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ABSTRACT

The final report of 3 years activity in the Area Learning Center of Kent Intermediate School District in Michigan presents its proposed design and objectives, operations, statistics on referrals, and an overall evaluation of its programs. Included are discussions of interdisciplinary approaches to educational diagnosis, prescriptive educational programs, materials and resources, inservice teacher educational programs, and supplementary services for children with learning disabilities. All facets of the Center are reported with sample questionnaires, charts, and graphs used extensively to illustrate each factor. (JM)

ED037844

BESE
TITLE III

AREA LEARNING CENTER FINAL REPORT

1966 - 1969

KENT INTERMEDIATE SCHOOL DISTRICT
45 BARCLAY AVE. N.E.
GRAND RAPIDS, MICHIGAN

ED005028

T H E
A R E A L E A R N I N G C E N T E R

Grand Rapids, Michigan

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FINAL REPORT

PROJECT 1343

U.S.O.E. -- E.S.E.A. TITLE III

**THE AREA
LEARNING CENTER**

FINAL REPORT

OEG 3-6-001343-1476

**The Area Learning Center provides service
for children with learning difficulties
and in-service training for teachers
designed to translate learning theory
into practice.**

**Barbara Bird
Director**

**Kent Intermediate School District
Grand Rapids, Michigan**

FOREWARD

The Area Learning Center was established to provide a supplementary service to the children and teachers in public and non-public schools in our seven county service area. Our service to children included an interdisciplinary diagnosis of their learning patterns, an educational prescription for individualized instruction, and a follow through with materials and human resources to assist the classroom teacher in implementing the prescription into action. Our service to teachers included designing in-service programs to increase their knowledge, skills, and techniques in working with children with learning problems.

Bringing together a staff of specialists competent in psychology, curriculum, child growth and development, learning theory, and language arts to function as a team, resulted in a tremendous staff development program.

At the end of our third year of operation we have demonstrated the feasibility of successful operation of a multi-county learning center. We also find that we have made some significant contributions to the seven county area we have served. The contributions are evidenced in the Evaluation Study conducted by the Area Learning Center which is included in this report. The need to continue the services started by this project is recognized by both educators and parents in this area.

I would like to express my sincere appreciation to the Title III division of the U.S. Office of Education and the Michigan Department of Education for their support, assistance, and cooperation in the development and operation of the Area Learning Center Project.

Special thanks go to the Kent Intermediate Board of Education for granting us the freedom to design and submit our PACE proposal and their willingness to serve as the legal agent to administer the Area Learning Center multi-county program from 1966 to 1969.

I wish to thank the Advisory Board for their constant support and encouragement in establishing policy and guidance in solving the numerous problems met in initiating the program.

My deepest appreciation goes to the children, parents, and school personnel in the seven county service area for the excellent assistance and cooperation given the Area Learning Center staff throughout the project.

Barbara Bird
Director

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PROPOSAL DESIGN

HISTORY OF PROPOSAL DESIGN

In the fall of 1965, Title III of the Elementary and Secondary Education Act funded under Public Law 89-10 provided an opportunity for educators to submit a proposal for PACE projects to the U.S. Office of Education. Projects to Advance Creativity in Education (PACE) provided a unique opportunity for educators. Local educational systems traditionally have been bound by the control of local taxpayers. Untried and unproven programs have been classified as "frills" and a waste of taxpayers' money. Funds coming from a federal source allowed flexibility and creativity in program design, and for the first time we were allowed the privilege of taking a risk and breaking with tradition. We were given the freedom to dream, to explore, to try new ideas, and even to be wrong.

Brainstorming to Identify Need

The administrative staff of the Kent Intermediate School District held brainstorming sessions in which the seed of our project germinated. These sessions considered two questions: 1) what was the major problem faced by children in their K-12 educational experience, and 2) what were the major problems faced by teachers in implementing our K-12 educational program. In considering the preceding questions,

the Kent Intermediate Staff reviewed data from the Curriculum Council, Study Committee, and the In-service Committee.

The Kent County Curriculum Council met monthly during the 1962-1963 school year. The purpose of this Council was to review areas of concern in education and explore possible ways of working together to meet these concerns. The entire 1963-1964 school year was expended in a depth study of K-12 reading programs. The recommendation indicated a need for Reading Specialists to work with teachers and children in diagnosing reading problems and following through with recommended teaching techniques and materials for the individual problem.

The Kent Intermediate Study Committee met monthly during the 1963-1964 school year and functioned as an advisory group to the Kent Intermediate School District Staff. They tested ideas and made depth studies concerning types of services that the Kent Intermediate School District could offer that would meet the greatest needs in local schools. The final recommendation of this group was that the Kent Intermediate School District should provide Reading Specialists and Psychological services.

The Kent In-service Committee, a group which met monthly throughout the school year, had a two-fold purpose: 1) to plan the annual In-service Day for approximately 2,500 teachers, and 2) to give leadership on follow-through in implementing depth in-service programs in local schools.

Additional brainstorming sessions were held by the Kent Intermediate Staff to determine the best possible way to meet the suggestions offered by the different committees.

Mr. Erwin J. Kleinert, Superintendent of Kent Intermediate School District, arranged a meeting of the superintendents of the nineteen constituent districts in Kent County. The project writers, Miss Barbara Bird, Curriculum Consultant for Kent Intermediate School District, and Mr. Donald Smalligan, Assistant Superintendent of Special Education for Kent Intermediate School District, reviewed the highlights of the past Kent Intermediate School District staff meetings and discussed the possibility of submitting a Title III PACE proposal. This project proposal would assist K-12 children who were experiencing learning difficulties in their current educational programs and would also provide depth in-service for teachers.

As a result of this meeting, the Kent County superintendents recommended that a Title III PACE proposal be submitted to the U.S. Office of Education. The superintendents suggested personnel for a planning committee to assist the original writers in developing the proposal and also urged that consideration be given to a multi-county educational service.

Mr. Kleinert then arranged a meeting of intermediate superintendents in the counties contingent to Kent County.

The superintendents from Allegan, Barry, Ionia, Kent, Montcalm, Newaygo, and Ottawa counties met to review the tentative proposal. A recommendation was passed to include the above mentioned counties in the proposal. The intermediate superintendents each presented the recommendation to their Boards of Education and received approval.

Planning Committee

A planning committee consisting of the following educational and cultural agencies participated in planning the proposed project.

Personnel on Planning Committee

Kent Intermediate School District

Constituent Schools

United Community Services

University of Michigan

Western Michigan University

Staff

Superintendents
Elementary Principals
Secondary Principals
Coordinators

Mr. Wendell Verduin

Dr. Melvyn I. Semmel
Professor of Education

Dr. Joseph Eisenbach
Associate Professor
of Education

Dr. Gene Ensmiger
Associate Professor
of Education

Mr. Robert Westley
Associate Professor
of Education

Mrs. Virginia Sorenson
Assistant Professor
of Education

Personnel on Planning Committee contd.

Calvin College

Michigan State Department
of Education

Staff

Dr. John Vandenberg
Vice-President

Chairman, Coordinating
Council-Public, Non-
Public School Relations

Dr. Corrine Kass
Associate Professor of
Education & Psychology

Mr. Don Goodson
Educational Consultant

Mr. George Schutt
Assistant Superintendent

Dr. Ferris Crawford
Assistant Superintendent

At the initial meeting of the Planning Committee progress to date was reviewed. The Planning Committee identified the need for additional data on potentials and academic abilities of children in the seven county area.

Collecting Data

A study was made on referrals to school diagnosticians and on reading disabilities.

The school diagnostician is a member of the special service staff of the local school system. The identification and assessment of mentally handicapped children is his responsibility. Teachers are urged to refer those children they believe may be mentally retarded.

The following chart indicates that teachers referred children to be tested by the school diagnostician, because they suspected that the children were mentally retarded. When the children were tested by the diagnostician, however, the results indicated that sixty-three percent (63%) of them were, in fact, not mentally retarded as categorically defined in special education but were beset by other learning disabilities.

The study committee reviewed the data from the surveys on Reading Disability and the Identification of Learning Problems. These studies indicated that: 1) we had many children in K-12 grades experiencing learning difficulties in their current educational programs, 2) there was a great need for in-service for teachers to bridge the gap in research on how children learn, and 3) action programs in classrooms. (See pages 9 thru 16 for the studies)

Program Design to Meet the Need

The personnel on the Planning Committee met with the project writers for the following purposes:

1. To review surveys and data on the number of children in the seven county area with learning problems.
2. To review services within the existing educational programs that were available to children with learning problems.

