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Charles N. Hargis
Charles Hargis, Major Professor

We have read this thesis
and recommend its acceptance:

Olga M. Welch
Regina Frey

Accepted for the Council:

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A STUDY OF ADAPTIVE BEHAVIOR OF RESIDENTIAL AND
DAY STUDENTS ATTENDING A SCHOOL FOR THE DEAF

A Thesis
Presented for the
Master of Science
Degree
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Marie Louise Dixon

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ABSTRACT

The purpose of this study was to determine if day students and residential students attending a school for the deaf significantly differed in adaptive behavior. Twelve residential students and 12 day students were used in the study. The AAMD Adaptive Behavior Scale was used to evaluate the students. The study found that residential and day students do not significantly differ in adaptive behavior skills. Residential and day students did significantly differ in two areas of maladaptive behavior: rebelliousness and untrustworthiness. Residential students were found to exhibit more rebellious and untrustworthy behaviors than day students. This study concludes that residential students and day students possess the skills necessary for them to live in this society independently.

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CHAPTER I

INTRODUCTION

Adaptive behavior is a general term used to describe behaviors and skills individuals possess in order to function independently in this society. There are many relevant terms associated with adaptive behavior that describe these skills and the development of these skills. In the investigations made by Coulter and Morrow (1978), self help skills, independent living skills, social maturity, and social competency are common terms related to adaptive behavior. While there are many terms, a common element to all is social development. The goal of social development is independent living.

Social development is the process by which an individual learns to function in society, including how to care for himself and others. It is an ongoing process: a process that changes with societal expectations and age. Social development begins at infancy, and the atmosphere that surrounds the child as she grows supports or delays this development (Naiman, 1974). As children mature chronologically, children should also be developing and maturing socially. To foster development and maturity, an individual must acquire and retain experiential knowledge (Grossman, 1977) and use that knowledge in social interactions (Burnes, 1958). Social experience, therefore, must be available and utilized for one to develop socially and to function effectively. Josselson, Greenberger, and McConochie (1977) believe that social experience is necessary, but the development and

and utilization of individual and interpersonal skills are important, too. These skills include relating with groups of people, adults, and children. According to Hilliard (1978), social development is progressing appropriately if these skills are being demonstrated. The ultimate goal of social development is to be independent in the care and maintenance of oneself and others. How that independence is measured and what behaviors that independence involve are determined by society. As age increases and societal expectations demand more of the person, that person must adapt his behavior and use the social skills appropriate for his age. When behavior is not adapted according to age, society often does not approve of the person or thinks him incompetent.

It has been suggested in educational and psychological literature that handicapped children often do not develop adaptive behavior (social skills) appropriate to their chronological ages (Altshuler, 1974; Lambert & Nicole, 1976; Myklebust, 1964). Social skills are developed through observation, experience, and exposure to different situations. According to Gresham (1981), handicapped children do not learn social skills by observation of others. They must be "instructed, trained, or reinforced" (Gresham, 1981, p. 139) for developing and using social skills. Because there are so many areas of adaptive behavior, such as independent living skills, school and work social skills, and family responsibilities, the program and training must be well planned to increase social maturity (Myklebust, Neyhus, & Mulholland, 1962). Myklebust (1964) advocates

that consistent and long term social skills training is necessary for the deaf child. This training should emphasize self-direction, socialization, and occupation. According to Gresham (1982) skills training involves three things: 1. manipulation of antecedents (initiating interactions--"Let's play"); 2. manipulation of consequences (making contingencies--"Eat your peas and you can have ice cream"); 3. modeling (demonstrating appropriate behavior so that the child can imitate it). The first two are effective behavior modification techniques; modeling is not very effective with handicapped children. However, Gresham (1982) does believe that modeling social behavior could be effective if it is carefully and appropriately planned and sequenced. Evidence from this study and others suggest that social skills training is necessary and important for the handicapped, including the deaf, to achieve independence and to help prevent other problems such as isolation from developing (Lemanek & Gresham, 1984).

The necessity of skills training is undisputed, but where is this training most effectively done? The deaf are usually raised in one of two environments: residential schools or homes. Myklebust and Burchard (1945) report that social maturity is neither being developed nor hindered in deaf children attending residential schools. The environment and dealings with the environment influence social maturity. Therefore, residential schools must in some way affect it. Home environments contribute to the acquisition of social maturity through interaction with the family and other people in the community, and responsibilities within these entities. Surely, residential

settings offer similar experiences. Some deaf students demonstrate more social maturity than other deaf students. There is not a definitive reason for this, but perhaps the influence of the residential school or home environments may begin to explain these variances in social maturity.

Statement of Purpose

The purpose of the study is to determine whether residential students and day students attending a school for the deaf significantly differ in adaptive behavior. It is anticipated that a difference between the two groups may be due to the environment in which they are developed: an institutional or a home environment. The study will attempt to prove that one of these environments offers more opportunities and responsibilities important in developing strong independent living skills. Also the results may have implications for determining whether students derive greater benefits from residential or day placement.

Importance of the Study

Traditionally, educators and parents of handicapped children have been concerned about their ability to function in this society. This study will investigate many domains of adaptive behavior that are important in independent living. While many recent studies (Meadow, 1983; Ferraro, 1984; Orkan, 1978; Schnidele, 1974; Farrugio & Austin, 1980; Sarfaty & Datz, 1978) have investigated day students attending a public school as well as residential students, very

few studies have compared residential and day students attending a residential school (Witthford, M., Wilton, K., and Parsons, M., 1978; Wells, W., 1976). This study hopes that by comparing the adaptive behavior demonstrated by residential and day students, an indication may be made as to how the environment affects adaptive behavior. As a result of this study, areas of adaptive behavior that need to be strengthened and trained in the home or schools may be identified. One socialization goal in this society is the ability to care for oneself and others; therefore, it is important to investigate those variables which contribute to or delay social development in hearing impaired students.

