

# Head Start for the Handicapped: Congressional Mandate Audit

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*Abstract: The 1972 Amendments to the Economic Opportunity Act mandated that not less than 10% of the Head Start enrollment nationwide be made available to handicapped children. This article reports research evaluating the effect of the mandate during the first year of its implementation. The findings indicate reasonable progress in meeting the needs of the handicapped; however, labeling appears to have increased and serious problems remain in accommodating youngsters with severe disabilities. Recommendations for the enhancement of Head Start efforts on behalf of the handicapped are including a suggestion for reducing society's inclination to segregate or exclude children with major differences in development.*

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In an age of national criticism it would be easy to lose sight of significant gains registered by public education over the past decade. Two of the advances recorded—the trend toward preschool programs and the right to education for all children—have found meaningful convergence in the 1972 Amendments to the Economic Opportunity Act. This mandate required that not less than 10% of the Head Start enrollment opportunities nationwide be made available to handicapped children (Public Law 92-424, 1972).

Since the inception of Head Start, the Office of Economic Opportunity (OEO) and the Office of Child Development (OCD) have sought to serve a heterogeneous population of children, principally drawn from the socioeconomic "have nots" of American society. Deliberate efforts have been made to meet the developmental needs of disadvantaged children irrespective of intelligence, physical condition, emotional stability, or language development. In the face of such conviction, it is puzzling that Head Start has, to a large degree, neglected the seriously disabled child.

The concern of Congress was evident in the following excerpt from a 1972 Senate committee report of S.2007 (LaVor, 1972):

The history of Headstart clearly shows that severely handicapped children have been systematically excluded from programs and, in fact, children with only moderate handicaps have generally been refused access to such services. These refusals have normally been based on the feeling that the national program is not primarily oriented toward treating handicapping conditions, and expertise is not available at the local level for developing effective programs. (p. 250)

## Enlarging the Scope

The Economic Opportunity Act Amendments of 1972, which finally mandated services to

the demonstrably handicapped, were hailed as a critical statement of federal concern for children with special needs. Professionals viewed the legislation as a harbinger of the future, while parents saw in the mandate a new concern for the welfare of their children. The task that confronted Head Start was to enlarge the pool of those eligible for its services, with particular reference to children with significant impairments.

Coinciding with passage of the 1972 Amendments, the nation witnessed a reiteration of the concepts of freedom of choice, options, due process under the law, and consumer protection. In education this expression of human rights and potential was evident in the concept of human development as plastic, capable of modification, and influenced by motivation, practice, and training (Blatt & Garfunkel, 1969). This concept of human educability, central to the development of compensatory education, was integral to the Head Start movement and inherent in the 1972 Amendments to the Economic Opportunity Act. Thus, from an affirmation that people can change, that the young can change most, and that the handicapped are in most need of opportunities to change, it was logical that Head Start be entrusted with responsibility for children with special needs.

#### **Unexplored Challenge**

The extent to which handicapped children could be meaningfully served by Head Start and other preschool programs remained a largely unexplored challenge. With reference to the disadvantaged, Blatt and Garfunkel (1969) gave evidence of the problems of preschool intervention:

Inferences from our data revealed that disadvantaged children are influenced more by the home setting than by the external manipulation of their school environment. In light of what we believe to have been the face validity of an enriched preschool program, the inability of this program to produce measurable differences between experimental and nonexperimental children causes us to suggest that it is not enough to provide preschool children with an enriched educational opportunity. Families need a great deal of help toward becoming stronger and better integrated units to provide more powerful stimulants and models for intellectual attainment. (pp. 119-120)

Among many studies that have more directly examined the general effectiveness of Head Start efforts, the Westinghouse study

(Frost, 1973) compared the cognitive and affective development of first, second, and third graders who had participated in Head Start with a matched sample of children from the same grades who had not had such an experience. The report concluded that:

Although this study indicates that full-year Head Start appears to be a more effective compensatory education program than summer Head Start, its benefits cannot be described as satisfactory. Therefore we strongly recommend that large-scale efforts and substantial resources continue to be devoted to the search for finding more effective programs, procedures, and techniques for remediating the effects of poverty on disadvantaged children. (p. 404)

Extensive interviews with individuals from Head Start and other community action, educational, and health related services were the focus of the Kirschner study (1970). This investigation sought to determine the impact of Head Start programs on community change. Although the Kirschner investigation suffered the limitations of all retrospective studies, it produced evidence that Head Start and other community action programs can be effective instruments in bringing about institutional change in both education and health.

