not been experimentally derived by objectively testing individual children of various ages (the method of derivation is not revealed). It is merely an abbreviated course of study for grades two to five which, it is assumed, represents the pedagogical accomplishments of normal children. Until we possess satisfactory pedagogical age scales of development, it will be necessary to use (but with discriminating judgment) the school record of the child (*Form IV*).

## FORM VIII

### SUMMARY OF IMPORTANT FINDINGS

It is very desirable that social or field workers epitomize for the busy examiner the chief findings. This blank should be comprehensive, yet very brief: it should contain only the data which seem to have an important bearing on the case, which are important for diagnosis and prognosis. It may also include the chief results of the physical, anthropometric and psychological examinations, the final (or at least the provisional) diagnosis, the recommendations, a record of treatment, the results of treatment, and the final disposition of the case.

The question naturally arises whether it is necessary or indeed desirable to make such an exhaustive investigation of each case as that contemplated by the above schema.

The answer is that it is usually desirable, but not always necessary or possible to do so. Unless the clinician has at his command the necessary staff of assistants he must content himself with a far less thorough investigation. He should, however, at all times attempt to secure a certain *minimum* of data which bear significantly upon psycho-educational cases. Such a minimum is represented, I believe, by the following abbreviated record blank. It is reproduced from the routine blanks which have been in constant use in my clinic for several years.

## FORM IX

### ABRIDGED RECORD BLANK

Child's name (with street and city address and 'phone)  
 Parents' names (with address and 'phone, if different)  
 Referred by                      Brought by                      Date  
 Data secured from                      Recorded by  
 Exact age: date of birth                      Age in yrs.                      and mos.  
 Place of birth                      Nationality of father                      of mother  
 Language spoken at home

#### I. PEDAGOGICAL RECORD

School now in                      All schools attended, in correct time  
 order, with dates  
 Age on entering first school (including kindergarten)  
 Number of years (or months) in school                      Present grade  
 In what grade should child be according to age                      Years  
 retarded                      Number of years (or months) in each grade  
 (including kindergarten)  
 Grades repeated (indicate whether one, two or three years)  
 Will child be promoted this year                      Attendance  
 Greatest capacities, abilities or talents shown in school work (best  
 subjects)                      Greatest interests  
 Greatest deficiencies, worst faults, poorest school subjects  
 Physical, mental and moral characteristics, disposition, deportment  
                     Other comments by teachers  
 School medical inspection record  
 School record of brothers and sisters

## II. HOME AND ENVIRONMENTAL CONDITIONS

Parents alive (who)	Living together	Breadwinner
well ventilated, clean	Financial conditions	Home sanitary,
ment	In good or bad (slummy or immoral) neighborhood	
hood	Social or moral conditions in home	
Home treatment (child neglected, cruelly or kindly treated, well cared for)	What does child usually eat	
What does child drink	Hours of retiring and arising	
	Does child keep bad company	

## III. CHILD'S DEVELOPMENTAL HISTORY

Birth conditions: on time	premature (how much)	
Labor, how long	With instruments	Birth injuries
	How nursed (length)	
Health as babe	Infant and child diseases (state age, severity, after effects):	Croup
Chicken-pox	Measles	Whooping cough
fever	Typhoid	Diphtheria
gitis	Infant paralysis	Scarlet fever
Enuresis	Accidents	Pneumonia
and diagnoses given		C.-s. meningitis
		Spasms (describe)
First teeth, when (any illness)	Fontanel closed	By whom previously examined
First stood alone	First sat up	
First walked unsupported	First steps unsupported	
words	First used single words	
	Short phrases or sentences	

Mental and physical peculiarities in infancy and childhood (age first observed): queer or unusual behavior, talk or ideas; emotional fits or outbreaks, fears, night terrors, destructive, disobedient, vagrancy, truancy, veracity, delinquencies, bad sex habits, social traits, play tendencies, stupid, sluggish, quick, bright

## IV. HEREDITARY FACTORS

Health, habits, diseases, drink, etc., of *father* and *mother* before and during conception

Pregnancy conditions (overwork, poor health, infection, drink, abuse, starvation, etc.)

Age of mother at child's birth	of father	Parents related
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	Alive	Dead (causes)	Premature	Still-born	Order of child's birth
Number of Sisters Number of Brothers					

Give facts in regard to the following defects, conditions or diseases found in the child's brothers, sisters, mother, father, maternal and paternal great-grandparents, grandparents, aunts, uncles, first and second cousins, etc.:

Relation-ship to child	Nervous	Mentally queer	F.-M.	Epileptic	Insane	Alcoholic	Criminal	Sexually immoral.	Diseases (what)	Death Cause Age	Normal



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