Hypothesis

This study consists of one hypothesis: there is no significant difference in the adaptive behavior of residential students and day students attending a school for the deaf.

Research Questions

1. Is there a significant difference between the day and residential students in domain scores on the Adaptive Behavior Scale (ABS)?
2. Are there any significant differences between day and residential students on scores obtained on either of the two parts of the ABS?

3. Are there any significant differences between day and residential students on each of the five factor scores on the ABS?

Definitions

Adaptive Behavior: The degree to which a person demonstrates personal independence and social responsibility appropriate to his age and culture (Grossman, 1974).

AAMD Adaptive Behavior Scale--School Edition: A rating scale used to evaluate skills which are necessary for personal independent functioning and to evaluate behaviors that might affect the demonstration of personal independence.

Domains: Broad categories of skills and behaviors evaluated in the AAMD Adaptive Behavior Scale.

Deafness: Hearing is disabled to an extent (usually 70 dB or greater) that precludes the understanding of speech through the ear alone, with or without the use of a hearing aid.

Limiting Disability: Other handicaps besides deafness, such as blindness, mental retardation, motor impairment, and emotional disorders that might influence the acquisition of adaptive behavior.

Residential Student: A student who attends school and lives on the campus in dormitories.

Day Student: A student who lives at home but attends a residential school.

CHAPTER II

REVIEW OF LITERATURE

The review of literature consists of two areas: adaptive behavior and the measurement of adaptive behavior, specifically the AAMD Adaptive Behavior Scale, School Edition.

Adaptive Behavior

Adaptive behavior, or the manner one behaves and functions in society, is an area of fascinating research. Much of the research has been based on mentally retarded people. Today, adaptive behavior is part of the requirement determining mental retardation. It is an important area to investigate not only for mental retardation but for other handicapping conditions, such as deafness and blindness. Handicapping conditions can deter successful, independent functioning in this society. It is important to determine behaviors and skills handicapped students already have and those that they need to better serve them in education and in the community.

Adaptive behavior involves many variables in its development: family and school structures, experiences in different situations, societal mores, and psychological and emotional adjustment. Adaptive behavior is achieved by everyone as he matures, yet each person reaches a different level of adaptive behavior. While most people reach a level acceptable to society, some do not.

Deaf people often do not reach a level of adaptive behavior acceptable to society. They are deemed immature and irresponsible. Why is it that deaf people are generally socially immature? Rosenthal (1966), suggests that children can begin life with the same pre-requisites for social growth as others, but the lack of audition significantly affects this development (Altshuler, 1974). Everyone begins with the potential to obtain an acceptable level of social maturity, but for the deaf, that potential is usually not developed fully. As a result, their social maturity level is often not high enough for them to be self-supportive (Myklebust, Neyhus, and Mulholland, 1962): that is, providing for their families and being employed. Myklebust et al. state this with assurance; they also state that even though the deaf show more dependence than the average hearing person, they do support themselves. While these are contradictions, they lend themselves to generalities. It is important to realize that some deaf people can live on their own, if they get maximal assistance from others; other deaf people obtain enough social independent living skills to be more self-supporting and independent, requiring only minimal assistance from others.

There is little in the literature that suggest why some people remain dependent. However, Rosenthal (1966) offers a plausible explanation: he believes that while deaf children have the potential to mature socially, they are frustrated by being different, physically and communicatively. They deal with their frustrations by withdrawing or becoming aggressive. These lead to insecurity and isolation.

Being isolated, they do not learn to cope with social situations. Social interactions are important in developing and learning social skills. But as Coady (1984) states, social interaction is often ineffective because the skills are so basic. Deaf children do not learn to anticipate outcomes, plan to meet goals or think of other people's feelings. These important skills can be generated in the schools and home.

Studies regarding deafness and social development have mostly investigated life in the residential school and home. The kinds of experiences that children have in these situations are significant and looked at separately because the environments in which the children live, and the experiences offered to them in these environments affect their development of independence.

Children live at residential schools for a number of reasons: they are the only places available providing necessary medical and educational services, the family situation is such that the deaf child cannot be managed effectively, and parents believe that their deaf child should be with other deaf children. In a residential school, children are housed in dormitories. They live with children their own ages and are supervised by dorm counselors. It is a type of community living with little privacy or individualism: students get up at the same time; they eat at the same time, etc. But living in a residential school does allow them to live with other deaf children which Burnes (1958) believes is important. According to Burnes (1958), living in a residential setting, where everyone has a common handicap, provides a "normal" environment for them which

is important for development. However, the environment must be rich in experiences for the deaf students to become self-functioning, independent members of society.

Some residential schools have activities designed to promote social growth and independence, such as social functions, team sports, and clubs where students must work together and make decisions. By participating in these activities residential students may develop skills that facilitate independence. Day students on the other hand often do not participate in after school activities (Burnes, 1958), yet many acquire independent living skills. Perhaps these skills are obtained through informal learning at their homes. Informal learning is an important component of social development. Residential schools need to provide informal, varied experiences, decision making and responsibilities (Naiman, 1974). Some residential schools are providing these by incorporating student work funds, leisure-time activities, student council, and apartment living on campus (Peck, 1964; Delgado, 1982; Beckman, 1977). In order for students to participate in these activities, they must demonstrate independence and self-direction. These situations provide impetuses for demonstrating responsibility and maturity needed to participate in them.

