Educational Opportunities for Pregnant Students in Selected Utah Schools

Pearl Bergeson

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EDUCATIONAL OPPORTUNITIES FOR PREGNANT STUDENTS
IN SELECTED UTAH SCHOOLS

by

Pearl Bergeson

A seminar report submitted in partial fulfillment
of the requirements for the degree

of
MASTER OF EDUCATION

in
Special Education

Approved:

UTAH STATE UNIVERSITY
Logan, Utah

1974
Acknowledgements

I wish to express my gratitude to Ms. Phyllis Publicover for serving as chairperson of my Graduate Committee, and for her advice and personal support. I also extend appreciation to Dr. Richard Knight for serving on my committee. Special thanks goes to Ms. Joan Thorkildsen for her help and friendship.

I also thank Bruce, for his patient understanding throughout this time of preparation.

Pearl Bergeson
Every girl in the United States has a right to and a need for the education that will help her prepare herself for a career, for family life, and for citizenship. To be married or pregnant is not sufficient cause to deprive her of an education and the opportunity to become a contributing member of society.

The U.S. Office of Education strongly urges school systems to provide continuing education for girls who become pregnant. Most pregnant girls are physically able to remain in their regular classes during most of their pregnancy. Any decision to modify a pregnant girl’s school program should be made only after consulting with the girl, her parents, or her husband if she is married, and the appropriate educational, medical, and social service authorities. Further, local school systems have an obligation to cooperate with such other state, county, and city agencies as health and welfare departments and with private agencies and physicians to assure that pregnant girls receive proper medical, psychological, and social services during pregnancy and for as long as needed thereafter.

The needs of pregnant girls are but one aspect of our concern. Young fathers also require assistance to enable them to meet the considerable responsibilities which they have assumed. We shall continue to emphasize in all aspects of our concept of comprehensive programs for school-age parents, the problems, the needs, the resources, the processes, and the program activities which will serve both young women and young men experiencing or anticipating early parenthood. In so doing, we also serve the children involved, and intend to promote a more successful “service integration model” for them — a strengthened family structure.

The Secretary of Health, Education, and Welfare through his approval of the action memorandum entitled, "Promoting Comprehensive Programs for School-Age Parents," has designated the Office of Education as lead agency in an important departmentwide planning and technical-assistance effort to develop and promote a successful services integration model for meeting the problems related to school-age parenthood.

To accomplish this, we in the Office of Education are joining with our colleagues from appropriate units in the Office of the Secretary, the Health Services and Mental Health Administration, the National Institutes of Health, and the Social and Rehabilitation Service in the formation of an Inter-Agency Task Force on Comprehensive Programs for School-Age Parents.

Through the Inter-Agency Task Force, the Office of Education will take responsibility for helping school systems and their communities to meet the needs of school-age parents. There are implications, of course, for the obligation of school systems to provide all those whom they serve with the knowledge and skills required by those who would be effective parents in our complex society. Perhaps by focusing, in this special effort, on the dimensions of parent education required by those who need it most, much will be gained for all of us.

S. P. Marland, Jr.
U.S. Commissioner of Education
February 29, 1972
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Introduction

Education of women has been neglected in many ways throughout history. In recent decades educational opportunities for women have been greatly expanded. Women have become leaders in education and compose the majority of public school teachers. In spite of these strides in women's education, and growing educational provisions for both men and women, some special groups remain neglected.

This investigator is particularly concerned with one special group: School-age girls who are pregnant. Special educational needs of most school-age pregnant girls are not being met. These young women often face insurmountable difficulties in the schools.

Special educators have traditionally attempted to educate students with a broad spectrum of educational problems. However, they have most often ignored pregnant students. The educational programs for these special students, where they did exist, were operated by social agencies, while the schools offered almost no educational programs for pregnant students. When schools have established programs, special educators have not often been included in the planning or teaching.

Pregnant students make a unique group. The group cannot be categorized as ill, maladjusted, disturbed or handicapped, though individual pregnant school-age girls may be any or all of these. This investigator views these special students as persons in great need of the expertise of special educators, and attention from the educational system as a whole.
Approximately 170,000 of the 210,000 school-age girls who give birth in a given year are deciding to parent their own children rather than give them up for adoption (Nolte, 1973). Whether or not they marry, and about 60% do (Howard, 1971), the continuing education of the pregnant girl or young mother is imperative. Their financial independence, as well as their social, personal, and intellectual maturity, is largely dependent upon the level and quality of their continuing education (Harrison, 1972).

**Statement of the Problem**

The problem investigated in this report is to identify and describe the policies and programs of selected Utah school districts with regard to continuing education of school-age pregnant girls.

**Objectives**

The primary objective of this paper is to describe the policies and programs which exist in selected school districts in Utah. This is accomplished by a survey of school superintendents in Utah, and completion of a questionnaire through interviews with program coordinators in selected districts. The second objective is to compare these policies and programs to the courts' interpretation of the laws regarding the problem. This is done through references to the literature in the discussion. The policies and programs are evaluated in comparison to the programs described in the review of literature. Implications about positive aspects and weaknesses existing in these programs are discussed.

Contributions to the education of pregnant students by special
educators are noted. A third objective is to suggest additional ways special educators could be involved in educational programs for pregnant students.

Limitations

This report is limited to (a) public school policies and programs and how they relate to the laws of the states regarding the common right to public education and (b) a discussion of selected Utah programs in comparison with policies and programs in the literature.

The investigator did not seek information from nor discuss the programs with students in the programs nor with persons from institutions or agencies other than schools. Discussion of the acceptability of the educational programs for pregnant students in this report is limited to the information provided to the investigator by the interviewees.

Definitions

School-age pregnant girls refers to girls who are eligible for public education according to the laws of the state in which they reside. Most states provide public education till the student graduates from high school or reaches the age of eighteen.