Services to handicapped children in Head Start were examined by Cahn (1972) who found that many children identified as handicapped for program purposes did not meet the criteria of significant impairment stipulated in the Economic Opportunity Act Amendments. Disproportionate enrollments of children with mild problems of vision, hearing, and speech were noted, while services to mentally retarded and more severely impaired youngsters were relatively rare.

#### **National Evaluation**

The studies just cited have served as an impetus for a national evaluation of Head Start services to the disabled. This article summarizes the findings of that national investigation and addresses itself to major policy recommendations for the improvement of Head Start services to handicapped children. In total, the observations confirm both the potential of the mandate and its limited impact to this time.

#### **Method**

##### **Program Selection**

Preliminary to the main investigation, site

visits were made to 16 regularly funded Head Start programs and 14 experimental pre-school programs funded by OCD and the Bureau of Education for the Handicapped (BEH). The regularly funded programs were selected from a total of 1,353 Head Start delegate and grantee agencies, using a quasi-stratified sampling technique. The 14 experimental projects served as one of two comparison groups and represented the total population of such programs specially designated for study by OCD. This pilot study used participant observation, which is a procedure "widely used in sociological and anthropological studies of complex social situations or organizations" (DeGrandpre, 1973, p. 46). The study led to the development of standard procedures for major site visits to 36 Head Start programs and to 10 independent pre-school enrichment programs, the latter serving as a second comparison group.

### **Observers**

The 11 field investigators (participant observers) were university affiliated special educators, advanced graduate students, and individuals from an independent consulting agency. Each field investigator received a minimum of 25 hours training in observation techniques and use of a specifically designed observation schedule. Skill in use of the schedule was certified by both the project's codirector and an independent consultant trainer.

### **Instruments**

Preliminary observations of Head Start programs led to the development of an interview schedule covering three main areas of investigation: (a) program administration, (b) classroom management and instruction, and (c) case study information on individual children. The schedule permitted the recording of both quantitative and qualitative data as provided by the methodology of participant observation.

### **Procedures**

Field investigators visited each setting for a minimum of two days. Program level information was obtained through interviews with Head Start directors and coordinators of programs for the handicapped. This part of the schedule was directed toward definitions, recruitment, staff training, resources, and

evaluation. Two 3 hour observations were conducted in each class serving handicapped children and information was recorded on instructional techniques, teacher child interactions, and peer relationships. Specific attention was directed toward possible differences in the delivery of service and instruction to typical and handicapped children. Finally, case study information on 74 children randomly selected from the handicapped population was obtained through interviews with teachers and other agency personnel.

## **Findings and Discussion**

### **The Handicapped Population**

Handicapped clients constituted 13.29% of the total Head Start population (see Table 1), a figure 3% greater than the legislative requirement and 4% above the prevalence estimate for school age children. The tendency to overidentify children as handicapped dictates a certain caution in the interpretation of these statistics. It became apparent in the study that prior to the mandate disabled children had been routinely enrolled in Head Start without recourse to labels and their inclusion in program activities was not markedly new in concept or practice.