Of course not all residential schools provide opportunities which require responsible actions and independence from their students. Evans (1975) and Meadow (1968a) indicate that residential schools could significantly inhibit the development of social maturity. Schloss (1983) found that school personnel may

significantly influence hearing-impaired students' social development, depending upon how personnel instructs and counsels. The goal of a residential school is to stimulate emotional and intellectual growth (Naiman, 1974), which are involved in the development of independence. Instruction and counseling techniques which residential schools employ may not be stimulating growth in these areas. Studies have found that institutions, which residential schools are, often foster dependent, not independent behavior (Thormahlen, 1965; King, Raynes, and Tizard, 1971). This could be a result of children not being required to think for themselves or make their own decisions. Because children in an institutional setting are usually in groups, to experience something independently is rare. Individual as well as group activities should be utilized in order to gain social skills (Dumbo, 1960). These programs should be social as well as academic in nature. Josselson, Greenberger, and McCononchie (1977) have suggested that individual instruction as well as organized group instruction which allows peer interaction are important in developing social skills. While organization is important in school and living skills, many residential schools are so regimented (for control of the numerous students), that instead of helping students achieve independence, they stifle it (Peck, 1964). This type of regimentation is too extreme. Students need to learn to control themselves, and this cannot be done if they do not experience things in life without constant supervision and being told what to do. Even Burnes (1958), a supporter of residential schools, realizes the importance of experiences and

opportunities outside the residential school in the development of social maturity. Quick (1965) also states that more is needed to develop social maturity than school experience. Experiences different from those encountered in school living are needed. An environment that could supply opportunities for social development not available in the residential schools is the home.

Day students reside at their homes, but attend classes at a residential school for the deaf. Here they receive appropriate services that may not be readily available to them in a public school, such as teaching personnel trained in deafness, audiologists, and auditory equipment. Even if these services were readily available, the child may not be a candidate for mainstreaming in a public school because of academic or social problems. While day students may be delayed socially, it is believed that day students are more socially mature than residential students (Meadow, 1968b). Streng and Kirk (1938) suggest that institutional children are not as socially mature as children living at home.

What could be present in the home not found in residential schools that would positively influence social maturity? The family unit: parents and siblings, and the relationship among them. Rosenthal (1966) has found that social development begins with the relationship of the child and his parents and the other family members. Quick (1965) agrees that family and parents are important. He found that socially successful deaf people were given opportunities to develop socially by their parents. Within the family structure, family and self responsibilities and emotional security

foster the development of independent living. Parents who expect their children to assume responsibilities are showing that they believe their children can succeed. This attitude carries over to their deaf children. When deaf children see that they can be responsible members of the family and contribute to the family, then they will believe that they have some control over what they can do and strive to be independent in society. This is an important attitude in social maturity.

Of course social maturity is not always encouraged in the family. Parents of the handicapped often deny their children having a handicap. Parents do not learn about the handicap, how the handicap will affect their child, what they can do to help the child live as normal as life as possible. This attitude is usually seen in parents of children whose handicaps are visible. But this is true even of parents of the deaf. Their refusal to accept the handicap and learn of its limitations hinders the development of their children (Burnes, 1958). When parents do not accept their child's handicap and prevent her from experiencing different situations, they are being ever-protective and this does not help the child become independent. Because the child will not learn how to care for himself, but will continue to learn to be dependent on others, parents need to accept their child, believe in him, and show him how to care for himself. Granted this is difficult, but worth the effort.

Adaptive behavior (independence) is one of the main goals of social maturity. In researching on the development of social

maturity, the concentration has been on the influence of school and family life (Burnes, 1958; Myklebust, Neyhus, Mulholland, 1962; Quick, 1965; Rosenthal, 1966; Witheford, Wilton, & Parsons, 1978; Wells, 1976). Certainly both offer opportunities in which students may grow socially. They also can restrict the necessary experiences needed for development. Perhaps the two could be combined, using the best from both settings. If a residential school is necessary, then perhaps a less institutionalized environment can be provided, such as housing students in cottages with parent figures and allowing different aged children to live together. Families need to accept their handicapped children. They also need to be educated about what their children can do and be supported in their efforts in rearing their children.

AAMD Adaptive Behavior Scale

For use in this study, the AAMD Adaptive Behavior Scale--School Edition was selected. It is based on the AAMD Adaptive Behavior Scale, Public School Version, 1975, which was intended to evaluate independence, social and personal responsibility (Lambert & Nicole, 1976). Teachers' ratings of students' social functioning were used to establish the norms on the AAMD Adaptive Behavior Scale, Public School Version (Lambert, 1979). No new reliabilities were made on the revised test (Wakefield, 1979). Teachers were selected because they generally have a good knowledge of children's functioning and behavior in school (Lambert, 1979), and teachers are responsible for the educational program and should be involved

in the assessment process (AAMD Adaptive Behavior Scale, School Edition, 1981). The AAMD Adaptive Behavior Scale, Public School Version was normed on mentally retarded children and nonhandicapped children aged 3 to 16 years. Even though the Adaptive Behavior Scale was normed on these populations, it is appropriate to use with deaf students because the behaviors that are evaluated are behaviors that deaf students should possess. It is not a self-rating scale; therefore, the language of the test poses no problem. In this study no comparisons will be made to the norms. The information will be relevant only to these deaf students. This scale was used instead of another one (the Vineland, for example) because a maladaptive behavior measurement is included which is an advantage over the Vineland (Roszkowski, 1980).

Validity and reliability was reported on the AAMD Adaptive Behavior Scale, School Edition. In domain score validity, domain scores were compared to IQ scores. Students scored low (.18) to moderate (.63) depending on the domain. Domains cognitive in nature, such as Language Development, Economic Activity, Number and Time, produced high correlations with IQ scores. Other domains, such as Physical Development, Socialization, and Self-direction, are social skills, and not really influenced by IQ. There was a lower correlation between IQ score and domain score.

Construct validity was reported in terms of the relationship of factor scores to IQ scores and the relationship of factor scores to achievement scores. Factors were formed by combining similar areas of assessment. For example, Independent Skills and Personal

Adjustment became Personal Self-sufficiency. Again, those that are cognitively based correlated highly with IQ scores.