<u>School Year</u>	<u>Number of Children Tested</u>	<u>Number for Whom Services were not available</u>	<u>Percentage of Total</u>
<u>Allegan County</u>			
62-63	236	114	48
63-64	268	120	45
64-65	307	172	56
65-66 (Jan.)	<u>119</u>	<u>62</u>	<u>52</u>
Sub-total	930	468	50
<u>Barry County</u>			
64-66 (Jan.)	252	107	42
<u>Ionia County</u>			
62-63	157	89	57
63-64	193	102	53
64-65	<u>195</u>	<u>119</u>	<u>61</u>
Sub-total	545	310	57
<u>Kent County</u>			
61-62	587	417	71
62-63	635	432	68
63-64	590	431	73
64-65	<u>719</u>	<u>546</u>	<u>76</u>
Sub-total	2,531	1,826	72
<u>Montcalm County</u>			
62-63	259	184	71
63-64	359	193	54
64-65	308	215	70
65-66 (Jan.)	<u>168</u>	<u>110</u>	<u>65</u>
Sub-total	1,094	702	64
Total	6,262	3,959	63

3. To meet representatives from medical associations, United Community services, Child Guidance Clinics, and Mental Health Departments to review ways of cooperating.
4. To review educational research on how children learn and problems they experience.
5. To determine how an educational program could meet these needs.
6. To determine how a model program might be established.
7. To determine qualifications, roles, and responsibilities of a learning center staff.
8. To design in-service programs to meet local school needs.

The Kent Intermediate Board of Education, legal agent submitting the Title III proposal, recommended that an educational service center known as the Area Learning Center be established to service the children and teachers in Allegan, Barry, Kent, Ionia, Montcalm, Newaygo, and Ottawa counties.

A STUDY TO ASCERTAIN READING DISABILITY
IN THE
GRAND RAPIDS PUBLIC SCHOOLS

Data was obtained from scores on Kuhlman-Anderson Group Intelligence Tests and Stanford Achievement Tests given in May 1965.

Data was compiled by Grand Rapids Reading Specialists in consultation with Miss Alice Huwer and Dr. Jane Bonnell.
September 1965

In grouping schools for this study, selections for the categories were made from a chart prepared for submission to the United States Government Anti-Poverty Program. This chart, an index of poverty for census tracts within the city, was computed on the basis of seven selected variables:

1. percentage of negroes
2. percentage of functional illiterates
3. family income
4. male unemployment
5. substandard housing
6. property values
7. overall crime rate

The following are the categories and the schools included in each:

<u>ECONOMICALLY ADVANTAGED</u>	<u>TRANSITION</u>	<u>ECONOMICALLY DEPRIVED</u>
Mulick Park	Madison Park	Franklin-Maplewood
Aberdeen	Alexander	Campau
Alger	Buchanan	Coit
Beckwith	Burr Oak	Coldbrook
Brookside	Burton	East Leonard
Crestview	Congress	Fountain
C.A. Frost	Covell	Hall
Huff	Dickinson	Henry
Ken-o-sha	Eastern	Jefferson
Kent Hills	Harrison Park	Kensington
Michigan Oak	Hillcrest	Lexington
Oakleigh Ele.	Morris	Sheldon
Ottawa Ele.	North Park	Sibley
Riverside	Oakdale	Stocking
Shawmut Hills	Palmer	Straight
Shawnee Park	Sigsbee	Vandenberg
Wellerwood	West Leonard	
Westwood Hills		

Considering a population of boys and girls in the second, third, fourth, fifth, and sixth grades in the Economically Advantaged category, there are 3,965 children or 33.7% of the citywide population. In the Transition category, there are 4,200 children or 35.5% of the citywide population. In the Economically Deprived category, there are 3,640 children or 30.8%.

Scores were sampled from one school in each category: Economically Advantaged--Mulick Park representing 7% of the population in this category; Transition--Madison Park representing 9% of this population; Economically Deprived--Franklin-Maplewood representing 9% of the population of this category.

Test scores considered were those from 1965 Stanford Achievement data (Word Meaning and Paragraph Meaning scores averaged) and from the Kuhlman-Anderson Group Intelligence Test. (Second grade IQ scores were used where available since this test is nonverbal. If there was no second grade score, the fifth grade score was used if available.)

Children were considered to be disabled readers on the following basis:

I.Q. 90-99 - children were disabled if they fell at or below the following expectancy levels:

Grade 2	Grade 3	Grade 4	Grade 5	Grade 6
1.5	1.8	2.8	3.8	4.8

(This takes into account that with I.Q. 90-99 the child's expectancy level is one year below grade level. Therefore he is disabled if he is one year below this expectancy level. Adjustments are necessary at second grade level.)

I.Q. 100-109 - children were disabled if they fell at or below the following expectancy levels:

Grade 2	Grade 3	Grade 4	Grade 5	Grade 6
1.9	2.8	3.8	4.8	5.8

(Children with these I.Q. scores were expected to achieve at grade level.)

I.Q. 110 and above - children were disabled if they fell at or below the following expectancy levels:

Grade 2	Grade 3	Grade 4	Grade 5	Grade 6
2.8	3.8	4.8	5.8	6.8

(These children were expected to achieve above grade level.)

(No I.Q. scores available) - If there was no I.Q. score available, children were considered disabled on the same basis as if the I.Q. was 90-99 (see above). This group may include children with I.Q. scores below 90 who would not have otherwise been counted. However, some children without I.Q. scores who were expected to be reading above grade level may not be included.

FINDINGS

Percentage of disabled readers:

	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6
<u>ECONOMICALLY ADVANTAGED</u>					
	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6
I.Q. 90-99	None	None	None	None	None
I.Q. 100-109	7.7%	3.7%	6%	9.6%	4.1%
I.Q. 110 & above	11.5%	3.7%	8%	7.7%	14.2%
No I.Q. available	None	None	None	None	None
Total	19.2%	7.4%	14%	17.3%	18.3%
<u>TRANSITION</u>					
I.Q. 90-99	2.9%	1%	3%	18.1%	4.7%
I.Q. 100-109	11.6%	13.3%	14.2%	11.7%	9.4%
I.Q. 110 & above	7.2%	2%	None	4.4%	1.3%
No I.Q. available	None	5.1%	12%	2.2%	10.6%
Total	21.7%	21.4%	29.2%	36.4%	26%
<u>ECONOMICALLY DEPRIVED</u>					
I.Q. 90-99	3.5%	4.9%	7%	10%	1.7%
I.Q. 100-109	12.6%	1.6%	10%	4%	5.1%
I.Q. 110 & above	5.7%	None	2%	None	None
No I.Q. available	None	6.5%	14%	6%	6.8%
Total	21.8%	13%	33%	20%	13.6%

When the percentages are extrapolated, the following are the percentages of disabled readers on a citywide basis:

TOTAL	20.89%	14.09%	25.24%	24.91%	19.58%
TOTAL AVERAGE PERCENT FOR ALL GRADES	20.94%				

Percentage by I.Q. Level

	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6
I.Q. 90-99	2.11%	1.86%	3.22%	9.53%	2.19%
I.Q. 100-109	10.59%	6.46%	10.14%	8.62%	6.28%
I.Q. 110 & above	8.19%	1.95%	3.31%	4.15%	5.24%
No I.Q. available	None	3.82%	8.57%	2.61%	5.87%

Averages of all grades by I.Q. Level

I.Q. 90-99	3.78%
I.Q. 100-109	8.41%
I.Q. 110 & above	4.56%
No I.Q. available	4.19%

CONCLUSIONS

On the basis of this formula on a citywide survey, 20.94% of the population of grades 2, 3, 4, 5, and 6 are disabled readers. This means that of 11,805 pupils approximately 2,472 are disabled.

The special reading program has given special instruction to 208 pupils. This is 8.4% of the population of disabled readers.

If we are to offer equal service to non-public schools, we would give special instruction to 4.2% of the disabled readers of the public schools and 4.2% of the disabled readers of the non-public schools.

SURVEY OF IDENTIFICATION OF LEARNING PROBLEMS

Purpose

To identify the pupils who have learning problems. When the pupil is unable to develop his level of proficiency in the communication skills commensurate with his estimated scholastic aptitude, he is considered to be underachieving.

Background

Several characteristics should be noted concerning this school district and the results of the survey.

1. Godwin Heights Public Schools has a membership of 3,274 pupils in K-12 grades. This is the largest district outside of Grand Rapids in the proposed Area Learning Center.
2. The per capita cost of education is above the state average and higher than any other district in the Area Learning Center.
3. There has been the following special service for over five years: School Diagnosticians, Visiting Teachers, Speech Therapists, Consultants for Physically Handicapped, and School Nurses.
4. Reading Specialists were added two years ago. There is one specialist for each elementary school.

Procedure

The following instruments and procedures were used to determine the percentage of learning problems of 219 fifth graders in the Godwin Public Schools.

Procedure contd.

Statistical analyses were made of the results of the California Short Form Mental Maturity Test and the Stanford Achievement Test given October 1965. Tables were constructed to show Mental Ages and the variation in the range of five skills of the achievement test. The five areas related to communications were averaged; word meaning, paragraph meaning, spelling, word study, and language. If the child had a Non-Language Mental Age equal to or more than his chronological age, his expectancy level of achievement was considered to 5.2. The child who had an average on the five skill areas of one and one-half grades below his expectancy level was considered to have a disability in learning.