In 1973 Utah's state legislature amended the Utah Code so that free public education is available to all persons up to and including age 30, if the person signs a statement saying he is enrolled for purposes of seeking a high school diploma (Utah code, 1973).

This revision is indicative of a changing national picture broadening rights to education. Nevertheless, for this paper,
"school-age" is defined: Girls who are eligible for public education according to the laws of the individual state in which they reside.
Review of the Literature

Dempsey and Ravacon (1971) found a total of 43 articles in education journals in the 1960's which pertained to married and/or pregnant students. Twenty of these articles dealt with the legal rights, personal problems and educational problems of married students. Ten of the articles discussed policies and problems related to the married and pregnant students. The unwed, rather than married, pregnant student was the concern of writers at the end of the sixties. There were twelve articles about unwed students, dominated by discussions about special programs. Dempsey and Ravacon (1971) noted that the literature

... suggests profound changes over the 1960's, but its brevity leaves many questions unanswered and also suggests the need for more articles of a comprehensive nature on the current stance of the field of education. (p. 441)

There was substantial concern for the legal rights of married students in the sixties (Dempsey and Ravacon, 1971), but it was not until the 1970's that the literature reflected this same concern for married or unmarried pregnant students. Nearly seventy articles and books were reviewed for this report, almost all of them published in the seventies. Approximately one-fourth of the articles deal with school policies for and about pregnant students and the legal implications of these policies.

The majority of the remaining references include some discussion of programs in practice. Many of these articles discuss the problem, the
policies, and the programs available either in a specified district, or state (Garmezy, 1970; Milk, 1973), or in the United States as a whole (Howard, 1973).

Baizerman, Ellison, Schlesinger, and Sheehan (1971) conducted a thorough review of literature available on pregnant adolescents including health, psychiatric, psychological, social work sources, as well as educational research. Comments about educational problems of pregnant adolescents were very limited in this review.

The investigator found very few articles in the literature which reported experimental studies. Black (1972) reported an experimental study using group therapy with groups of pregnant and non-pregnant teenagers, versus using groups of only expectant teenagers in therapy, but this was not part of an educational program.

Several surveys were found in the literature. One was an opinion poll of a nationwide sample of classroom teachers (Continuing Education, 1970). The teachers were asked what methods should be used in education of pregnant students. Two surveys sought opinions of secondary school principals (Huber, 1970; Johnson, 1972). Childs (1973) also employed the survey, among other methods, in his comprehensive study of policy and legal implications. Shea (1971) conducted an investigation through perusal of population and school statistics and birth certificate information, as well as a follow-up survey. Dempsey (1972) conducted an extensive follow-up study and reported implications about recidivism (second pregnancies as an unmarried teenager), and post delivery school withdrawal.
A subject which is new in the literature concerning pregnant students since the 1960's is that of prevention of the problem (Dempsey, 1972). Burkhart and Whatley (1973), Dempsey (1972), Grady, Dempsey, and Wilson (1972), Osofesky (1970), and Shea (1971) all discussed the need for, and possible methods of, preventing teenage pregnancies. Prevention methods suggested included explicit and extensive sex education and methods of birth control information and access to such material.

Two major areas of discussion included in the literature were reviewed: (a) the legal status of pregnant students and existing school policies, and (b) the types of programs offered pregnant students.

Legal Status and Policies

By the end of the 1960's, school policies, responding to court opinions, allowed married students to remain in attendance at the regular school. In some cases, married students were allowed to participate in extra curricular activities, a privilege not always granted by the schools (Nolte, 1973). But the pregnant students were always referred to services outside of the regular school such as correspondence courses, adult education, and sometimes were entirely without educational services.

Since 1970 many articles dealing with various facets of this policy problem have appeared in education journals and other sources. The 1972 Yearbook of School Law cites one case which deals directly with pregnant students (Phay, 1972, p. 175). In Massachusetts in 1971 a federal district court ordered readmission to regular classes for a suspended unmarried pregnant student. The court's order was based on
the premise that the school had not shown that classroom attendance would endanger her health, physical or mental, nor "cause a disruption or pose a threat to others (p. 175)." A 1971 Pennsylvania case resulted in a Philadelphia Department of Education provision that pregnant students must attend regular classes unless they present written certification from their physician stating that their health would be harmed by attendance. The court declared the regular classroom the best environment in which to be educated and persons should not be forced, indeed, should not be excused from the regular classroom, unless the student's health is endangered by that attendance (Howard, 1972a).

Cornis (1972) referred to a Mississippi court where it was determined that being an unwed mother was not sufficient reason for exclusion from school. The court reasoned that having one child outside of marriage should not

... forever brand her [the student] as a scarlet woman undeserving of any chance for rehabilitation or the opportunity for future education and that plaintiffs were entitled to be readmitted unless at a fair hearing they were found to be so lacking in moral character that their presence in the school would "taint" the other pupils (p. 656).

Once the child is born, the student should be readmitted. This court ruled with respect to girls who are pregnant:

The purpose for excluding such girls is practical and apparent. The court can understand and appreciate the effect which the presence of an unwed pregnant girl may have on other students in a school (Garber, 1970, p. 82).

The opinion of this court seemed to support the exclusion of pregnant students from school.
The courts have disagreed with the 1970 Mississippi decision concerning school attendance for unwed (or married) students during their pregnancies (Howard, 1972a). Childs (1973) noted that school boards have been awarded decision-making powers with regard to regulations and rule making for schools. However, earlier decisions established that the right to an education is fundamental. The judicial interpretation of this right to an education remains unclear in the minds of many school administrators. To summarize his investigation of the legal status of pregnant students, Childs (1973) said:

Legally, pregnant students and school-age mothers may be temporarily excluded from school when a doctor's recommendation is provided stating that the temporary exclusion is based on the welfare of the mother and/or her child. School authorities must be aware of common law decisions dictating that disruption in the educational process must have occurred before a pregnant student can be deprived of an educational right. Furthermore, courts have stated that before students can be even temporarily excluded from school, an overriding public purpose must be shown by the school officials. Administrators will also note that in such cases the burden of proof rests with the board. In all dismissal cases, the Fourteenth Amendment mandates that students must be afforded due process rights (p. 12).