For all 21 domains, the mean test-retest reliability is .91. The mean interrater reliability is .76 (Isett and Spreat, 1979). According to Wakefield (1979), more information about the test-retest reliability and the Kuder-Richardson reliability for internal consistency is needed. The coefficient-alpha technique was used to determine internal consistency. Of high internal consistency are Community Self-sufficiency, Personal-social responsibility, and Social adjustment factors. Personal Self-sufficiency followed these, and the lowest internal consistency occurred in the Personal Adjustment factor (Lambert, 1981).

CHAPTER III

METHODOLOGY

Because of student involvement in this study, approval from the Graduate Research and Development Office at The University of Tennessee, Knoxville was required to begin the research. Once approval had been obtained, the Superintendent and the Curriculum Coordinator from the Tennessee School for the Deaf were contacted for permission to conduct the study using students from the Tennessee School for the Deaf. Once this permission was obtained, the school psychologist provided a list of 150 residential students and 40 day students. The students were aged 11 to 21 years and had average or above average IQ's. From this list the students who met the criteria for the study were determined. The criteria were (1) age: 13 to 21; (2) IQ: average or above; and (3) hearing loss: 90dB or greater in the better ear in the speech range. Once these students had been selected, parental permission had to be obtained. Letters were delivered to the day and residential students who took the letters home for their parents to sign and return. The letters contained information about the study and how the students would be involved (see Appendix A). Follow-up letters containing the same information and including the signature of the Director of Child Studies from the Tennessee School for the Deaf were mailed to parents who did not respond to the initial letter (see Appendix B). The students' homeroom teachers were also contacted, asking them to

complete the Adaptive Behavior Scale on the students (see Appendix C). The final population was matched by age and IQ from those who had permission from their parents and whose homeroom teachers agreed to participate.

Population

Twenty-four students met the criteria of the study and had parental permission to participate in the research. The population consisted of 12 residential and 12 day students. Of the residential students, 5 were 13 year old males. Three students were 14 year old males. There were two 15 year olds (one male and one female), and two 19 year olds (1 male and 1 female). The day students were composed of six 13 year olds (3 males, 3 females), two 14 year old males, one 15 year old male, one 16 year old female, and two 19 year olds (1 male, 1 female). The residential students were matched to the day students according to age and IQ. Performance IQ ranged from low-average to superior. Individual IQ scores were not available; however, the ranges were as follows:

Low-average	80-89
Average	90-109
High-average	110-119
Superior	120-129.

All the students had a hearing loss in the speech range in the better ear of 90dB or greater. They also had no other limiting disability.

The length of residence of the residential students and the number of years in school of the day students were noted. The 13 year old day students had been in school from 6 to 9 years. The 14 year old day students had been in school for 10 years. The 15 year old day student had been in school for 11 years. The 16 year old day student had been in school for 13 years. The two 19 year old day students had been in school for 15 years and the female was a residential student for 6 years. Of the residential students, the 13 year olds had been in residence 3 to 9 years. The 14 year olds had been in residence from 3 to 11 years. Both 15 year olds were in residence 6 years, and the two 19 year olds spent 12 and 15 years in the residential school (see Table I).

Test Materials

The students were evaluated with the AAMD Adaptive Behavior Scale, School Edition. The Adaptive Behavior Scale is used to evaluate independence, social responsibility, and personal responsibility. It assesses many aspects of social and independent behaviors such as self-help skills, social attitudes, manners, and socialization. These behaviors are categorized into 21 domains which are described below.

Independent Functioning involves the personal care and maintenance of oneself and one's belongings. Without these behaviors one cannot be independent. Physical Development looks at any physical problems which might affect the acquisition of independent living skills, such as blindness and the use of limbs. Economic Activity

Table I. Description of population.

<u>Student</u>	<u>Age</u>	<u>Sex</u>	<u>IQ Range</u>	<u>Years in School</u>
<u>Day</u>				
1	13	M	120-129	6
2	13	F	90-109	9
3	13	M	80-89	9
4	13	F	120-129	9
5	13	F	90-109	9
6	13	M	120-129	7
7	14	M	90-109	10
8	14	M	120-129	10
9	15	M	120-129	11
10	16	F	90-109	13
11	19	F	90-109	15
12	19	M	120-129	15
				(6 years in residence)
<u>Residential</u>				
1	13	M	90-109	9
2	13	M	120-129	10
3	13	M	90-109	3
4	13	M	80-89	9
5	13	M	90-109	8
6	14	M	120-129	11
7	14	M	120-129	3
8	14	M	90-109	8
9	15	M	120-129	6
10	15	F	120-129	6
11	19	M	80-89	12
12	19	F	90-109	15

indicates one's ability to shop and handle one's finances which is necessary for independence. Language Development assesses expressive and receptive language as well as social language which involves conversing and responding when spoken to. Numbers and Time are evaluated in terms of simple addition and concepts of time. These aspects of adaptive behavior are needed to maintain finances and employment independently. Prevocational Activity looks at school and employment work habits. Self-direction evaluates a person's initiative, attentiveness, and persistence at completing tasks, and making use of leisure time, which are important in independent living. Responsibility involves personal responsibility and responsibility to others. An independent person is responsible to himself and usually to others. Socialization measures the interaction with others, including active participation and consideration for others. The remaining domains are those that indicate maladaptive behaviors which might affect the acquisition or utilization of independent living skills. Aggressive describes the degree that one damages oneself and others and damages personal property as well as the property of others. Anti-social vs. Social Behavior indicates the incidence of verbal abuse, bossiness, and inconsideration of others. Rebelliousness indicates the frequency with which one does not conform to rules or authority. Trustworthiness evaluates the person's tendency to steal, lie, or cheat. Withdrawal vs. Involvement establishes the degree to which one demonstrates inactivity, unresponsiveness, and timidity. The next four domains reflect the social acceptability

and responsibility aspects of adaptive behavior. Mannerisms investigate whether a person exhibits peculiar mannerisms that might affect independent functioning, such as continuous body stimulation and unusual sitting, standing, or lying postures. Appropriateness of Interpersonal Manners describes inappropriate activities that are done to others, such as blowing and burping at others, touching others inappropriately. Acceptability of Vocal Habits characterizes a person's speech/vocal habits that disturb others, such as mimicking others' speech and laughing inappropriately. Acceptability of Habits looks at behaviors that are eccentric and not generally accepted by this society, such as smelling everything, biting clothes and fingers, and tearing clothing. The Activity Level indicates the person's hyperactive tendencies. These tendencies might prevent one from exercising behaviors of independent functioning such as tenacity to complete tasks. Symptomatic behavior lists behaviors that would impede interaction with others and demonstrate irresponsibility to oneself and others. Some of these behaviors are: becoming upset for no apparent reason, being suspicious of everyone, and regarding oneself as superior. The Use of Medications gives the rater an idea of the person's health condition. Effects of medication may increase or inhibit the acquisition of independent functioning.