LEARNING PROBLEMS FOUND IN 219 FIFTH GRADERS

Table I: Frequency of Learning Problems

	No. in Class	No. of Learning Problems	No. Boys	No. Girls
Class 1	28	3	1	2
Class 2	29	4	3	1
Class 3	28	3	3	0
Class 4	26	6	2	4
Class 5	28	4	3	1
Class 6	25	7	3	4
Class 7	27	7	6	1
Class 8	27	7	4	3
Total	219	41	25	16

**Table II: Total Range in Grade Equivalent Scores
Over Five Skill Areas**

Grade Range of Total Class	Grade Range of Disabled Group
2.2 - 8.5	2.2 - 3.7

**Table III: Mental Age Range Average Language and Non-
Language Factors**

Mental Age Range of Total Class	Mental Age Range of Disabled Group
7-0 - 14-8	8-5 - 12-4

**Table IV: Percentage of Students in Learning Disability
Group Who Were One and One-half Years Below Grade
Level in Word Meaning and Paragraph Meaning**

	<u>Vocabulary</u>	<u>Comprehension</u>
Grade 5	83%	68%

Summary

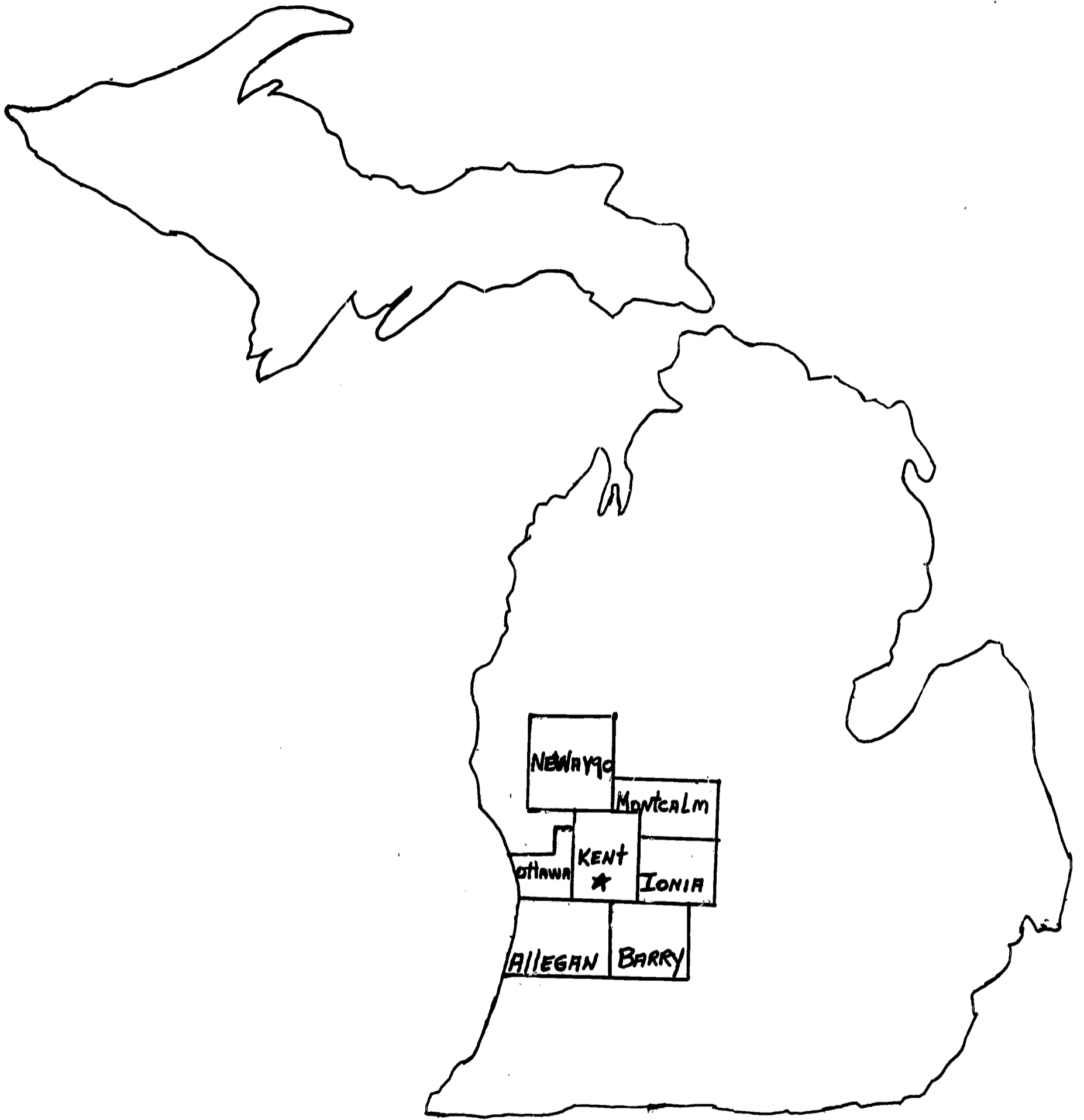
1. The pupils in this study, in general, if they had attended Godwin School would have had well-trained, efficient teachers.
2. Class loads ranged from 25 to 29 in these rooms.
3. The results of this survey indicate that despite all the assets of this school system that 18.7% of a class are having learning problems.
4. The data, with due regard to the inconsistencies in the study, does substantiate our belief that we need additional assistance to solve a large percentage of our learning problems.
5. The findings here suggest we need help from a center to analyze the difficulties in reading.

Service Area

The geographic area served by the Area Learning Center was a seven-county region including the six counties surrounding Kent County. The Area Learning Center was located in Grand Rapids, the second largest city in Michigan. The six counties, including Allegan, Barry, Ionia, Montcalm, Newaygo, and Ottawa, lie within one hour's travel time to the Center. Grand Rapids is the cultural center for the total area and is the hub of a freeway network serving the transportation needs of the area. A map of the geographic area is shown on the following page.

Although the area was geographically rural in make-up only about thirty-five percent (35%) of the participants in the project were rural citizens. The remaining sixty-five percent (65%) lived in metropolitan areas or other urban areas.

Each county had an intermediate school district which was the central educational administrative unit. Each intermediate school district was subdivided into local school districts with offices in the centers of population. In the seven-county area were to be found seventy-seven (77) school districts containing three hundred (300) elementary schools. In these schools there were approximately seven thousand (7,000) teachers and two hundred fifty thousand (250,000) school children.



Participating Schools

Name of County (or counties)		The State data processing code(s) for the local district(s)
<u>Kent Intermediate School District</u>		41 000
Byron Center Public Schools	8542 Byron Center Road, S.W. Byron Center, Michigan	41 040
Caledonia Com- munity Schools	9749 Duncan Lake Avenue Caledonia, Michigan	41 050
Casnovia Public School	220 N. Main Street Casnovia, Michigan	41 060
Cedar Springs Public Schools	Box Y Cedar Springs, Michigan	41 070
Comstock Park Public Schools	109 School Street Comstock Park, Michigan	41 080
East Grand Rapids Public Schools	2006 Wealthy Street, S.E. Grand Rapids, Michigan	41 090
Forest Hills Public Schools	4368 Heather Lane, S.E. Grand Rapids, Michigan	41 110
Godfrey-Lee Public Schools	1335 Lee Street, S.E. Grand Rapids, Michigan	41 120
Godwin Public Schools	15 - 36th Street, S.W. Grand Rapids, Michigan	41 020
Grand Rapids Public Schools	143 Bostwick, N.E. Grand Rapids, Michigan	41 010
Grandville Public Schools	3100 Ottawa Avenue Grandville, Michigan	41 130
Kelloggsville Public Schools	23 Jean Street, S.W. Grand Rapids, Michigan	41 140
Kenowa Hills Public Schools	35-37 Muskegon Street Kent City, Michigan	41 145
Kentwood Public Schools	4479 Kalamazoo Avenue, S.E. Grand Rapids, Michigan	41 160

Lowell Area Schools	320 N. Monroe Lowell, Michigan	41 170
Northview Public Schools	3860 Plainfield Avenue, N.E. Grand Rapids, Michigan	41 025
Rockford Public Schools	4 S. Lincoln Rockford, Michigan	41 210
Sparta Area Schools	10200 Sparta Avenue Sparta, Michigan	41 240
Wyoming Public Schools	3575 Gladiola, S.W. Wyoming, Michigan	41 026
<u>Allegan Intermediate School District</u>		03 000
Allegan Public Schools	M-40 North Allegan, Michigan	03 030
Burnips School	Burnips, Michigan	03 130
Fennville Public Schools	Maple Street Fennville, Michigan	03 130
Hamilton Commu- nity Schools	136th Avenue Hamilton, Michigan	03 100
Hopkins Public School	Hopkins, Michigan	03 070
Martin Public School	Village Street Martin, Michigan	03 060
Moline Com- munity School	Moline, Michigan	03 110
Otsego Public Schools	540 Washington Otsego, Michigan	03 020
Plainwell Com- munity Schools	Beebe Street Plainwell, Michigan	03 010
Pullman School	Pullman, Michigan	03 160
Saugatuck Public Schools	Douglas Saugatuck, Michigan	03 080
Wayland Union School District	Wayland, Michigan	03 040