Because of the changing societal values which have been reflected in legal action discussed above, school boards are being forced to change their policies concerning pregnant students. School board officials are counseled that "considerable legal evidence to support the contention that any educational restriction arbitrarily placed on pregnant students will be lifted by judges (p. 25)." Many persons investigating the situation warned administrators of these trends and encouraged school boards to re-evaluate and rewrite their policies (Childs, 1973; Evers, 1972; Harrison, 1972; Howard, 1972a, 1973; Hudgins, 1973; Wurtz and Fergen, 1970).
A school district could perhaps justify exclusion of a pregnant student if:

1. the girl refuses to place herself under medical supervision...
2. the district is willing to claim and able to prove that the girl in question clearly is immoral...
3. the board is able to prove that a pregnant girl causes a substantial disruption in the operation of her school...
4. the board is able to prove that a pregnant girl presents a clear and present danger to the health, welfare and safety of other students... (Nolte, 1973, p. 24)

These conditions are very difficult to prove and school boards have generally preferred to avoid such investigations.

Johnson (1972) found a significant number of Minnesota secondary school principals who maintained exclusionary policies. He noted that the attitudes of urban principals were more negative toward pregnant students than the attitudes of rural and suburban principals. Many responses reflected positive attitudes toward pregnant students remaining in their own school in regular classes. Johnson detected few clear predictors of principals' attitudes.

When the National Education Association sampled teachers' opinions in 1970 (Continuing Education, 1970) only 14.1% wanted pregnant students excluded from school. Teachers from large systems preferred special classes while those from systems with smaller student populations selected homebound instruction as the best methods of education for pregnant students. Nearly 20% thought pregnant students ought to attend regular classes. Another 16.8% of the teachers preferred separate special schools.
In a survey of 827 secondary school principals (Huber, 1970), the most frequently imposed policy was that married students could attend regular classes, but not participate in student activities. The second most frequently imposed policy was that marriage would result in no change in status unless pregnancy occurred. Pregnant students were most often not allowed to attend. These responses reflected the attitudes of the 1960's.

Changing societal mores and values in this country have been reflected in the legal interpretations of the courts. Gradually school policies will change to coincide with the courts' decisions. One would assume, without a closer look at the problem, that the education of pregnant girls would logically follow.

Some reasons educational programs for pregnant students may be slow in becoming a reality are difficulties in administration of programs, financing programs, and community relations. Another cause for concern is that pregnant students often prefer not to attend classes at the regular school. Nolte (1973) suggested that alternative educational program development is the responsibility of the schools. Administrations were encouraged to seek out these students and offer them an educational program to meet their needs.

Programs

The traditional educational program for pregnant students is homebound instruction, or in some cases correspondence courses or evening classes. This trend developed because of school policies which exclude pregnant students from the regular classroom. Although educators
are aware that home instruction is inadequate for most students, it continues to be the only education alternative for many pregnant students.

**Home Instruction.** Huber (1970) pointed out several weaknesses of home instruction programs for pregnant students. Emphasis of home instruction is generally restricted to academics; the situation is not effective for good self-image development; and it is a solution to only one of the many problems pregnant girls have. For several reasons a pregnant student often may fail to contact the appropriate education personnel and thus receive no instruction of any kind. She may be counseled at the time of her suspension to register for home instruction, or to attend adult education classes, or to take correspondence courses (Harrison, 1972). In the face of the multiple problems she has, a pregnant student will sometimes ignore her educational problem. Harrison noted that if students do not pursue an educational program on their own, many schools ignore them.

The cost of homebound instruction is very high. Parents are sometimes asked to pay for this instruction (Harrison, 1972). When schools pay for it, teachers visit the students on the average of two hours per week. This represents both high cost to the school and insufficient teaching for the student.

Because of these problems, there has been a trend toward creation of special programs or special schools for pregnant students. In one city, the opening of a special school reduced the number of homebound instruction hours sufficiently to provide funds for operation of the special school (Holmes, Klerman, and Gabrielson, 1970).
Special programs and special schools. Many of these special schools are described and evaluated in the literature. The writer will discuss these facets of special programs and schools: (a) sponsoring agency, (b) financing agency, (c) location of the program, (d) auxiliary services, other than education, (e) teachers, their level of education and area of specialty, (f) curriculum, (g) post-delivery education plans, (h) follow-up, (i) special features and problems.

The sponsoring agency is usually the school district (Harrison, 1972), the social agency responsible for health and child care, or both of these. Many social agencies (Lyons, 1968; Milk, 1973) cooperate to provide necessary services for the pregnant girls. When the primary sponsoring agency is the health department, with education as the auxiliary service, the emphasis of the program is the health of the child and mother (Harrison, 1972). In contrast, when a school system operates the program (Harrison, 1972; Heller and Kiraly, 1973), education is the primary emphasis.

Funding available from federal agencies may vary from one year to the next. Some of the agencies and departments used as sources are Office of Education, Title I, III, IV and VIII, Vocational Education Act funds, Social and Rehabilitation Service, Department of Housing and Urban Development, Department of Labor's Neighborhood Youth Corps and Social Security Act funds (Howard and Eddinger, 1973a). In federally funded programs there appears to be an emphasis on counseling and testing, staff selection is a very careful and extensive procedure, and programs are frequently evaluated.
With very few exceptions, special classes and schools operated in a facility separate from the regular high school. One of the exceptions to this was the Citrus Laboratory and Continuation High School, Azusa, California (Harrison, 1972). This program was managed in a school classroom which had been transformed into a homelike atmosphere including a play area and other facilities for child care for the students' children. Some other programs operated in churches, hospitals, or buildings acquired for the special school by the school districts or other sponsoring agency.