These domains are divided into two parts: Part One contains skills and behaviors important in personal independence in daily living; and Part Two contains characteristics related to behavior and personality disorders which might affect independent living.

In Part One, several statements are presented, and the rater selects the statement that applies to the student. The rater circles all the statements that apply or circles only one statement as indicated. An example of how this rating might be recorded follows:

Sense of Direction
(circle only one)

Goes a few blocks from school grounds without getting lost	③	
Goes around school grounds without getting lost	2	
Goes around school room alone	1	
Gets lost whenever outside school room	0	3

Public Transportation
(circle all that apply)

Rides on train, long-distance bus, or plane independently	①	
Rides in taxi independently	①	
Rides subway or city bus for unfamiliar journeys independently	①	
Does none of the above	0	3

Part Two requires the rater to determine the frequency that the stated problem behaviors occur. An example of this rating procedure follows:

<u>Is Shy</u>	<u>Occa-</u>	<u>Fre-</u>
	<u>sionally</u>	<u>quently</u>
Is timid and shy in social situations	1	2

Hides face in group situations (parties, informal gatherings)	1	2	
Does not mix well with others	1	②	
Prefers to be alone	1	②	
Does none of the above	0	0	4

In addition to the already discussed two parts, the domains are also grouped to form five factors. These factors are:

(1) Personal Self-sufficiency--attending to personal care; (2) Community Self-sufficiency--social independence in the community setting; (3) Personal-Social Responsibility--taking responsibility for one-self; (4) Social Adjustment--aggressiveness, problems in inter-personal relationships; and (5) Personal Adjustment--behaviors that indicate emotional or behavioral problems. These factors provide additional information about independent functioning.

Validity and Reliability Scores

To obtain the validity of the domain scores, the raw scores were compared to IQ scores. Students scored low (.18) to moderate (.63) depending on the domain. Domains which were cognitive in nature, such as Language Development, Economic Activity, Numbers and Time, produced high correlations with IQ scores. Those domains which were related to social skills, such as Physical Development, Socialization, and Self-direction, are not influenced greatly by IQ, thus the correlations were low.

Construct validity was determined by the relationship of factor scores to achievement scores. Those factors which are cognitively based correlated highly with IQ scores.

For all 21 domains the mean test-retest reliability is .91. The mean interrater reliability is .76 (Isett and Spreat, 1979).

Testing Procedures

Once the subjects were identified, their homeroom teachers were given the AAMD Adaptive Behavior Scale--School Edition to assess the students. Teachers were selected because they generally have a good knowledge of children's functioning and behavior in school (Lambert, 1979), and teachers are responsible for the educational program and should be involved in the assessment process (AAMD Adaptive Scale--School Edition, 1981).

All the teachers who completed the Scale on the students first received a letter describing the study (see Appendix C). Upon their agreement to participate in the study, written directions were provided (see Appendix D). Eight school days were allowed for completion of the scale. The teachers rated the students on each item of the test. These items were summed to obtain domain scores. Item and domain scores were used to determine the scores of the two parts and the factor scores. The tests were returned with only the students identification numbers on them to ensure confidentiality.

Statistical Procedure

The data were reported in raw scores for each item, domain, and factor of the Adaptive Behavior Scale. The data were analyzed using t-tests and the Mann-Whitney U-test. T-tests are used to compare the mean scores of two groups which are small in number. When

using the t-tests, the assumption is made that the two groups have the same degrees of variability (Huck, Cormier, and Bounds, 1974). T-tests were used to compare the two groups and to compare each group to a norm mean. The norm mean was that of regular 13 and 14 year olds, because most of the subjects in this study were 13 years old and had average or above average IQ's. There were 7 t-test analyses to answer the following research questions:

1. Is there a significant difference between the day and residential students in domain scores on the Adaptive Behavior Scale (ABS)?
2. Are there any significant differences between day and residential students on scores obtained on either the two parts of the ABS?
3. Are there any significant differences between the day and residential students on each of the five factor scores on the ABS?
4. Is there a significant difference between the residential students and the norm group on the total score of the ABS?
5. Is there a significant difference between the day students and the norm group on the total score of the ABS?
6. Is there a significant difference between the residential students and the norm group on the domain scores of the ABS?
7. Is there a significant difference between the day students and the norm group on domain scores of the ABS?

The Mann-Whitney U-test was performed on the mean scores of domains 11 through 14, factors 2 through 4, part two, and the total score. The means on these sections of the Adaptive Behavior Scale varied greatly. This test is appropriate to use when the data of two independent groups are skewed. The means on the total test varied nine points; Part Two differed 10 points. The means of domain 11 through 14 varied 50%. The means of factors 2 and 3 varied 3 points, and factor 4 varied 7 points. It was felt that these differences in means were great enough to use the Mann-Whitney U-test because the means were not normally distributed.

The results of the t-tests and the Mann-Whitney U-test are presented in Chapter IV.

CHAPTER IV

FINDINGS AND DISCUSSION

Findings

The purpose of the study was to determine if day students and residential students significantly differ in any aspect of adaptive behavior as measured by the AAMD Adaptive Behavior Scale--School Edition. From the information it was hoped that evidence could be presented to signify different influences of residential and home environments on the acquisition of independent living skills.