<u>Barry Intermediate School District</u>		08 010
Delton-Kellogg School District	Delton, Michigan	08 010
Hastings Public Schools	232 W. Grand Street Hastings, Michigan	08 030
Middleville- Thornapple Kellogg School	509 W. Main Middleville, Michigan	08 050
Pleasantview Elementary School	R.R. #3 Bellevue, Michigan	08 070
<u>Ionia Intermediate School District</u>		34 000
Belding Area Schools	Hanover & Ionia Belding, Michigan	34 080
Hubbardston Community School	Russell Street Hubbardston, Michigan	34 050
Ionia Public Schools	438 Union Ionia, Michigan	34 010
Lakewood Public Schools	824 - 3rd Avenue Lake Odessa, Michigan	34 090
Palo Community Schools	Mill Street Palo, Michigan	34 040
Portland Public Schools	306 Brush Street Portland, Michigan	34 110
Saranac Com- munity Schools	28 Vosper Street Saranac, Michigan	34 120
<u>Montcalm Intermediate School District</u>		59 000
Belvidere Township School	Six Lakes, Michigan	59 010
Carson City Crystal Area Schools	338 Gratiot Street Carson City, Michigan	59 020

Central Montcalm Public School	1480 South Sheridan Road Stanton, Michigan	59 125
Edmore Com- munity Schools	Edmore, Michigan	59 040
Greenville Public Schools	Union Street Greenville, Michigan	59 070
Lakeview Com- munity Schools	Lakeview, Michigan	59 090
Tri-County Area School	412 E. Edgerton Howard City, Michigan	59 080
Vestaburg Community Schools	Vestaburg, Michigan	59 150
Bushnell Town- ship School	Sheridan, Michigan	59 200
Crystal Town- ship School-- Spencer	Crystal, Michigan	59 230
Crystal Town- ship School-- West End	Crystal, Michigan	59 230
Ferris Town- ship School	Stanton, Michigan	59 330
Pierson Town- ship School-- Maple Hill	Howard City, Michigan	59 410
Pierson Town- ship School-- Whitefish Lake	Howard City, Michigan	59 420
<u>Newaygo Intermediate School District</u>		62 000
Croton School	Route 2 Newaygo, Michigan	62 020
Fremont Public Schools	204 E. Main Fremont, Michigan	62 040
Grant Public Schools	331 E. State Grant, Michigan	62 050

Hesperia Com- munity Schools	96 S. Division Hesperia, Michigan	62 060
Newaygo Public Schools	200 East Big Rapids, Michigan	62 070
Pine View School	Route 3 Big Rapids, Michigan	62 080
White Cloud Public Schools	553 East Wilcox White Cloud, Michigan	62 090
<u>Ottawa Intermediate School District</u>		70 000
Allendale Public School	Route # 1 Allendale, Michigan	70 040
Borculo School	Route # 1 Zeeland, Michigan	70 090
Bursley School	Route # 1 Jenison, Michigan	70 100
Coopersville Public Schools	198 East Street Coopersville, Michigan	70 120
Federal School	176 Walnut Holland, Michigan	70 140
Grand Haven Public Schools	734 Park Grand Haven, Michigan	70 010
Harrington School	1623 Ottogan Holland, Michigan	70 180
Holland Public Schools	61 West - 16th Street Holland, Michigan	70 020
Hudsonville Public Schools	5051 - 32nd Street Hudsonville, Michigan	70 190
Jenison Public Schools	1990 Baldwin Jenison, Michigan	70 170
New Groningen School	Route # 2 Zeeland, Michigan	70 250
Spring Lake School District	345 Hammond Spring Lake, Michigan	70 300
West Ottawa Public Schools	294 Lakewood Boulevard Holland, Michigan	70 070
Zeeland Public Schools	311 E. Central Zeeland, Michigan	70 350

A. Elementary and secondary school children in the seven county area.

Approximate no. of children expected to directly participate in this project

Latest available enrollment figures in the area to be served

When appropriate number needing this service

	Public	Non-public	Public	Non-public	Public	Non-public
Elementary school children	18781	4957	93906	24785	18781	4957
Secondary school children	3438	3438	69944	17190	3438	3438
Total	22219	8395	163850	41975	22219	8395

B. Teachers in the seven county area.

Approximate number expected to participate in in-service activities as a part of the project

Total number of staff eligible to participate in project supported in-service programs

Public School	3015	6030
Non-public School	778	1557
Total	3793	7587

Educational Research

In reviewing educational research, the project writers found that there appeared to be an urgent need, at that time, for educators to devise concrete programs in their attempts to cope with learning problems. The organization of education must change with the changing times. Goodlad (1963) expressed this well in his discussion of the ungraded form of school organization.

Goodlad, J.I., Planning and Organizing for Teaching, Project on the instructional program of the public schools, NEA, Washington, D.C.

He wrote that "the knowledge and skills available (in 1848) to the learner and needed by him - were much more limited than they are today."

There were a number of children who did not meet the criteria for receiving special services available. The usual special categories were not adequate when a child had multiple handicaps or when a label could not be attached because of conflicting and confusing symptoms. Any child, retarded, blind, deaf, gifted, emotionally disturbed, culturally deprived, or outside any of the existing categories, had difficulty in one or more aspects of school learning.

There were frequent problems of both communication and understanding between the several special teachers who worked with children and regular classroom teachers. The person who diagnosed problems too often did not give recommendations which were understood by parents and teachers.

The extent to which these needs had not been met was expressed by many educational experts. The children with learning problems included as much as 20% of the school population. This figure included reading problems (10% to 15%, Harris 1961), minor neurological impairments (4% to 5%, Paine, 1965), slow learners (15% to 18%, Johnson, 1963), and the socially maladjusted and emotionally disturbed (2%, Dunn, 1964).

Johnson, G.O., Education for Slow Learners, Englewood Cliffs, New Jersey, Prentice-Hall, 1963.

Dunn, L.C., (Ed.) Exceptional Children in the Schools, New York, Holt, Rinehart, and Winston, 1964.

The incidence of such problems seemed to be greater than the 12% usually attributed to the aggregate of the exceptionalities. In the area of reading alone, experts cited approximately 10 to 15% of the school population (Harris, 1961) as having difficulty in learning to read. Writing about brain damage, Paine (1965) suggested "that the number and capacity of special classes available will CONTINUE FOR A LONG TIME TO LAG BEHIND the number of children with organic irregularities of thought and learning. The majority of these children, and particularly those less severely affected will have to be, and probably should be, educated in regular classes with as much understanding and as many of the appropriate concessions as possible." This same writer suggested that probably 4% or 5% of the school population suffered from borderline neurological impairments, which was larger than the incidence of mental deficiency or cerebral palsy.

Paine, R.S., "Organic Neurological Factors Related to Learning Disorders", in Hellmuth, J. (Ed.) Learning Disorders, Vol. I, Seattle, Wash., Special Child Publications, 1965.

With this information the project writers prepared the "proposal".

Purpose

To demonstrate the feasibility of a multi-county learning center which would; a) provide service for children with learning difficulties, and b) provide in-service training for teachers designed to translate learning theory into practice.

Major Objectives

The Area Learning Center, an operational project funded under Title III E.S.E.A. of Public Act 89-10. Major objectives were to:

1. Provide supplementary services for children with learning problems through an interdisciplinary approach thus improving the educational opportunities of children in the area served.

This interdisciplinary approach coordinates services of specialists in psychology, curriculum, learning, and language arts.

2. Provide for the practical implementation in the classroom of prescriptive teaching for children with learning problems.

Following compilation of available test data, a conference involving the school, family, teacher, auxiliary organizations, and Learning Center personnel was held to ascertain prescriptive teaching procedures for this child.

Major Objectives contd.

3. Provide in-service programs designed to translate learning principles into practice.

Current learning theories were translated into practical classroom procedures through in-service programs for teachers. New materials available for use in the classroom with children with learning problems were reviewed and discussed.

Implementing Objectives

The Area Learning Center operated on the philosophy of diagnosis, prescription, and follow through.

1. A team approach was utilized in diagnosing the child's learning problem.
2. A prescription based on the child's greatest educational needs was written by the learning specialists.
3. The Area Learning Center Consultant and the classroom teacher would work as a team to implement the prescription. The Consultant provided materials, demonstrated teaching techniques, and maintained communication between the classroom and the Center.

The Center placed major emphasis on prevention of learning disabilities rather than remediation. To this end, we worked with school staffs on developing greater insights in early identification of potential learning problems and assisted them in designing instructional programs to meet individual learning patterns.