Table 1 indicates that the visually impaired, hearing impaired, and physically and other health impaired children are enrolled in Head Start in excess of their expected prevalence. Several explanations of this phenomenon are available. First, these groups of children are more easily identified and more precisely diagnosed during the preschool years than are children with other handicapping conditions. Thus, in programs serving preschool youngsters, children with visual, hearing, and physical impairments constitute a larger percentage of the total enrollment than would similar children in the school age population from which the prevalence estimates were generated. A second explanation is that the emotionally disturbed and the mentally retarded are enrolled at levels equal to or below the prevalence estimates since the more mildly disabled in these two groups are not normally identified during the preschool years.

The findings in the area of speech impairment (4.72% as compared with a school age prevalence of 3.5%) are not easily explainable. The developmental nature of speech and lan-

guage would dictate that the presence of speech impairments in preschool youngsters be interpreted at a level not greater than the school age prevalence. However, in this study, children identified as speech impaired constituted a disproportionate percentage of the total Head Start population, significantly exceeding the prevalence estimate for school age youngsters. Whether this resulted from ignorance, the pressures of the mandate, or both was not fully determined.

Of the handicapped children enrolled in the Head Start programs, 21% were classified as severely impaired; they comprised 2.8% of the total enrollment. The legislation makes it difficult to render any clear judgment of this accomplishment. The relevant OCD policy statement (HEW, 1973b) reads as follows:

While children with milder handicapping conditions (e.g., children with visual problems correctable with eyeglasses) will continue to be identified and receive appropriate Head Start services, they fall outside the scope of this issuance. The intent is rather to insure that Head Start serves more fully children who have severe vision and hearing impairment, who are severely physically and mentally handicapped, and who otherwise meet the legislative definition of handicapped children in terms of their need for special services. (p. 3)

To those who interpret the policy as exclusively relevant to the severely handicapped (in a continuum of mild, moderate, and severe), it is apparent that only one-fourth of the 10% goal has been attained. On the other hand, it is possible that the 10% mandate was directed toward the inclusion of handi-

**TABLE 1**  
**Handicapped Enrolled in 36 Head Start Programs, 1973-74**

<i>Disability group</i>	<i>Level</i>	<i>Prevalence estimates in percentage<sup>a</sup></i>	<i>Number enrolled</i>	<i>Percentage of total handicapped served</i>	<i>Percentage of total Head Start enrollment</i>
Visually impaired	Severe		26	2.03	0.27
	Nonsevere	0.1	83	6.49	0.86
	Total		109	8.52	1.13
Hearing impaired	Severe		23	1.80	0.24
	Nonsevere	0.6	99	7.73	1.03
	Total		122	9.53	1.27
Speech impaired	Severe		84	6.56	0.87
	Nonsevere	3.5	371	28.99	3.85
	Total		455	35.55	4.72
Emotionally disturbed	Severe		34	2.65	0.35
	Nonsevere	2.0	161	12.58	1.67
	Total		195	15.23	2.02
Mentally retarded	Severe		26	2.03	0.27
	Nonsevere	2.3	71	5.55	0.74
	Total		97	7.58	1.01
Physically and other health impaired	Severe		77	6.01	0.80
	Nonsevere	0.5	225	17.58	2.34
	Total		302	23.59	3.14
Combined disability groups	Severe		270	21.10	2.80
	Nonsevere	9.0	1,010	78.90	10.49
	Total		1,280	100.00	13.29

Note. Total enrollment in 36 programs = 9,635.

<sup>a</sup> Prevalence estimates are based on school age population as cited in Dunn (1973, p. 14).

capped children at all levels of impairment and the use of the word *severe* in the guidelines was not classificatory in its intent, but merely a convenient adjective used to differentiate the minor problems of childhood from truly handicapping conditions. Under this interpretation, the percentage of severely involved children enrolled in Head Start (21% of the handicapped population) is probably congruent with prevalence estimates for this level of severity.

Largely unresolved in the analysis of the data were problems related to the mislabeling of children as a recourse in meeting the legislative mandate. Programs were identifying as handicapped those children who required minimal assistance or special services and who manifested no obviously disabling condition beyond minor problems of speech, health, or behavior.