All these programs were characterized by their extensive efforts to coordinate medical, health, social and educational services. School nurses, public health nurses, social workers, and counselors were hired on either a full or part time basis specifically for such special programs or schools.

The larger the student population, the more specialized were the teachers, and the more inclusive was the curriculum. Most special programs had thorough training in homemaking, nutrition, child care, English, and social studies. The whole curriculum was geared to the unique situation in which these students find themselves. There was very little emphasis on a college preparatory curriculum. The areas of study which were most often excluded were natural sciences and advanced mathematics courses.

The pregnant students are usually facing problems of romance, parenthood, financial stress, and most often social disapproval by family and friends. A program with emphasis on vocational goals and meeting basic requirements seemed more practical than a college
preparatory curriculum. There was an absence of concern about this omission of college preparation for pregnant students. Most programs supported a statement made by Hyman (1973) when he said that curriculum for pregnant students should be built around pregnancy.

Teachers in special schools or programs were more likely to be certified teachers than were teachers of homebound instruction. The area of specialty seemingly preferred for teachers in these special programs was home economics. A Los Angeles program employed teachers from the Special Education Division (Lyons, 1968).

Most special schools, including Webster School in Washington, D.C., which was one of the first of such schools, encouraged and arranged for the student to return to the regular high school following delivery. Hartman (1970) emphasized the immense problem this practice presents for the majority of the girls. In the past few years pregnant students, about 80% of them (Howard, 1973), have decided to parent their children rather than relinquish them. They often drop out of school following delivery because of the difficulty of finding anyone to care for their babies. Hartman (1970) named this as the greatest problem which kept mothers from returning to high school after delivery. Hartman suggested that schools, health, and welfare agencies should search for a solution to this pressing problem.

Follow-up programs which provided counseling, educational, personal, or health services, were rare. The last contact the programs sometimes had with their students was during the transfer from the special school to the regular school. Some programs, operated by health departments (Milk, 1973), offered post-partum counseling and education in family
planning and birth control, health and nutrition, and infant care. When the school system was the primary sponsoring agency of a special program for pregnant students, such services were most often omitted. Some exceptions to this were Margaret Haughery School, New Orleans (Eddinger & Jones, 1974), and a Minneapolis program (Hartman, 1970). YMCA sponsored programs such as the one in Lubbock, Texas, (Eddinger, 1973), also provided post-partum counseling and day care facilities even after the student had left the program.

The federally funded programs, such as those in Detroit and New York (Harrison, 1972), often maintained contact with their students to evaluate and improve the programs. This was also true of some of the well established schools in larger systems such as the Webster School in Washington, D.C.

There was some attempt reported in recently developed programs to include the teenage father in counseling and follow-up (Cooper, 1973).

The specialists who operated special schools were aware that there were inequities in special schools as there were in the homebound programs. Some disadvantages in a special school or special program were specified: (a) a complete curriculum was not feasible, (b) all students who needed the services of the programs were not or could not be included, (c) students in special programs were taken out of the mainstream of activity of their peers, and (d) special schools indicated to other people that pregnant students were to be excluded, that they were handicapped.

Holmes, Klerman, and Gabrielson (1970) saw the trend toward special schools and programs for pregnant students as the second stage in the
Historically, educational services for children requiring special attention such as orthopedically handicapped, blind, deaf, ... have developed through three stages ... the first stage is placement in a homebound instruction program ... In the second stage an attempt is made to solve these problems by placing together a group of these children with similar problems ... The third stage is the reincorporation of these students into the regular classes through special provision for their particular problems (Holmes, Klerman, and Gabrielson, 1970, p. 170).

According to this explanation, education for pregnant students has come to the second stage of development. These authors suggested that provisions for several options should be made in order to solve the pregnant girls' educational problems according to individual needs.

Special programs or schools may be the second stage in educational development for pregnant school-age girls, but proponents of the special program or school noted its advantages: A sense of belonging and individual assistance with educational, social and personal problems. Infant mortality rates were reduced when girls enrolled in special educational programs while pregnant (Howard, 1973). The numbers of school-age mothers becoming pregnant a second time before marriage were fewer for those in special programs (Howard, 1973; Osofesky, 1970).

A study (Thorsted, 1972) of a program in Ogden, Utah, attempted to measure attitude changes of students, and measure reading ability gains by pre and post tests. Results showed that 21 of 25 girls exceeded the expected gain in reading achievement during their attendance in the special classroom. Attitudes toward others and themselves ("neurotic tendencies") did not change as a result of eight weeks in this special program (Thorsted, 1972).
Attendance in the regular school. At a National Invitational Conference on Parenthood in Adolescence in 1970 (Harrison, 1972), one panelist argued that separate programs which take the girl away from the school, its activities and other students, were reactions to punitive, outmoded attitudes. Separate schools suggested that the pregnant girls ought to be excluded or secluded; that they needed treatment. Separate schools or programs were said to be indications of segregation in the school system (Harrison, 1972).

Educators holding these opinions believed that the schools could provide the needs of pregnant students on the regular high school campus through coordination of various specialists such as social workers, counselors, nutritionists, and administrative offices. These departments could work together to provide a healthy, normal climate in which the pregnant student could go about her business of completing her education with all the advantages of a regular classroom, but without the stigma of segregation (Harrison, 1972).