The basic assumptions considered in order to accomplish the purpose, major objectives, and implementation of objectives of the Area Learning Center proposal were: that we needed a centrally located, highly trained staff whose business it was to identify learning problems and write prescriptions for treatment. These services were available to all school children with learning problems from pre-school through grade twelve, in both public and non-public schools.

Emphasis on education in the future will be on diagnostic and prescriptive teaching; that is, tailoring programs to individual needs. Getting to this point, however, involved a transitional period of time during which pre-service and in-service teacher training emphasized classroom techniques for identifying and preventing learning problems.

In the interim, we attempted to meet the need by a staff of highly trained personnel who readily diagnosed problems and gave an educational prescription. These were creative individuals who thought intuitively, who courageously leaped to tentative hypotheses, and who flexibly and rapidly changed prescriptions when these were not first successful. These individuals were not spending an excessive amount of time in objective assessment and mechanical report writing, but were accessible to teachers and parents for answering questions and stimulating action.

The involvement of the classroom teacher in the diagnosis and follow-through was an essential process. A substitute teacher was provided so that the teacher could meet with the Psychologist and learning specialists in order that the diagnosis and prescription could be as effective as possible. The Learning Center Consultant assisted the classroom teacher in the implementation of this prescription by finding appropriate materials and demonstrating specific teaching techniques.

Pre-service and in-service training meetings were held with the objective of emphasizing ways of following through on prescriptions: identifying learning problems, teaching methods to implement individual educational programs, and helping today's teachers to meet three major tasks; 1) keeping up with the explosion of knowledge, 2) coping with pressures from within and without the profession for increased academic excellence, and 3) developing new skills, techniques, and methods for improving learning.

Preparation of Proposal

Leadership for coordinating the Planning Committee, collecting data, and writing the Area Learning Center proposal was initiated by; Miss Barbara Bird, Educational Consultant, Kent Intermediate School District; Dr. Corrine Kass, Associate Professor, Calvin College; and Mr. Donald Smalligan, Assistant Superintendent, Kent Intermediate School District.

The Kent Intermediate School District submitted the Area Learning Center Project under Title III Public Act 89-10 in November 1965 to the U.S. Office of Education. During January 1966, we were asked to strengthen areas and re-submit the proposal.

The project writers spent all of January in meetings with planning committees, local agencies, and university personnel. The project, "Area Learning Center", was re-submitted by the Kent Intermediate School District to the U.S. Office of Education in February 1966.

During the months of April and May 1966, negotiations and project addendums were provided to the U.S. Office of Education. In June 1966, the Kent Intermediate School District received approval for an operational grant #1343.

PROGRAM OPERATION

OPERATION

The initial grant was awarded in June 1966, and with it came many challenges and frustrations.

Housing was obtained for the Area Learning Center at 47 Barclay, N.E., Grand Rapids, Michigan. The building was redesigned and equipped to provide testing cubicles, conference rooms, staff office space, and storage to meet the needs of our program.

In order to have an operational program to service children in September, recruitment was initiated during July and August. However, to obtain a qualified staff to accomplish the goals of this program was extremely difficult since the caliber of personnel needed was already under contract. Superintendents were very cooperative in releasing some of their personnel for one year on a part or full time basis. We were in a unique position in education of having money but not being able to find qualified people to implement the program. Thus, a full staff was not employed during the first year of operation.

The Area Learning Center Staff in August 1966, was faced with the major task of implementing the goals of our project in sixty-seven (67) school systems, consisting of four hundred fifty (450) buildings, public and non-public, in a seven county area.

During this period we clarified philosophy, developed referral forms, operational procedures, and established working relationships with the schools.

The Advisory Board was convened to recommend policy and enhance communication in the service area.

On this Board were the superintendents of the seven Intermediate School Districts: William A. Sexton, Superintendent, Allegan County Intermediate Board of Education; Harold S. Stockwell, Superintendent, Barry County Intermediate Board of Education; Bruce T. Blanchard, Superintendent, Ionia County Intermediate School District; Roscoe C. Miner, Superintendent, Kent Intermediate School District; William J. Seiter, Superintendent, Montcalm Area Intermediate School District; Leon J. Deur, Superintendent, Newaygo County Intermediate School District; and Jennie M. Kaufman, Superintendent, Ottawa Area Intermediate School District.

Reverend Zerfas, representing the Catholic Schools; Dr. John Vandenberg, representing the Protestant Schools; Robert Stark, representing the Grand Rapids Public Schools; Dr. Robert DeHaan, from Hope College; and Dr. Joseph Eisenbach, from Western Michigan University completed the membership of the Advisory Board.

The staff consisted of a Director, Educational Specialists, an In-service Coordinator, and Area Learning Center Consultants.

Qualifications of Professional Personnel

The following qualifications were established in the planning phase of the program:

Director

A person with a doctoral degree or an equivalent who had administrative experience in education, a broad knowledge of overall educational needs and goals, and was child-development oriented.

Specialists

Persons with a doctoral degree or an equivalent whose responsibility was to diagnose learning problems, write prescriptions, and serve as resource personnel. Such persons included individuals with training and experience in language arts, psychology, child growth and development, and curriculum.

In-service Coordinator

A person with a master's degree and proven leadership ability whose responsibility was to work with local schools in identifying their in-service needs and serve as liaison person in scheduling specialists for workshops, seminars, lectures, and studies.

Area Learning Center Consultant

A person with a master's degree and five years of classroom teaching experience, sensitivity to human relations and ability to work with others. He was responsible for collecting data from local schools and processing referrals after the child had been diagnosed and the prescription written. He was responsible for interpreting the individual prescription to classroom teachers, selecting and supplying specific material, and demonstrating teaching techniques.

During the second year of operation para-professionals were added. The para-professional personnel had a B.S. degree and were trained by Area Learning Center Specialists to administer and score tests requested by the Psychologist and Reading Consultants. They also checked children for vision and hearing on the audiometer and telebinocular. Para-professional personnel added to the efficiency of the Specialists and the total operation of the Center.

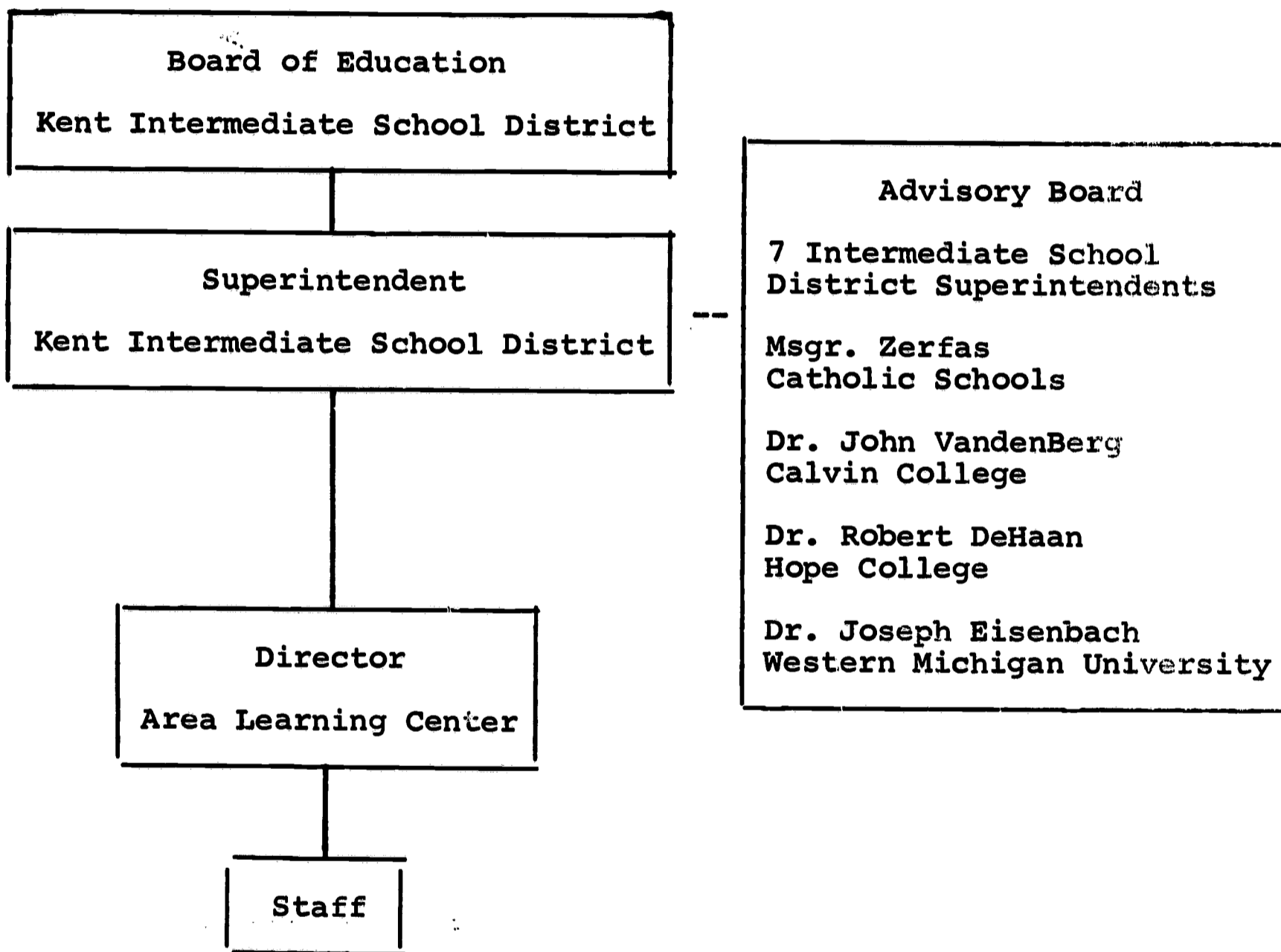
A materials coordinator was added for the third year to process materials, assist consultants in the distribution of materials, and to serve as a materials resource person for groups visiting the Material Center.