Although handicapping conditions were to be verified by a qualified professional, this mandate was loosely construed and identification as handicapped often appeared to be a subjective judgment applied as much for the imperatives of the program as the welfare of the child. The conflict between the need to meet the mandate and professional-moral aversion to overlabeling was repeatedly evident in the concerns of program personnel. The new legislation, with its 10% quota, has probably promoted overlabeling and has brought Head Start personnel under seemingly unresolvable pressures.

While the tendency to overlabel may be viewed as evasive of the legislative intent, the practice is partially explainable in terms of genuine recruitment problems confronting approximately 50% of the programs in this study. In spite of efforts by most programs to use the assistance of other community agencies in locating handicapped children, the procedures followed were largely standard to Head Start recruitment and insufficient to the identification and enrollment of an elusive population. An uninformed populace, misguided parental resistance, and the self-serving competition of community agencies protecting imaginary domains were significant obstacles to recruitment. Exceptions were found in those Head Start programs characterized by aggressive leadership and active parental involvement. In those programs, severely handicapped children were enrolled in significant numbers concomitant with or exceeding prevalence estimates.

### **Assessment and Instruction**

The mandate effected an increase in diagnosis and assessment by qualified professionals within the community for the purpose of certifying suspected disabilities and securing special services. While this action was not always instrumental in modifying classroom practice, it did promote among teachers a new interest in assessment and the continuous monitoring of the progress of all children. Particularly in programs serving the largest number of severely involved youngsters, teachers were becoming increasingly conversant with the use of formal and informal evaluative techniques. Unlike assessments made by consultants from other agencies, appraisals carried out by Head Start personnel were more frequently translated into meaningful practice.

Possibly as a result of better assessment, teachers serving a higher proportion of the severely impaired employed more individualized techniques. Speech and language development were stressed and children were more frequently encouraged to respond verbally. In these classes, more imaginative methods of instruction were observed and children more often participated in independent learning activities. The exigencies of dealing with severely involved preschoolers required teachers to rely more heavily on child initiated learning and, in so doing, promoted in all children those independent skills necessary to school success.

### **Integration and Exclusion**

The most persistent problems accompanying the integration effort invariably centered on the most severely impaired. Clinical observations suggested that seriously handicapped children were often the victims of an emotional distancing, or psychological separateness, even when physical proximity with other children was maintained. Teachers in one-third of the programs indicated that nonhandicapped children and staff both failed to accept the severely impaired child, although only three programs acknowledged the exclusion of children once admitted. Even typically confident teachers questioned their ability to serve the severely handicapped, and such doubts contributed to the instances of physical or attitudinal separation. Head Start directors and teaching staffs often agreed on their inability to serve the blind, deaf, severely retarded, and children with gross

motor development. Although the extent to which these groups were excluded is worthy of further investigation, the phenomenon is possibly related to inadequate support and lack of special training, which characterized most Head Start staffs.

Head Start personnel also reported evidence of exclusionary practices in the actions of other community agencies. Agencies with a history of work with seriously impaired clients reportedly viewed Head Start as a potential service rival or as a novice incompetent to offer appropriate training. They were reluctant, therefore, to recommend these programs to parents and others. This climate of distrust was moderated over time as contacts with these agencies were increased and the mutual expertise of personnel was more widely recognized.

Persistent exclusionary practices were evident in the actions of public school personnel. The attempt to build continuity between Head Start and public schools was fraught with difficulties. Schools usually admit mildly and moderately handicapped children, but in manner and attitude do not always welcome them. By contrast, severely impaired youngsters are rarely admitted and are even less often welcomed. Of 74 subjects selected for case study from among the 1,280 handicapped children enrolled in 36 Head Start programs, one-third were to remain in Head Start for a second year, primarily as a result of the public schools' real or imagined inability to offer appropriate training.