Item scores were tallied to determine the domain scores, the scores on the two parts, and the factor scores. These raw scores were used to calculate the means and standard deviations of the domains, the two parts, and the five factors. T-tests were used to answer the research questions. The results of the t-tests follow.

1. Is there a significant difference between the day and residential students in domain scores on the AAMD Adaptive Behavior Scale?

The t-tests indicate that there is no significant difference between day and residential students in domain scores at the .05 level of significance. Table 2 illustrates the results of the t-tests on the domain scores.

Table 2. Differences in Adaptive Behavior: Domains.

Domain	Residential M	SD	Day M	SD	t	
1	67.08	10.264	68.00	10.557	.2257	NS
2	20.42	.792	20.50	1.834	.1445	NS
3	11.16	3.563	9.91	4.999	-.7053	NS
4	30.50	5.838	30.083	5.534	-.1794	NS
5	11.50	.674	11.25	.965	-.7355	NS
6	8.08	3.369	8.66	2.498	.4817	NS
7	14.83	5.271	15.66	4.960	.3988	NS
8	4.08	1.621	5.25	1.288	1.951	NS
9	21.08	4.209	20.75	3.980	-.6458	NS
10	2.50	3.451	1.58	3.502	-.6458	NS
11	11.16	12.946	6.58	10.130	-.9658	NS
12	8.00	12.380	4.16	6.739	-.9420	NS
13	2.00	4.000	1.08	1.781	-.7252	NS
14	1.41	1.240	2.08	3.203	.6722	NS
15	.83	1.114	.91	.900	.2015	NS
16	.25	.621	.25	.866	.0000	NS
17	.83	2.037	.66	1.230	-.2425	NS
18	1.16	2.289	1.08	2.193	-.0910	NS
19	.58	.996	.41	.900	-.4300	NS
20	4.83	4.969	4.83	5.921	.0000	NS
21	0.00	0.00	0.00	0.00	.000	NS
						p<.05

2. Are there are significant differences between the day and the residential students on Part One and Part Two of the AAMD Adaptive Behavior Scale?

The results of the t-tests suggest that there are no significant differences between the day and residential students on Part One and Part Two of the AAMD Adaptive Behavior Scale at the .05 level of significance. Table 3 provides the mean, standard deviation, and the t scores on the two parts.

3. Are there are significant differences between the day and residential students on each of the five factor scores on the AAMD Adaptive Behavior Scale?

Of the five factors, there were no significant differences between day and residential students at the .05 level of significance as produced by the t-tests. Table 4 provides the means, standard deviations, and t scores for the five factors.

Four additional t-tests were performed to compare the day and residential students to the regular 13-14 year old norm group. Research questions and the results follow.

4. Is there a significant difference between the residential students and the norm group on the total score of the Adaptive Behavior Scale?

There is no significant difference between the residential and the norm group on the total score of the Adaptive Behavior Scale at the .05 level of significance.

Table 3. Differences in Adaptive Behavior: Part One and Part Two.

Parts	Residential M	SD	Day M	SD	t
Part One	188.75	29.227	290.08	31.254	.1081 NS
Part Two	33.91	36.54	23.66	31.909	-.7320 NS
					p<.01

Table 4. Differences in Adaptive Behavior: Factors.

Factors	Residential M	SD	Day M	SD	t
1	50.00	4.264	50.16	4.324	.0951 NS
2	79.08	15.429	76.41	16.703	-.4062 NS
3	72.16	13.835	69.58	17.254	-.4046 NS
4	29.75	33.602	22.33	31.390	-.5587 NS
5	1.91	3.203	1.83	2.405	-.0720 NS
p<.05					

5. Is there a significant difference between the day students and the norm group on the total score of the Adaptive Behavior Scale?

No significant difference was found between the day students and the norm group on the total score of the Adaptive Behavior Scale at the .05 level of significance.

6. Is there a significant difference between the residential students and the norm group on the domain scores of the Adaptive Behavior Scale?

The results of the t-tests produced no significant differences between the residential students and the norm group on the domain score of the Adaptive Behavior Scale as measured at the .05 level of significance.

7. Is there a significant difference between the day students and the norm group on the domain scores of the Adaptive Behavior Scale?

There is no significant difference between the day students and the norm group on domain scores of the Adaptive Behavior Scale.

Because some of the data of the two groups were skewed, the Mann-Whitney U test was administered. Areas of the Scale that were tested with the Mann-Whitney U test were Part Two, Domains 11-14, and Factors 2-4. Significant differences were found in domains 12 and 13 at the .05 level of significance.

Discussion

As the results of the t-tests indicate, no significant differences exist in adaptive behavior between residential students and day students attending a school for the deaf. It was anticipated that a difference would exist because of the possible differences in home and institutional environment influences. The results of this study suggest that these influences did not inhibit the acquisition of adaptive behavior. The t-tests indicate that the day and residential students possess similar skills and behaviors important in personal independence in daily living and neither group possesses significant behavior and personality disorders which might affect independent living. Both groups reportedly demonstrate similar skills and behaviors in caring for their personal beings, functioning independently in the community, and being responsible to themselves. They also exhibit a similar degree of interpersonal, emotional, and behavioral problems. The t-tests found that day and residential students function at similar levels of adaptive behavior.

As well as using the t-tests, the Mann-Whitney U test was done to determine any significant differences between day and residential students on areas of the Adaptive Behavior Scale which had large mean differences. Domains 11-14, Factors 2-4, and Part Two of the Adaptive Behavior Scale had large mean differences. The distribution of data were not normal, and the t-tests were not robust enough to detect any significant differences in these areas.