Proof has never been shown that "the mere presence of a pregnant girl has anything to do with the impregnation of another school girl," (Harrison, 1972, p. 26). In contrast, one principal commented that the operation of a program for pregnant students in the regular high school building was profitable for all staff and students as well as the teenage parents (Harrison, 1972).

Model programs. Marion Howard, consultant for the Consortium on Early Childbearing and Childrearing, Washington, D.C. has been responsible for much of the research and development of plans for educational, health, and social services programs for pregnant students.
Howard suggested that when searching for the ideal model to follow, planners must first consider the size and characteristics of the population group which is to be served, available resources, and the climate of the community (Howard, 1972b). After these considerations, purposes and objectives must be carefully formulated. Howard suggested six model goals for a comprehensive program:

1. good health of mother and infant,
2. high school graduation for both mother and father,
3. no further pregnancies at risk [apparently meaning prevention of second teenage pregnancy],
4. competent parenthood,
5. stability of family life,
6. maturity and independence, (p. 6).

Howard charted the disadvantages and advantages of regular school attendance, health and education programs, and special programs, some especially for pregnant students, and some for a variety of special students. Health, education and social service components were evaluated. No one model was considered best for all communities.

Klerman and Jekel (1973) published the findings of the most comprehensive study the literature provides on the current problems of pregnant school-age girls. The project was funded by the federal government under the United States Health Services and Mental Health Administration in collaboration with Yale University School of Medicine. Because of this, the study dealt first with the health of the subjects, but their education is also covered. Two comprehensive programs with health, education, and social services components in Connecticut were studied over a period of six years in great depth. The implications of the study were that no model program could be recommended, but that individual needs must be met by availability of a variety of available
programs each including educational, health, and social services components.

When planning for development of programs for pregnant school-age girls, educators and other agencies can gain extensive information from the Consortium on Early Childbearing and Childrearing (Howard, 1973b). The Consortium circulates a publication called Sharing, which is of help to all those concerned with school-age parents and their problems. Various publications are available, offering guidelines to administrators and program planners (Howard and Eddinger, 1973a, 1973b, and 1973c).
Procedures

Sample

In order to determine which school districts in Utah provide programs for pregnant students, a preliminary letter (see Figure 1) was sent to all superintendents. Thirty-one of Utah's 40 district superintendents responded to the letter. From these responses, four programs for pregnant students representing five districts were selected to be included in this report. The criteria for selecting these programs were (a) the districts in which they were located had a specific program for pregnant students other than home instruction and adult or evening classes, (b) the district's administrative personnel showed willingness to provide the investigator with information desired, (c) and the students in the programs represented a cross section of socio-economic characteristics, including both urban and rural settings.

Interviews and Survey

Following selection of the programs, an interview with the appropriate persons, usually the director or administrator of the program, was arranged. These interviews were structured by means of a questionnaire (see Figure 2) which the investigator completed during the interview.

Reporting the Results

Information from the questionnaires completed in the interviews with school personnel who administered programs for pregnant students
was organized into four categories: Educational component, health component, social services, and prevention. These divisions facilitate comparison of Utah programs with those described in the literature and with the model by Howard (1972b).
Results and Discussion

In this discussion the programs included in this report are called Programs A, B, C, and D. Program D is supported by two districts. Program A is divided into two separate classrooms in different locations with varying emphases. Where these variations occur, they are noted. Specific elements of the programs' educational, health, and social service components are noted (see Figure 3).

Educational Component

District policies. The district represented by Program B and both districts represented by Program D have written policies regarding pregnant students. Both of the districts represented by Program D stated that obvious or generally known pregnancy is sufficient reason for suspension from school on the basis that it is a problem involving the welfare of other students and effective functioning of the school. The district represented by Program B stated that pregnant students will be counselled individually regarding educational plans. Districts represented by Programs A and C had no written policy.

Four of the five districts reported that administrators did not adhere strictly to dismissal policies. The degree of restrictiveness depended somewhat on individual superintendents and principals. In four of five districts represented, some students in the last three months of their pregnancies attended regular school classes. Often the policy was to treat each student individually. If the student wanted to attend regular classes, and was not considered a negative influence on her peers by the administrators of her school, she was often
allowed to attend regular classes. Though the official policies in some districts did not allow it, obviously pregnant students did participate in school activities, sometimes including graduation.

Regardless of policy, pregnant students in these programs reportedly preferred not to attend classes in their regular schools. Coordinators said that because of the students' unique physical, social, and emotional situations, they preferred separate programs. In these programs they found friends with whom they could identify, understanding teachers, and more flexible school hours and programs.

Program administration. All programs for pregnant students in Utah which were included in this report were administered by the home and hospital divisions, which are included in the special education department in Utah schools, and thus supported by special education funds.

One classroom in Program A, which operated under a federal grant, was an exception. At the time of this writing the investigator is aware of two districts where similar federal grants are being sought to assist in operation of programs for pregnant students.

In Programs A and B the coordinators of the home and hospital programs were in direct and constant contact with the teachers and the total program. In Program C, the coordinator was a teacher in the program. In Program D, the coordinator had little contact with the program. The teachers in this program operated independently, and consulted with the principal and counselor when necessary.

Student population. In all districts represented by the programs in this report, any school-age pregnant girl may participate in the program. District B specifically required participants to be of junior
or senior high school age. If an elementary student became pregnant, she was taught at home by a visiting teacher.

Most students were referred to the special programs through the counselor in their school or through an acquaintance who knew about or had participated in the program. Because pregnant students often drop out of school without stating pregnancy as the reason, many students who might benefit from the programs were not referred and often did not hear of the program.

Advertising a program for education of school-age pregnant girls in the community and to the students in the regular school was reported to be impossible because of prevailing religious beliefs and social mores. Only counselors and teachers who were familiar with the programs and were willing to support them referred students.

