Capital City Schools, part of the Topeka Public School system, provides K-twelfth grade education to both residents of Topeka State Hospital and day students. Begun in 1955 with two teachers, the school had 53 certified teachers and a total staff of 75 by 1984.

In 1978, Standard Celeration Charting of organizational changes began at Capital City Schools. Of the seven different educational programs, the Adolescent Unit from Topeka State Hospital consisted of 12--18 year old children from five wards. With an upcoming move to a new school facility that would house almost all of the educational programs under one roof, school staff wanted to monitor the number of classes the hospital children attended.

Prior to the move to the Karl Menniger Educational and Activity Center in October 1982, the school was housed in 13 buildings. Adolescent Unit classrooms were housed in two of these 13 buildings with seven full-time teachers staffing these classrooms.

The accompanying monthly Standard Celeration Charts present six years of data: the first three years were during the use of the school's old facilities; the last three, in the Karl Menniger Educational and Activity Center. The vertical line indicates when the high school moved to the Menniger Center.

Since these charts are standard, it is possible to compare any change using the same technique. A growth of \( x^{1.0} \) indicates no change, that maintenance is occurring. An increase of \( x^{1.3} \) indicates a 30% increase; \( x^{1.5} \), a 50% increase, etc. over a six month period. A decrease of \( x^{-1.3} \) indicates a 30% decrease; \( x^{-1.5} \), a 50% decrease, etc. over a six month period.

Monitoring the educational program to ensure students' educational needs and rights with monthly Standard Celeration Charts required the following pinpoints:

Chart 1: Patients on the Adolescent Unit
- Students in classes
- Students not in any classes

Chart 2: Total class hours all students were enrolled

Chart 3: Unit classes offered
- Students enrolled in Unit classes

Chart 4: High school classes Unit students were taking
- Students enrolled in high school classes

Chart 5: For students enrolled in both Unit and high school classes,
- Classes at the high school
- Classes at the Unit

Chart 6: Total classes
- Total students enrolled.

Chart 1 shows that the total number of patients on the Adolescent Unit increased to maximum capacity. There was a gradual increase in the number of students enrolled in class, so that all students were in at least one class within two weeks after entering the hospital. The number of students not enrolled in school showed a steady decrease from about 22 adolescent patients in the Fall of 1978 to all patients being enrolled during the Spring of 1984. A gradual decrease occurred prior to the move, showing a decrease of 30% per six months across the first four years of monitoring. Subsequent to the move, the decrease was 2.0, or 200%, effectively reducing students not enrolled to zero.

Chart 2 indicates the total number of student class hours increased by 10% every six months prior to the move. Subsequent to the move the increase in class hours was 15% every six months. The total number of class hours doubled from 110 in August 1978 to 240 in June 1984.

Charts 3 and 4 show students and classes for the Adolescent Unit children, both on the Unit and at the high school. The number of classes on the Unit increased gradually until three teachers moved to the new facility. The number of students enrolled in classes on the Unit showed a gradual, very slight decrease. That the two sets of lines are closer after the move indicates there were more
children per class than were previously. This may be due to some reluctance to send students to the main high school. Chart 4 indicates a decrease prior to the move in the number of high school classes attended by Unit students while the same number of students attended classes (i.e., there were more students at the high school), but they took fewer classes. Subsequent to the move, there was a jump in frequency and a sharp increase in growth of the number of students in the high school. Before the move, about four children per quarter attended the high school from the Unit. After the move, this jumped to approximately 30 students per quarter. The number of students and classes attended since the move increased by 20% per six months during 1983 and 1984.

Charts 5 and 6 indicate attendance for students enrolled in both locations during any given semester. Chart 5 shows they attended about the same number of classes in each location, both before and after the move. It is difficult to determine what the trend is on these two charts because the data show so much variability.

In summarizing accomplishments, one can see three improvements which occurred as a result of the move to the Karl Menniger Building:
1. children were enrolled in school much more quickly than had previously occurred;
2. the total number of hours students attended school increased;
3. more students attended classes at the main high school building.

Areas still needing improvement included:
1. increased total student hours in school;
2. decreased class size on the Unit;
3. assessment of performance of students attending classes in both locations simultaneously.

Increased total student hours in school.
Should all 72 Adolescent Unit patients be in school full time, the total number of student hours would be 432 which is only half of the June 1984 total. Interventions are necessary to increase student hours in school.

Decreased class size on the Unit.
The number of students per Unit class increased when the Menniger facility opened. The stated reason for this is that the children were too disturbed to leave the immediate area for school. Careful examination is necessary to determine whether it is the emotional state of the child or the habits of the clinical and school personnel on the Unit.

Effect of attending school in both locations.
It is unclear whether the variability of these data is due to changing leadership on the Unit (one psychologist for the first two years, another psychiatrist the second two years, and no section director the third two years) or the variability of the children themselves.
Perhaps keeping the number of students attending both sets of classrooms to a minimum is preferable.

Changes in organizational setting typically affect student behavior, but the effects are difficult to pinpoint. Standard Celeration Charting allows the administrator a mechanism to observe the effect of organizational change on student performance.

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