The Mann-Whitney U Test found that residential students exhibit significantly more rebellious and untrustworthy behaviors than the day students. This may be a result of living in large group situations. Being in a large group, the students are constantly supervised. Residential students may feel they have no control over their lives. Exhibiting rebellious and trustworthy behaviors may be their way of having some control, because they are doing what they want to do and not what someone tells them to do. Because the residential students had significantly more rebellious and untrustworthy behaviors than the day students, the raw scores were looked at in comparison to age and length of residence. Only four students were scored as frequently exhibiting rebellious and untrustworthy behaviors. Two of these students were 13 year old males who had lived at a residential school for eight and ten years. The other two were a 19 year old male and female whose residences have been 12 and 15 years. It was anticipated that age and the length of residence were significant factors, but other residential students who had lived at the residential school for the same period of time were not rated as being rebellious or untrustworthy.

In summary, according to the t-tests, day and residential students possess similar levels of adaptive behavior. These students also exhibit adaptive behavior equivalent to the norms. The Mann-Whitney U-Test, however, showed that residential students were more rebellious and untrustworthy than the day students. Because the Mann-Whitney U-test indicated two significant differences, these

areas of adaptive behavior should be studied in day programs as well as residential programs in more detail. Simply because of the lack of statistical evidence for differences in adaptive behavior between residential and day students, this study should not be construed as endorsement for expanding residential programs.

CHAPTER V

SUMMARY AND CONCLUSIONS

Summary

The purpose of this study was to determine if day students and residential students attending a school for the deaf significantly differed in adaptive behavior. The AAMD Adaptive Behavior Scale--School Edition was used to evaluate the skills necessary for independent functioning and the behaviors that might affect the acquisition of independent living skills. Twelve day students and 12 residential students were evaluated with this test by their homeroom teaches.

The data compiled from the tests were analyzed by t-tests. The Mann-Whitney U-Test was used on the sections of the test that had skewed data. The results of the t-tests showed:

1. No significant difference between day and residential students in domain scores on the AAMD Adaptive Behavior Scale.
2. No significant differences between the day and residential students on Part One and Part Two of the AAMD Adaptive Behavior Scale.
3. No significant differences between the day and residential students on each of the five factor scores on the AAMD Adaptive Behavior Scale.

For comparison to the norms, the t-tests indicated:

1. No significant difference between the day students and the norm group on the total score of the Adaptive Behavior Scale.
2. No significant difference between the residential students and the norm group on the total score of the Adaptive Behavior Scale.
3. No significant difference between the residential students and the norm group on the domain scores of the Adaptive Behavior Scale.
4. No significant differences between the day students and the norm group on the domain scores of the Adaptive Behavior Scale.

The results from the Mann-Whitney U-Test showed:

1. No significant difference between the day and the residential students on Part Two of the AAMD Adaptive Behavior Scale.
2. No significant difference between the day and the residential students on Domains 11 and 14 of the Adaptive Behavior Scale.
3. Significant differences between the day and residential students on Domains 12 and 13.
4. No significant differences between day and residential students on Factors 2-4.

Conclusions

This study has shown that day students and residential students attending a school for the deaf attain similar independent living skills. According to the AAMD Adaptive Behavior Scale--School Edition, both groups are able to care for themselves and others and to function in this society with minimal assistance from others. Likewise, both groups exhibit similar social skills; they can get along with others and accept responsibility. They are able to work and be contributing members of this society, as well. The day and residential students appear to have learned these skills in both the home and the institutional environment. It was anticipated that a home environment and an institutional environment would not provide comparable opportunities and experiences for these skills to be developed. This study suggests, however, that home environments and institutional environments provide sufficient and meaningful opportunities and experiences for the development of independent living skills by day students and residential students.

The independent living skills of deaf students attending a school for the deaf and regular nonhandicapped students are also equivalent which appears to refute research (Altshuler, 1974; Lambert & Nicole, 1976; Myklebust, 1964) that suggests because someone is deaf (or handicapped in any way), (s)he cannot be independent. Deaf students seem to be receiving as much assistance as their nonhandicapped counterparts in the development of

independent living skills and social maturity, irrespective of whether the environment is a residential school or a home setting.

Independent living skills and social maturity are aspects of adaptive behavior. Maladaptive behavior is also considered when talking about adaptive behavior because maladaptive behavior can prohibit the acquisition of independent living skills and social maturity. This study found that residential students and day students do not possess maladaptive behaviors to such a degree that the acquisition of independent living skills and social maturity is negatively affected. However, this study did find that residential students exhibit more rebellious and untrustworthy behaviors than day students. For example, residential students reportedly were more resentful and hostile to people in authority than day students. Also, residential students reportedly lied about situations more frequently than day students. It was thought that the students' ages and the length of residence could be factors in their behaviors. The ages and the lengths of residence were reviewed for the residential students who exhibited a great deal of rebellious and untrustworthy behaviors and for those who did not. It was found that most of the students of the same age and length of residence as the students demonstrating the behaviors did not themselves exhibit rebellious and untrustworthy behaviors. This observation suggests that age and length of residence did not greatly contribute to the students' behaviors. Because this finding reflected the skewed (large differences in the mean scores)

data, it should not be inferred that all residential students are more rebellious and untrustworthy than day students.

Implications

This study revealed that day students and residential students attending a school for the deaf possessed similar levels of adaptive behavior. Both groups of students should be able to live in the community and take care of themselves with minimal assistance from others. The training these students have received to reach this independent level of adaptive behavior was successfully provided both in the home and residential setting.

Traditionally, the home has provided the training necessary for children to help them mature and to become independent members of society. This research has found that the residential school studied also provided sufficient training for its members to be independent in this society. The training for independent functioning includes exposure to and experiencing different situations, anticipating outcomes, and meeting goals. Because the residential school involved in this study provided sufficient experiences for independence, perhaps other residential schools are also providing experiences for their deaf students which will assist them in becoming self-functioning, independent members of society.