In Programs A and B the administrators of home and hospital programs were in close contact with various social agencies as well as school social workers. These social workers often made referrals to the programs.

None of the persons interviewed gave answers to questions about numbers of pregnant girls dropping out of school. Thus percentages of pregnant girls who participated in available educational programs were not available. The absence of such statistics was understandable, given the difficulty in obtaining accurate reports from girls who dropped out of school, or who intend to drop out of school.

In Utah in 1968-69, 4.3% of the girls who dropped out of school reported pregnancy as the reason on the official dropout form. Another 4.7% gave marriage as the reason for leaving school. About 25% of all
dropouts did not complete a dropout form (Utah Pupil Personnel, 1969). These statistics rely on student report and should not be used to estimate the number of students who left school because of pregnancy.

Teaching personnel. All teachers in the four Utah programs included in this report were certified secondary education teachers. Though programs were funded through special education, no special education certificate was required. Three programs had two teachers each, while Program A had only one teacher. The teacher in this program was a psychology major. The other class in the district represented by Program A strongly emphasized home economics, and was directed by the district's home economics department under the federal grant. Program B was taught by two teachers, one in mathematics and the other was a home economics major with special interest in child development. Program C's director had a graduate degree in child development and also taught in the program. Another teacher was a home economics major with strengths in history and social studies. Program D had one English major and one home economics teacher.

In hiring persons to teach in these programs, two coordinators stressed attitude toward and acceptance of pregnant school-age girls more than subject areas. In each of these programs, the overwhelming emotional and social needs of the students were noted. A teacher with training in special education for the emotionally disturbed and socially maladjusted would seem appropriate, but none of these districts had employed special educators. Special educational diagnosticians were available but not utilized in Programs A and B, though skill deficits of the students were mentioned.
Classrooms, curriculum and methods. Each program functioned in facilities separate from the regular school. This was preferred by the administrators and it was their opinion that pregnant girls of school age would be more likely to attend a class at a separate location. Programs A and D functioned in houses owned by the districts. Program B operated from an elementary special education school building, and Program C from a district office building.

In each of the four programs described in this report the teachers taught all subject areas. There were a few exceptions. In Program D pregnant students participated in religious classes with other high school students, and attended other classes on occasion. In Program D laboratories and physical education credits were waived. For Program A, a nearby university sent persons from its department of midwifery to teach courses in pre-natal care. Physical education was included in this course.

Teaching in programs for pregnant students was mostly individualized. In some subject areas, depending on the students enrolled at a given time, teachers taught a group class. This was most often possible in home economics, English, and history classes.

The psychology teacher who operated one classroom in Program A made an attempt to systematically test, teach, and then evaluate progress for each student in each subject area. This attempt required much more than an eight hour working day for this teacher. There were no aides, in this program or any other. Tutors from universities sporadically have helped in Programs A and B, but tutors were not regularly available.
Because student population was variable and unpredictable, districts did not have an effective assessment of instructional needs. Methods and curriculum were not the pressing issues. The objective was rather to maintain some school involvement for the student while she was pregnant.

Emphasis on college preparatory courses was totally lacking. The interests and needs pregnant school-age girls demonstrated with regard to their pregnant state dominated. Their thoughts about the future were realistically geared to job-seeking and financial concerns as well as social and personal problems. Coordinators of the Utah programs reported an estimate of 80 to 85% of the students in their programs keep and intend to parent their children. This was true of both married and unmarried pregnant students. This estimate is similar to national figures (Howard, 1973). Because most are keeping their babies, they are naturally concerned about money related issues in contrast to college attendance.

Health Component

Medical. In Program C students were required to present a statement from their personal physician indicating they were under his or her care. In all the programs, visits to the doctor were strongly encouraged. There was most often no communication between the student's doctor and the teachers of these programs.

A pediatrician visited the students in Program D, at their request, to lecture on infant care and answer students' questions.

Nutrition. The classrooms in Program A were in session each week-day through the lunch hour and school lunches were furnished.
Program B operated only two days per week and on these days the lunches were available in the school cafeteria. In Program D the students cooked lunch for one another on a rotating basis as part of their cooking and nutrition class. Students in Program C attended school only in the mornings. They did not have cooking facilities in the classrooms because the building could not be wired for cooking units for safety reasons. Lessons in nutrition were part of each program's regular home economics education. Special attention to prenatal nutrition was given in the one classroom in Program A by the persons from a university's midwifery department. A teacher in Program D suggested that nutrition and other prenatal concerns connected with the girls' pregnancies were left to their physicians.

Child development and child care. The health and care of the children of these school-age pregnant girls received a great deal of attention. This was probably because more of the teachers were personally interested in this area than in any other. A child development teacher in Program B made this class available only to the students who were planning to keep their children rather than give them up for adoption. The teacher wanted to give the presentation a very positive approach and felt the presence of students who were relinquishing their infants might be a negative force. Conversely, the class might have been a negative experience for those students relinquishing their children. In other programs a division between the students keeping their infants and those relinquishing was not made.

Students in Programs A and D were encouraged to bring their children to class during school hours if they continued in the program
after delivery. At least one crib was available in an adjoining room, and children of various ages in infant seats, or walking about, were present in the actual classroom. Program B teachers and coordinator would like to have offered such a possibility, but were limited by space and lack of funds for more facilities. The director of Program C believed that bringing children to the classroom was a disadvantage rather than an advantage for the students. This was part of the reason Program C operated mornings only. The students were responsible for locating their own child care facilities. Most students' children were cared for by mothers, husbands, or other relatives or friends.