#### **Parent Involvement**

Parents of children in this study testified to their influence in program planning and policy and to their involvement in day to day Head Start activities to an extent equal to or greater than that of parents of nonhandicapped children. In addition, parents of the handicapped increased their knowledge in the areas of child care and community resources and otherwise benefited from a variety of instructional endeavors carried on by Head Start personnel and consultants. Parents of severely impaired children also noted that the program provided relief, care, and service which might not otherwise have been available prior to formal school enrollment or the attainment of school age.

#### **Training and Technical Assistance**

Most programs would have benefited from

additional training and technical assistance. Personnel training was superficial and sporadic and often unrelated to the perceived needs of programs. Staffs frequently noted overtraining in matters largely peripheral to instruction, while the practicalities of program implementation went unattended. While personnel did have the benefit of a variety of preservice and inservice workshops and courses, the total training effort appeared marginally effective in terms of cost, time, or the improvement of instruction.

#### **Cost**

Existing accounting practices in Head Start do not permit adequate documentation of the true costs of accommodating handicapped youngsters. Undoubtedly, these vary with the nature and severity of the disability and with the service to be rendered. In general, little additional expense is involved in Head Start services to the mildly handicapped. Such modest expenditures are most often accounted for by minor shifts in personnel assignments and by an increased reliance on consultant services. Cost projections for optimal service to moderately and seriously impaired children suggest a differential of two or three times the average expenditure, although such estimates are based on insufficient data and are largely conjectural.

#### **Experimental Programs**

Prior to the major investigation of Head Start programs, OCD and BEH had funded 14 experimental projects charged with responsibility to "develop and test alternative approaches to more effective delivery of services to preschool handicapped children and their families" (HEW, 1973a). These programs, representing a diversity in size, location, and the social and ethnic backgrounds of their clients, constituted one of two comparison groups employed in this study. The main finding was that increased funding accounted for modest improvements in service delivery, although only a few programs provided genuinely innovative instruction.

More children with moderate and severe disabilities were enrolled in the experimental programs and a greater reliance on special education for program development was evident. Increased contacts with community agencies, a greater emphasis on individual assessment, and improved personnel training

characterized these settings as compared with the regular Head Start programs.

The overall evaluation of the experimental settings indicated modest gains in the face of familiar and continuing problems. Recruitment difficulties, staff training relative to the severely impaired, and resistance by entrenched community agencies plagued the experimental projects little less than they did regular Head Start programs. The problems of definition had not yet been resolved and some experimental projects were found to be offering services to the severely handicapped in separate settings—a clear evasion of the legislative intent.

One finds in the experimental effort sufficient cause for optimism and ample reason for concern. Money alone has seldom solved serious human problems, and in ways yet undefined, preschool efforts for the handicapped may call for a more imaginative effort. The experimental programs did not fail in their mission; they just never quite lived up to expectations.

#### **Select Programs**

Ten independent early childhood projects and six Head Start programs comprised a second comparison group. Each select program met to the highest degree obtainable two basic criteria: First, at least 5% of their enrollment consisted of moderately and severely handicapped children; and second, each was actively engaged in integration efforts through program operated demonstration classes or other regular class settings in the community.

The field observations of the select programs revealed a general superiority of service to handicapped children. The quality of these programs is manifest in the following findings as compared with either regular Head Start or the experimental programs:

1. More favorable staff to client ratios accompanied by greater attention to the problems of individual learners.
2. Personnel more highly trained in preschool education and supported by inservice training and technical assistance as needed.
3. Family oriented services as opposed to either child centered programs or treatment of child and parent as separate entities.
4. Intense involvement with public schools and other community agencies. (Followup

of children who left the program was common and tended to assure the continuity of services from one setting to the next.)

5. Program directors who asserted their leadership in planning, training, curriculum instruction, funding, and community relationships.

Many of the select programs began with services to the handicapped and gradually accommodated typical children, an approach alien to most integration efforts. Success with all children—whether handicapped or not—was rooted in ample resources, skilled personnel, and dynamic leadership. The problems of serving handicapped children in integrated preschool settings were largely surmounted in the select programs because the resources existed to accomplish the objective.