Developing self-functioning, independent people is a concern shared by residential schools and parents. Parents who are considering residential programs for their children should be certain that the residential schools provide necessary and meaningful

experiences to foster independent living skills. If the residential settings do not provide the necessary experiences, then placement in another program, a day program, should be considered. This study could help determine if the needs of students are being met. It was found that the residential school used in the study was conducive for learning and growing, and should be considered when placing deaf children for instruction. Whether placed as residential or day students, the benefits of either placement are found to be meaningful and significant.

Limitations

In this study, the following limitations should be considered when interpreting the results:

1. Because of the very small population, the results should not be generalized to other deaf students.
2. The age range was broad over a small sample. Including other age groups may have given additional information about adaptive behavior.
3. Interrater reliability may have been affected because the teachers were not formally trained to rate the students.
4. Some teachers may not have been as objective as other teachers in rating the students which may have also affected interrater reliability.
5. Because some of the data were not normally distributed, the analysis of the data may have been affected.

Suggestions for Further Research

The adaptive behavior of deaf students needs further research. Perhaps the following could be incorporated in future studies:

1. More than one measure of adaptive behavior should be used to obtain a more complete indication of skills students possess.
2. To investigate certain skills that students might possess, particular sections of the AAMD Adaptive Behavior Scale could just be utilized.
3. Teachers need to be formally trained in completing the AAMD Adaptive Behavior Scale prior to receiving the tests.
4. Residential students living in dorms might be compared to those who live in cottages or environments similar to the home.
5. A comparison of students at one residential school to another residential school may provide information about the effects of their programs on adaptive behavior; particularly if their programs are different.
6. A comparison between deaf students attending public school and day students attending a residential school may provide interesting information about adaptive behavior.

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APPENDIXES

APPENDIX A

Dear Parents:

I am a graduate student at the University of Tennessee, Knoxville, majoring in the Education of the Hearing Impaired. I am conducting a research project, investigating the independent living skills of students attending a school for the deaf. I hope to gather information from the students at TSD, and use this information so that TSD and other schools for the deaf may better serve deaf children.

Information will be obtained by using the AAMD Adaptive Behavior Scale. It is a respected test measuring independent living skills. Your children will not be tested. Their teachers will complete the test by answering questions concerning the skills your children have.

I would like your permission for the teachers to answer questions about your children using this Scale. The information will remain confidential. Since ID numbers will be assigned to the children upon commencement of the study, their names will never be revealed to myself or the public. The information will only be used in the study and will not become a part of your children's files.

If you have any questions about the study, please contact:

Marie Dixon
Box H726A
1720 Melrose Pl.
Knoxville, TN 37916
974-4751.

Sincerely,
Marie Dixon
Marie Dixon

Marie Dixon has my permission to use the information obtained from the AAMD Adaptive Behavior Scale for the purpose of the project described above.

Parent's Signature _____
Date _____

APPENDIX B

FOLLOW-UP LETTER TO THE PARENTS

APPENDIX B



TENNESSEE SCHOOL FOR THE DEAF
and
EDUCATIONAL RESOURCE CENTER FOR THE HEARING IMPAIRED
P.O. Box 886
Knoxville, Tennessee 37901

December 6, 1984

Dear Parents:

A couple of weeks ago, your children took letters home to you which described a study being conducted at TSD. The study involves looking at skills your children have that will enable them to live independently. This information will be based on teacher judgements. Your children will not be tested or directly involved in any way. Also, your children cannot be linked back to the information because ID numbers will be used instead of names.

It is important to have as many people in the study as possible. I hope you will permit your children to be a part of the study. If you have any questions, please contact me at:

515 30th Ave. N.
Myrtle Beach, S.C. 29577
(803) 443-9884.

Approved:

Donald V. Thompson

Don Thompson, Director
Child Study Center

Sincerely,

Marie Dixon
Marie Dixon

APPENDIX C

LETTER TO THE TEACHERS

APPENDIX C

Dear Teachers:

I am a graduate student at The University of Tennessee, Knoxville, conducting a study about the adaptive behavior of residential and day students. It is hoped that through this study Tennessee School for the Deaf and other schools for the deaf may better serve deaf children.

Students in your classes have been selected to participate in this study. Information pertinent to the study will be obtained through the AAMD Adaptive Behavior' or Scale. I would greatly appreciate it if you would complete the AAMD Adaptive Behavior Scale on each of the selected students in your classes. The students themselves will not be tested directly. Your participation in this study is vital; however, it is voluntary and you may withdraw without penalty at any time.

The information you supply will remain confidential. The students have been assigned ID numbers; therefore, the names will never be revealed to myself or the public. The information will only be used in the study. It will not become a part of the students' files.

If you have any questions about the study, please contact me at:

Box H726A
1720 Melrose Place
Knoxville, TN 37916
974-4751.

Thank you for your assistance.

Sincerely,

Marie Dixon

APPENDIX D

TEST DIRECTIONS

APPENDIX D

Test Directions:

The AAMD Adaptive Behavior Scale--School Edition is used to assess personal independence and social skills. The responses are based on your observation of the student and knowledge of what (s)he can do. Please respond to each item to the best of your ability.

Briefly, in Part One, each test item indicates to either "circle all that apply" or "circle only one". IF THE STUDENT HAS NO OPPORTUNITY TO PERFORM THE BEHAVIOR, BUT YOU THINK THAT (S)HE IS CAPABLE OF DOING THE BEHAVIOR, GIVE HER/HIM CREDIT. In Part Two, you are to determine how often the student exhibits a behavior: "occasionally" or "frequently". Complete instructions are found within the test.

Please notice on page 3, figure 6, the subdomain totals and domain totals. You do not have to compute these totals, unless you just want to.

VITA

Marie Louise Dixon's interest in special education began while she was a junior in high school. She attended the College of Charleston in Charleston, South Carolina where she received a Bachelor of Science degree in Special Education. In 1983 she entered The University of Tennessee, Knoxville to pursue her interest in the education of the hearing impaired. In 1985 she received a Master of Science degree in Special Education.