SUMMARY OF PROFESSIONAL STAFF

	1966-1967	1967-1968	1968-1969
PROFESSIONAL			
Director	1	1	1
In-service Coordinator	1	1	-
Consultants	4 3/10	13	12
Reading Specialists	2	2	1 2/5
Psychologists	3 3/4	3	2
Librarian	-	1/2	-
Materials Coordinator	-	-	1
PARA-PROFESSIONALS	-	3	1 1/2
	<hr/>	<hr/>	<hr/>
Total	12 1/20	23 1/2	18 3/10
 CLERICAL	 4	 5	 3

The operational structure was designed under the Kent Intermediate School District as legal agent with the Director of the Area Learning Center responsible to the Superintendent of the Kent Intermediate School District.

OPERATIONAL STRUCTURE



Program Operation

There have been many changes in procedures during the three year period to increase staff efficiency and provide for a smoother operation.

The Center has consistently operated on the philosophy of interdisciplinary diagnosis of children with learning problems, the team approach to designing an educational prescription to meet the child's needs, and follow-up to assist the classroom teacher to implement the prescription.

Any child who was evidencing behavioral characteristics which hampered his learning could have been referred. Requests for service came to the Center from teachers, parents, physicians, and community agencies through the local school administrator. Where there was evidence of several children having these characteristics in one school, the school was encouraged to combine these referrals in small clusters in order to facilitate the testing and conferencing procedures in the Learning Center. This procedure produced more efficient service to the schools than single referrals would have. To facilitate direct communications, parents and teachers were encouraged to accompany the child to the Area Learning Center.

A Typical Referral

A typical referral to the Area Learning Center was a child between the ages of 6 and 12 with normal intelligence who was posing a particular classroom problem for the teacher. Usually, the difficulty manifested itself in reading or arithmetic, but it might also have been of a behavioral or perceptual nature. Prior to the establishment of the Center, the teacher could only refer such a child to private or public agencies outside the school system. With the establishment of the Area Learning Center, the teacher could request an appointment for this child. The Referral Forms, which were completed by the school and the parents, are attached herewith.

When the child's School History, the Parent Confidential Form, and the Release of Information were received at the Center the case was assigned to a consultant.

At the Center there were highly trained persons who were skilled in identifying problems and prescribing treatment. For the treatment to be effective, it was important that communication be established between the school and the Center, and the home and the Center. To that end, the Area Learning Center Consultant went to the school from which the child was referred and obtained more specific information about the child's problem. This staff member was the field worker who obtained background information from the school and the home, observed classroom behavior of the child, noted any peculiarities in the teacher-child relationship, and relayed this information to the staff specialists who aided in the diagnosis and prescription.

AREA LEARNING CENTER
45 BARCLAY, N.E.
GRAND RAPIDS, MICHIGAN 49503
REFERRAL FORM

PLEASE PRINT OR TYPE - SEND IN ALL COPIES - YOUR COPY WILL BE RETURNED

DATE OF REFERRAL _____ SCHOOL PHONE NUMBER _____
 COUNTY _____ SCHOOL SYSTEM _____
 BUILDING _____ ADDRESS _____
 ADMINISTRATOR _____ TEACHER _____

NAME OF PUPIL _____ (LAST) _____ (FIRST) _____ (MI) _____ SEX _____
 DATE OF BIRTH _____ (MONTH) _____ (DAY) _____ (YEAR) _____ GRADE _____
 FATHER'S NAME _____ MOTHER'S NAME _____
 HOME ADDRESS _____ (ADDRESS) _____ (CITY) _____

DESCRIBE THE CHILD'S LEARNING PROBLEM _____

WHAT OTHER AGENCIES HAVE BEEN INVOLVED _____

TEACHER _____ SIGNATURE _____ PRINCIPAL _____ SIGNATURE _____



DO NOT WRITE BELOW THIS LINE

THIS REFERRAL WAS RECEIVED:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

SEX	MALE					FEMALE					GRADE	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9
BIRTH DATE	MONTH					MONTH					TYPE	PUBLIC					OTHER				
	0	1	2	3	4	5	6	7	8	9		PUBLIC					OTHER				
	DAY					DAY					REFERRAL	MONTH					MONTH				
	0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9
	YEAR					YEAR						YEAR					YEAR				
0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9		
SCHOOL	AGENCY					AGENCY					PROBLEMER	AGENCY					AGENCY				
	0	1	2	3	4	5	6	7	8	9		AGENCY					AGENCY				
	0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9



AREA LEARNING CENTER
47 Barclay, N.E.
Grand Rapids, Michigan

Date _____

SCHOOL INFORMATION FORM

School system _____

Building _____ Telephone _____

Location _____

Grades or levels _____ Enrollment _____

Number of classroom teachers _____ Average classroom size _____

Teachers are in the building from _____ a.m. to _____ p.m.

A. STAFF: (Supply a number, ie. ½, 1 or 4, which will best describe your staff. Add comments which you feel will help the Area Learning Center understand your school.)

_____	_____		Room for Type A mentally handicapped
_____	_____	_____	Teacher for Type C Phys. handicapped
_____	_____	_____	Teacher for Homebound pupils
_____	_____	_____	School nurse
_____	_____	_____	Librarian
_____	_____	_____	Director of Audio-Visual program
_____	_____	_____	(others)
_____	_____	_____	(others)
_____	_____	_____	(others)

B. ORGANIZATIONAL PATTERNS

Self-contained classrooms	yes	no	
An ungraded program	yes	no	
Grouping by achievement or aptitude	yes	no	
Dual progress plan	yes	no	

C. EVALUATION PROCEDURES

Reporting based on group norms	yes	no
If yes: what grades _____		
Reporting based on individual norms	yes	no
If yes: what grades _____		
Parent teacher conference	yes	no

D. INSTRUCTIONAL MATERIALS

Geared to individual basic textbook approach	yes	no
Multiple basic text book approach	yes	no
Combination of individual basic text book approach and multiple text book approach	yes	no
Individualized approach utilizing central supply and library approach	yes	no
Community educational resources: List	yes	no

E. INSERVICE PROGRAMS

School orientation days	1-3 days	3-5 days	more than 5 days
Number of Inservice Education days exclusive of MEA and County Institute	1-3 days	3-5 days	more than 5 days
Number of conference days per teacher	1-3 days	3-5 days	more than 5 days
Number of visitation days per teacher		<u>one</u>	<u>more than one</u>
Teacher involvement in preparation of their own curriculum guides		yes	no

COMMENTS:

AREA LEARNING CENTER
47 Barclay N.E.
Grand Rapids, Michigan

Case No. _____

CHILD'S SCHOOL HISTORY

Date _____

Name of child _____

Address _____ City _____

Birthdate _____ Home phone _____ Sex _____ Grade _____

School _____ Address _____

School phone numbers _____ Principal _____

Teacher _____ Homeroom Teacher _____

Other teachers _____ Subject _____

1. GENERAL INFORMATION:

A. Number of years child has attended this school building _____

B. The child has repeated the following grades: (Check one or more)

None ___ Kindergarten ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___

C. Has school attendance been: Regular _____ Irregular _____

D. Has child been absent more than two weeks at any one period: Yes ___ No ___

If yes: Explain _____

E. Number of times this child has changed schools _____

At what grade or grades? _____

F. In what area has this child been most successful? _____

G. In what area has this child had the most difficulty: _____

H. Has this child been tutored: Yes ___ No ___ If yes, how long _____

By whom _____ Subjects _____

I. What is the child's attitude toward school? (Circle one)

Excellent Good Average Fair Poor

General Information (continued)

J. Have special teachers worked with this child? If yes, list below:

Date _____ Teacher's name _____

Special area _____

Date _____ Teacher's name _____

Explain on Page 4 (Comments) Attach copy of reports from Special teachers.