#### **Conclusion**

In its first year of implementation, the legislation mandating Head Start services to handicapped children has been modestly effective. These accomplishments, more directional than revolutionary, are indicative of both success and failure. Improvements are evident in the level of parent involvement, community contacts, awareness of individual needs, and services to the more seriously impaired. On the other hand, many seriously handicapped children are still not enrolled in programs, the labeling of children with minor problems has increased, and Head Start staffs have sometimes grown openly resentful or highly anxious about the assumption of new responsibilities for which they feel ill equipped in terms of time, energy, and training. The experimental programs were plagued by identical problems and were only slightly more successful in meeting the needs of their handicapped clients. Only a few of the select programs demonstrated the present capacity and inclination to deal effectively with the handicapped population in ways which accrued to the advantage of all children. To the extent that special educators can learn from their accomplishments, it would appear that resources, skill, dedication, and leadership still make the difference. How to assure these qualities in all Head Start programs is a resolvable problem; it is one within special education's present capacity to achieve. The following recommendations and statements of policy may prove useful in giving further direction to current efforts.

## Policy Recommendations

Based on our research, we make the following recommendations for change in policy:

1. The requirement that not less than 10% of the enrollment opportunities in Head Start be made available to handicapped children should be reevaluated. This portion of the mandate has resulted in the labeling of some youngsters with minimal deficits, while others with more serious impairments have remained unserved. Whether the legislation was intended for all degrees of handicapping conditions (mild, moderate, and severe) or specifically intended to bring services to the severely involved is a matter requiring clarification. Regardless, it should remain the goal of OCD and its agencies to significantly increase the participation of moderately and severely handicapped children in regular Head Start programs.
2. Head Start programs should emphasize the identification and recruitment of severely and multiply handicapped children. A percentage requirement, if maintained, may be most appropriate to this group. National consultants to this investigation suggested a figure between 3% and 5%. Head Start must take an unequivocal stand against the exclusion of children as justified by the severity of their handicaps.
3. The organization of segregated settings is anathema to the long term interests of handicapped children and must be prohibited. Even short term exceptions should be viewed as preludes to permanent segregation.
4. To promote greater inclusion of severely impaired children in Head Start programs, major strategies should be developed for collaboration with related community agencies and public schools. Intercommunity cooperation is the cornerstone of responsible recruitment, treatment, and the continuity of services once begun.
5. Parents must be involved in policy development and implementation as full partners in the decision making process. It is not that parents are more worldly, or wise, or trustworthy than professionals, but rather that parents have different agendas and different needs and therefore must be heard.
6. Additional staff and resources should be made available to those programs serving appreciable numbers of the moderately and severely handicapped. Personnel specifically trained to work with these children should do so within integrated settings. Teachers with special abilities—like children with special problems—are in need of the normalcy of typical teaching-learning environments.
7. Teachers with strong backgrounds in child development and clinical teaching may best serve the young handicapped child. Inservice training should emphasize the normalizing aspects of early childhood programs and minimize both the pathologies of handicapped children and the general deficit orientation of typical special education approaches.
8. Local Head Start programs should receive more technical assistance and professional consultation related to services for the handicapped. The professed inadequacy of training and assistance was a recurring theme throughout this investigation.
9. To provide data on the costs of services to handicapped children, a cost accounting procedure should be designed and implemented with a representative sample of Head Start programs. The results of such study should be incorporated into OCD guidelines covering permissible services and the range of expected costs. These guidelines would better enable local units to draw funds, deliver services, and document expenditures in a fiscally responsible manner.
10. With leadership from OCD and BEH, a national plan should be developed to infuse the public with the concept of child variance as a natural aspect of the human condition and seldom indicative of the need to separate, segregate, or exclude.

The Head Start movement is a promising force in the continued struggle against the segregation of the weak, the disadvantaged, and the handicapped. Unfortunately, its potential for serving handicapped children has not yet been sufficiently challenged.

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