Social Services Component

Social work. In Program A a social worker was assigned to each student when referral was made. The social worker was responsible for recommendations for placement in the educational program best suited to that student's needs. Pregnant students were generally assigned to one of the two classrooms for pregnant students in this district. The classroom operated by federal funds had students who were married and were keeping their children, for the most part. The other classroom had a more varied membership. Students in both these classes were encouraged to take any financial, social, or personal problems to their social worker. In Program B a student had access to a social worker when the need arose. In Program C a school social worker interviewed each pregnant student who was referred and offered to help whenever needed.

Program D offered no social worker assistance. The public health nurse had often referred the students to county social services which
were available to them. Such services as food stamps and financial aid were utilized by pregnant students. One teacher felt that the students did not need a social worker's assistance because they circulated this information among themselves.

Psychological and personal counseling. Psychological and personal counseling were available to school-age pregnant students in each of the programs reported in this paper. No figures were given regarding numbers of pregnant students participating in therapy, but it was not a frequent occurrence in any of the programs. Counselors from the district represented by Program A attempted low pressure group therapy at the special school during school hours. These sessions were accepted and appreciated by many of the students.

Students were reported to be most benefited by interaction with each other, sharing their mutual problems. In Programs A and B there are rules established by the teachers, and enforced by the students, to serve as guidelines for the students' informal interaction. For example, in Program A, a student's decision to keep or to relinquish her child was to be a completely personal decision. The students could discuss the pros and cons, if they wished, and receive counseling upon request, but no one was to be questioned about or judged according to the decisions she had made.

In Program B discussion of these issues was discouraged. The teachers attempted to make their classroom a pleasant learning environment. To meet this objective, these teachers asked the students not to discuss personal problems in the classroom, feeling that such discussions were detrimental to the learning situation.
Prevention

Prevention of pregnancy in school-age girls affects all three areas considered in this report, educational, health, and social. In spite of the directors' awareness of this, methods of prevention including sex education and birth control, were rarely mentioned and never taught as a feasible option. It was possible for the students to find lists of methods of birth control in classes about the family in home economics education. However, none of these was recommended or suggested for use by the students in these programs, even if the girls were married.

The coordinators of these programs believed that the religious and moral attitudes of the people in their communities prevented them from incorporating contraceptive counseling into their programs.

Comparison to Model Programs

Of the three components, education, health, and social services, the programs reported in this study were strongest in the education component. One classroom in Program A offered a variety of social services, and Program C made some emphasis on availability of social work services, as did Program B. Program A offered some health assistance through their prenatal class taught by persons from a university's department of midwifery. The greatest strength of the programs reported in the paper was in the area of education, though even this component had some weaknesses. The health component was the weakest, as no communication with the student's physician was established in any of the programs. Program A had good coordination of social and
educational services through school social workers but the other programs were extremely weak in coordinating health, social services and education of the students in the programs, in the opinion of this investigator.

The social services component in the model took care of follow-up activities. No efforts were made in the programs reported here to continue contacts with students once they had left the program.
Summary and Implications

Summary and Implications of Utah Programs

Educational component. Each of the four programs which are reported in this paper had strengths in the areas of home economics education and child development. The areas of study most often excluded in these programs were physical education and science.

These programs included no services of the special education departments in their districts though four of the five classrooms were funded by special education departments. The investigator believes that the employment of special education teachers specifically trained to teach students who have emotional difficulties would improve the services to pregnant students. These teachers would be better trained to make the necessary referrals and handle the problems as they arise in the classroom. This is not to infer that the teachers in these classrooms were inadequate teachers. In some cases warmth and acceptance of the students may have compensated for lack of training.

Directors and teachers in Programs A, B, and C mentioned that academic difficulties and skill deficits were common among their students. Only one teacher made a systematic attempt to intervene where deficits in basic skills existed. Another teacher noted that the individual help students in the program received provided the special help needed. One teacher said there was not enough time in the short classes to remediate for individual students. A special educator's skills in diagnosis and remediation would be especially advantageous in these situations.
Health component. The programs reported here were intended to be educational programs. The coordinators and teachers left the medical concerns almost entirely to the student, her family, and her physician. Health emphasis depended upon the home economics and child development teachers. Physical education was left out of most of the programs.

Health and education could be coordinated with medical services through cooperation between the schools and the agencies in the communities offering health and medical services. This would guarantee better health for both the mother and infant.

Social services component. Social work services were coordinated with the educational programs reported more often than were psychological services. Group therapy was not a regular feature of any of the programs, though informal talk with students and teachers about personal and emotional problems was common, suggesting a need for therapy.

The social services component needed coordination with the education programs. More communication between existing community services and the programs for pregnant school-age girls was needed particularly in Programs B, C, and D. Teenage fathers should be included in most facets of the social services components (Cooper, 1973).

Prevention. The social and religious attitudes of the communities and school districts represented by the programs included in this report were interpreted by the school personnel to be very conservative. Attempts at prevention measures were believed impossible, if not taboo.

that better coordination and integration of services and programs was needed. The influence teenagers have on each other was suggested as a potentially strong tool. Information about beginning or broadening a teenage pregnancy prevention program can be obtained from the Consortium.

Prevention of the first pregnancies of school-age girls should begin with sex education at the elementary school level. It should be provided for both male and female students in some class during each school year through senior high school (Howard, 1971).

This investigator suggests that a long range community education program be initiated in communities where sex education does not exist. This should lead to thorough programs for teenage pregnancy prevention. Admittedly, this could be a slow and frustrating process, but preferable to increased numbers of pregnancies for school-age girls.

Attention to follow-up activities in a program for pregnant students would hopefully provide prevention information for students who had been in the program previously.

Conclusions. Through the survey and questionnaire (see Figures 1 and 2), the investigator found that Utah districts' policies vary a great deal. Six districts excluded pregnant students during at least the last few months of pregnancies. The majority of the district superintendents who responded reported no stated policy existed in their district. Eight districts referred pregnant girls to adult education or homebound programs; six had at least some special classes for pregnant students; and the remainder of the responding districts, most of them rural, handled each student's educational program individually. Often
pregnant girls in the rural districts were encouraged to remain in school as long as they were able.