K. What do you think is this child's learning problem? _____

L. What do you think is the cause of the problem? _____

M. What has the school been able to do to meet the learning problem?

N. What materials is this child using in:

	<u>Title</u>	<u>Publisher</u>	<u>Grade</u>
Reading:	_____	_____	_____
Mathematics:	_____	_____	_____
Spelling:	_____	_____	_____

2. PERSONALITY INVENTORY:

A. What is the child's relationship to peers? _____

B. What is the child's relationship to adults? _____

C. What special interests or hobbies does this child have? _____

D. What is this child's concept of self? Explain _____

E. Does this child accept responsibility? Explain _____

3. STANDARDIZED TESTS:

(List below the names of all standardized tests, including date, grade, sub-scores, I.Q.'s, or percentiles as listed in the child's cumulative folder.)

	DATE TESTED	GRADE	NAME OF TEST	SCORE, SUB-SCORES, PERCENTILES, OR RESULTS
VISION:	_____	_____	_____	_____
	_____	_____	_____	_____
HEARING:	_____	_____	_____	_____
	_____	_____	_____	_____
ACHIEVEMENT:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
INTELLIGENCE:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
SPECIAL:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

COMMENTS: (This space is for you to share with us your impressions gained by working with this child.)

Lined area for writing comments.

Signed _____
(Teacher's Signature)

2

Case No. _____

AREA LEARNING CENTER
Kent Intermediate School District
47 Barclay, N.E.
Grand Rapids, Michigan

CONFIDENTIAL QUESTIONNAIRE
Report from Parents

This form is intended to provide information which will be helpful to us in understanding your child. Please answer all questions as fully as possible and return to the Area Learning Center.

Child's Name _____ Birthdate _____

Home Address _____ Phone _____

School Address _____ Present Grade _____

FAMILY HISTORY

Father

Mother

Name _____

Age _____

Place of Birth _____

Education _____

Occupation _____

Any Physical Disabilities? _____

Present Marital Status _____

BROTHERS AND SISTERS

Name _____ Age _____ Grade or Occupation _____ Success _____

List other persons living in the home including age and relationship:

What language other than English is spoken in the home _____

DEVELOPMENTAL HISTORY

Is this child a foster child or adopted? Yes No. If yes, at what age did he/she enter your home?

Were there any unusual conditions associated with pregnancy?

Was birth normal? If not, describe difficulties

Was this a full term baby? Weight at birth

Did your child have any difficulties in infancy such as colic, feeding, sleeping, etc.?

List childhood diseases, serious injuries, or surgery and age at which each occurred.

Disease or injury

Age

Table with 2 columns: Disease or injury, Age. Multiple rows for listing.

Does your child wear glasses? When did he begin to wear them?

What is the nature of the visual defect?

When was vision last checked?

Does your child have a hearing defect?

If yes, does he wear a hearing aid?

Has your child ever had any unusual spells, seizures, nervousness, etc.?

If yes, please describe

Has your child had any of the following difficulties?

Table with 4 columns: Yes, No, Present Now?, When did it stop?. Rows include Bed wetting, Thumb Sucking, Nightmares, Temper tantrums, Allergies.

Does your child have any health problems? _____ If so, describe _____

Date of last physical examination _____ By whom _____

Address of Physician _____

Is your child receiving any medication now? _____ If yes, please specify: _____

Does your child have a physical handicap? _____ If so, describe _____

Does your child have a speech problem now? _____ If yes, please describe _____

Has your child had any speech difficulties in the past? _____

If yes, please describe _____

Is your child right handed? _____ Left handed? _____ Has he changed use of hands? _____ Reason _____

Does your child have an excessive amount of energy? _____ Low energy? _____

EDUCATIONAL HISTORY

Did child attend kindergarten? _____ Did he/she like kindergarten? _____

Age of entrance into first grade _____ Did he/she like first grade? _____

How many times had child changed schools? _____ In what grades? _____

Has child been absent for more than a two week period of time? _____

Reason _____

Has student been retained in any grade? _____ Which? _____

In what subjects does student achieve best? _____

In what subjects does student show poorest achievement? _____

When was the difficulty first noticed? _____

Has the child been tutored? _____ How long? _____

Who tutored the child _____

What do you think may be the cause of the child's learning problem? _____

Does your child read voluntarily? _____ What? _____

What is the child's attitude toward reading? _____

What is the child's attitude toward school? Good _____ Fair _____ Poor _____

BEHAVIOR, ATTITUDES, INTERESTS

Child

List your child's hobbies and major activities _____

Any special interest? _____

How much time does your child spend watching television? _____

Does this present a problem? _____

What are the child's responsibilities in the home? _____

Does he/she have many friends his age? _____ How does he/she get along with the other children in the neighborhood? _____

Does he/she get along better with boys or girls? _____

How does he/she get along with other children in the family? _____

_____ Parents? _____

What is his/her usual disposition? cheerful? _____ cooperative _____ happy _____ complaining _____ changes moods quickly _____

Is there evidence of anxiety such as tensions, fears, or insecurity? _____

If yes, please describe _____

In what situations is your child self-reliant? _____

When is he dependent upon others? _____

Does he give up easily? _____

...s compared with other children of this age, do you think your child's general development is?

below average _____ average _____ above average _____

Family

Father

Mother

Do you like to read?

What do you like to read?

How much do you read?

Were you a good reader when you were in elementary school?

What hobbies do you have?

What activities do you and your child do together?

How often do you do these things?

Or what does the child need punishment?

When punishment is necessary, what do you find most effective?

Who does most of the punishing?

Are there any family problems which you think might be contributing to present learning difficulties of your child? _____ If yes, please describe:

Has your child experienced any unusual neighborhood or school situations?

_____ If yes, please describe _____

Please add any information that you think will be helpful to us in understanding your child:

Name and Address of:

Doctor _____

Optometrist _____

Signed _____ Date _____

Relationship to child _____

AREA LEARNING CENTER
47 Barclay, N.E.
Grand Rapids, Michigan

RELEASE OF INFORMATION FORM

I do hereby fully authorize The Area Learning Center
to obtain any and all relevant information regarding:

Name of Child

Signed: _____

Relationship: _____

Witness: _____

Date _____

The appointment with the learning specialists was made by the Area Learning Center Consultant who conferred with the specialist before the appointment. The Specialists working with the child varied in procedure according to the specialist's preference. Specific tests were administered by para-professionals. In every case the Specialist spent at least one hour with each child observing and administering additional formal and informal tests.

Each child spent the morning in the Center as indicated on the attached schedule which shows how the Area Learning Center team worked with the child. There were occasions when there were from one to five teams working in the Center on a given day, with each team working with two children in the morning.

In the afternoon the Area Learning Center Consultant, Psychologist, and Reading Specialist met in conference at 1:30 P.M. or 2:30 P.M. with the classroom teacher, principal, and other local personnel who had worked with each child to discuss test findings and design the child's educational prescription.

When the testing evaluation indicated the family dynamics were an important part of the child's learning problem, a parent conference was scheduled in the Center with the Psychologist at 3:30 P.M. at which time a confidential interview was held with the mother and father in relating to them their part in helping their child overcome these problems.

TESTING SCHEDULE

DATE _____

DAY _____

PSYCHOLOGIST	LAB. TECH.	READING
I	I	I
8:30 Review folder - Child A and B	8:30 Test Child A	8:30 Test Child B
9:30 Test Child A	9:30 Test Child B	9:30 Score Test Child B Review file Child A
10:30 Make notes - Score Testing of Child A	10:30 Vision-Hearing Child B	10:30 Test Child A
11:00 Test Child B	11:00 Score Testing Child A and B	
to 12:00	11:30 Vision-Hearing Child A	11:30 Score Test Child A
12:00 Make notes - Score Testing of Child B		Review file Child B

The Area Learning Center Consultant took the responsibility for seeing that the prescription was followed through. He arranged for further tests to be administered if this was the recommendation of the prescription, he found appropriate materials and books and took these to the teacher and/or parents. He demonstrated techniques to the teacher in the classroom. The majority of children could be improved within the context of the regular classroom, but some had to be placed in special classes. The Area Learning Center Consultant then made the appropriate arrangements.

Finally, the Area Learning Center Consultant judged the effectiveness of the prescription and conferred with the specialist as necessary, or referred the child back to the Center for an additional or different prescription.

During the first year of operation all children came to the Area Learning Center for diagnosis as well as school personnel for conference.

The Area Learning Center also conducted a few pilot projects when the school identified a cluster of referrals. The Area Learning Center staff went to the school and administered the tests, held the conferences, and gave verbal prescriptions. Afterwards, the Consultant made follow-up visits to the school with written prescriptions and materials for implementation. The results of these pilot projects appeared to be a more efficient use of staff time and more effective service to schools.

An Evaluation Study was conducted by the Area Learning Center staff during June 1967, to review the positive and negative aspects of our service. The recommendation of this evaluation was that testing in schools would increase our effectiveness and enable us to service more children. Thus, field and center testing evolved.