The exclusionary policies which do exist in Utah have never been tested in the courts, according to the State Board of Education. Utah policies are similar to others which have not been supported in other court decisions (Cornes, 1972).

Only one Utah district has utilized federal funds to operate schools for pregnant students, though the practice is more common in other places. Information provided to this investigator for this report indicated that programs for pregnant students in Utah seem to have evolved through personal experience of homebound coordinators. They were not systematically developed by researching other established programs or investigating the current literature.

Contributions of special educators to programs for pregnant school-age students were conspicuously absent. Though the programs were funded by special education departments, which included the home and hospital divisions, the students in these programs did not benefit from the protections built into programs for other special students. Pregnant students or young mothers were not taught by persons specifically trained to meet their unique needs, as were students in other areas of special education. This investigator was impressed with the lack of controls over any of the programs in this report, as well as in the programs discussed in the literature. Other special education decisions such as those for mentally retarded, emotionally disturbed, or learning disabled students are controlled by specific guidelines from both district and state levels in Utah. Programs for pregnant students lack these
guidelines. The result is almost unlimited autonomy for coordinators and/or teachers of these programs.

Recommendations

Community education. This investigator views public understanding and acceptance of the problem of education for pregnant students as the greatest hindrance to improvement of these programs. Administrators and coordinators are hesitant to expand or improve the programs because of this. Intense community education programs are necessary.

Newspaper articles about local programs (Delaney, 1974) and letters to the editor have provided some exposure of programs for pregnant students. These articles could be expanded into a series and used as a vehicle for policy change and program development.

Special educators' involvement. Administrators should employ certified special education teachers for programs for pregnant students, who can deal with the emotional problems and skill deficits of these special students.

This investigator believes the pregnant student should be kept, as much as possible, within the regular school system, with individual attention from special educators to meet unique needs. Specific protections for pregnant students should be incorporated in district and state guidelines, including special educators as teachers, and coordination with social work, psychological, and health divisions of the school and community.

Prevention. The problem of teenage pregnancy prevention should not continue to be ignored or avoided. A systematic program of sex
education throughout the schools is an excellent starting point (Dempsey, 1972). Numbers of second teenage pregnancies can be reduced by prevention counseling (Howard, 1973). Educators can make an admirable contribution to their communities by coordinating teenage pregnancy prevention programs.
References


Cooper, G. Developing a parenting curriculum. Sharing, Spring, 16-19.


Delaney, D. Program helps pregnant teens to diploma. Salt Lake City, Utah: Salt Lake Tribune, April 22, 1974.


APPENDICES
Appendix A

Dear Superintendent,

I am a graduate student in special education at Utah State University. I am interested in school policies and educational opportunities for pregnant students in Utah, for the purpose of writing a seminar paper.

Will you please answer the questions below and return this to me in the enclosed envelope? Thank you for your assistance in this matter.

Sincerely,

Pearl Bergeson, Student, USU

1. POLICY
   What is your district's policy regarding pregnant students? When was this policy adopted? (If possible please enclose a copy of policy.)

2. PROGRAM
   What educational options are available to pregnant students and young mothers in your district, whether or not they are married?
Appendix B

QUESTIONNAIRE REGARDING PROGRAMS FOR PREGNANT STUDENTS

District: ______________________
Interviewee: ___________________

1. Who administers the program?

What school districts participate?

How is the program funded?

Comment:

2. Who is qualified to participate?

How many girls in your district dropped out because of pregnancy in the last school year?

How many pregnant girls participate in a program for their continuing education? (percentage?)

What is the average age of the participants?

Are participants actively recruited? How?

3. What personnel are involved in the program? How are they selected?

Must teachers be certified?

What is the area of their specialty?
Are special educators involved in the program?

4. What is included in the curriculum of the program?

Are tutors or aides available?

What courses, if any, are attended at the regular high school?

Where is the program housed?

5. What auxiliary services are offered? Medical?

Social?

Financial?

Marital, birth control counseling?

Psychological/personal counseling?

What school procedures insure proper medical, psychological, health and social care for pregnant students?
# Appendix C

## Checklist for Programs Evaluated

<table>
<thead>
<tr>
<th>Programs</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Educational Component</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1. Coordinators involved with program</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>2. Physical classroom environment good</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>3. Use of special education teachers</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4. Attention to college prep courses</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5. Attention to unique needs of students</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
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<tr>
<td>6. All subjects taught in special program</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
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<tr>
<td>7. Attitudes of acceptance toward students</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
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<tr>
<td>8. Teachers are certified</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
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<tr>
<td>9. Emphasis on home economics and child care</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
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<tr>
<td><strong>Health Component</strong></td>
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<tr>
<td>1. Nurse care through educational program</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>2. Medical care discussed and encouraged</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>3. Direct contact with students' physicians</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>4. Follow-up on doctor visits</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>5. Nutrition education</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
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<tr>
<td><strong>Social Services Component</strong></td>
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<td></td>
</tr>
<tr>
<td>1. Assigned to social worker on admission</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>2. Interview with social worker at least once</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3. Referrals made for financial and social assistance, by education program</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
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<tr>
<td>4. Interview with counselor required</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>5. Availability of counseling emphasized</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>6. Counseled in classroom by teacher</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
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<tr>
<td>7. Teacher trained in psychology</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>8. Therapy provided by trained therapist at school facility</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

+ = Yes  
- = No
Vita

Pearl Bergeson

Candidate for the Degree of

Master of Education

Seminar report: Educational Opportunities for Pregnant Students in Selected Utah Schools

Major Field: Special Education

Biographical Data:

Personal Data: Born January 13, 1942; two children.