Schools were encouraged to make their referrals in clusters which allowed the Consultant time to plan for a more consistent follow-up program.

The Consultants reviewed the referrals on their initial visit to the school and made decisions on whether cases would be tested in the field or if they should be referred for center testing. The Consultant then administered tests in the school, conferenced with school personnel, and wrote the child's prescription. The Area Learning Center Specialists were available to review test data prior to the conference if the Consultant needed assistance.

If prescriptions from field testing did not seem to be helpful to the child, he was then brought in for center testing. This method proved most successful and was continued throughout the third year.

On the following page is a Model of Assessment that was designed to indicate which tests were recommended for field and center testing.

MODEL OF ASSESSMENT
1968-1969

Personality Assessment

Field Testing

1. Draw-A-Person/Family Drawing
2. Incomplete Sentence
3. Projective Question

Center Testing

1. Rorschach
2. Blacky
3. Memory for Designs
4. Full Range Picture Vocabulary
5. Basic Concept Inventory
6. Rating Scale for Pupil Adjustment
7. Incomplete Sentence
8. Draw-A-Person

Intellectual Assessment

Field Testing

1. Peabody Vocabulary
2. California Test of Mental Maturity
3. Kuhlman-Anderson
4. Lorge-Thorndike

Center Testing

1. Weschler Intelligence Scale for Children
2. Weschler Intelligence Scale for Adults
3. Weschler Pre-School and Primary Scale of Intelligence
4. Stanford-Binet

Perceptual Assessment

Field Testing

1. Frostig Developmental Test
2. Bender-Gestalt
3. Wepman Auditory Discrimination
4. Winter Haven

Center Testing

1. Telebinocular
2. Wepman Auditory Discrimination
3. Illinois Test of Psycholinguistic Abilities
4. Bender-Gestalt
5. Developmental Test of Visual Motor Integration

Academic Assessment

Field Testing

1. Informal Inventories (Betts)
2. Dolch Basic Sight Word
3. ABC Identification
4. McKee Phonetic Inventory
5. California Achievement Test
6. Harper-Row Pre-Reading Test of Scholastic Ability
7. Wide Range Achievement Test

Center Testing

1. Botel Inventory
2. Gates Reading Survey
3. Gates Reading
4. Gates-McGinite Silent Reading Primary & Survey
5. Stroud Hieronymus
6. Wide Range Achievement Test
7. Durrell Analysis of Reading Difficulty
8. Gilmore Oral Test
9. Gray's Oral Reading Test
10. Marion Monroe Reading Aptitude
11. McKee Phonetic Inventory
12. McCracken Standard Inventory
13. Roswell-Chall Blending and Diagnostic
14. SRA Diagnostic
15. Auditory Evaluation
16. Standard Reading Inventory

During June 1968, the Area Learning Center staff again devoted time to self evaluation and to services offered by the Center. The two major changes in the 1967-1968 service were: 1) field testing, and 2) depth testing for our Evaluation Study.

The Consultants confirmed that testing children in schools and conferencing with school personnel enabled them to serve a greater number of children and to conduct a more effective follow-up.

The Area Learning Center staff went to schools, tested clusters of children, and conferenced with the teachers which resulted in a definite "spin-off" effect on the school personnel. Teachers who may have been insecure about referring a child, after meeting and observing the staff in action, gained confidence in themselves and the Area Learning Center personnel in identifying early learning problems.

Our Evaluation Study, consisting of one hundred (100) children who were tested in the Center, indicated that the team approach was extremely effective when deployed in this manner. The recommendation was made to continue field testing and to establish six (6) periods during the 1968-1969 school year for depth (team approach) testing. For these testing periods, the entire Area Learning Center staff was in the Center to test, conference, and write prescriptions for fifty (50) children.

Staff Development

The initial stages of molding our Area Learning Center staff of Psychologist, Reading Specialists, and Consultants into the team approach to diagnose, prescribe, and follow-up was a frustrating, exhausting, but rewarding period.

For the first time specialists were asked to see a child for a brief period of time and put their professional knowledge and background on the line and say, "I think this is the best possible program for a child."

Again, this was the first time they had worked as a team and were required to discuss test findings with colleagues.

Writing an educational prescription that was brief, to the point, and classroom oriented was much more difficult than the lengthy reports of educational jargon to which they had been accustomed.

Many staff workshops were held to share interdisciplinary backgrounds and practice conference techniques and prescription writing. Through these workshops the staff gained security in working as team members and in writing educational prescriptions based on their best judgment on what was best for a child.

Actual visits by specialists to the child in his classroom also helped to sharpen their know-how of prescription writing.

The two week orientation at the beginning of our second year for old and new staff was completely designed and conducted by the staff. It was truly a training session.

The orientation session for the third year was again staff designed and conducted.

Local, state, and national conferences during the three year period have assisted the staff in self renewal and awareness of new ideas and trends.

Only four new staff members were added to our Area Learning Center team this year and the operation has been extremely smooth. Existing staff took a new member on as a buddy, and they adjusted to their roles in an amazingly brief period.

August 1966 was a dark bad dream of the past, and it was a delight to observe this staff functioning as a true team. We must remember that each member of the staff during the three year period was extremely well qualified and had to unlearn previous patterns of training, behavior, and practice to fit the Area Learning Center role as a member of the team. Project leadership also grew in this three year period. In 1966 we had identified our goals and thought we could make it work, however, through trial and error during this three year period, we had developed a strong organizational design with positive direction.

Dissemination

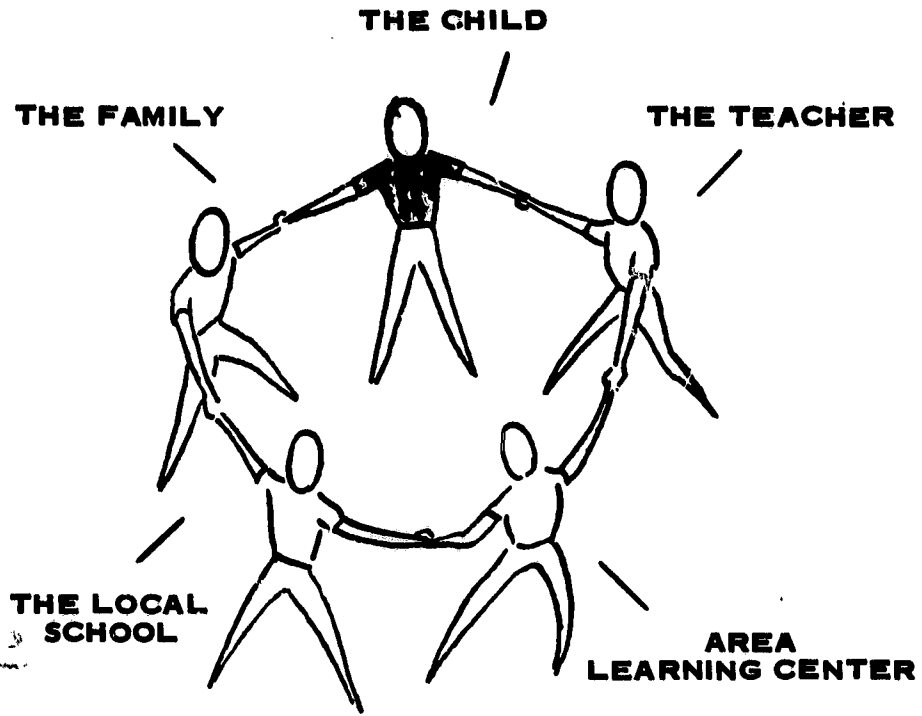
In the initial negotiations with the U.S. Office of Education, funds for dissemination in our proposal were extremely limited. Emphasis placed on dissemination by the U.S. Office of Education has grown within our three year operation period.

KENT INTERMEDIATE SCHOOL DISTRICT

AREA LEARNING CENTER

A SUPPLEMENTARY EDUCATIONAL CENTER

45 Barclay, N. E. Grand Rapids, Mich.



TEAM APPROACH TO LEARNING

A TITLE III, ESEA
OPERATIONAL GRANT

THE PUBLIC LAW 89-10
UNITED STATES OFFICE OF EDUCATION

56789

12
19

PURPOSE

The Area Learning Center provides service for children with learning difficulties and inservice training for teachers designed to translate learning theory into practice.

SERVICE AREA

The Area Learning Center works with public and non public schools in Allegan, Barry, Ionia, Kent, Montcalm, Newaygo, and Ottawa counties.

BACKGROUND

Title III of the Elementary and Secondary Education Act of 1965 provided an opportunity for educators to develop innovative and exemplary education programs based on known needs. The results of study committees and teacher surveys indicated that a large number of children have learning difficulties in our existing educational programs. We also have a need for inservice education to assist teachers in developing greater skills in working with these children. Based on this evidence, a proposal was submitted to operate a supplementary educational center.

PHILOSOPHY

The Area Learning Center operates on the philosophy of diagnosis, prescription and follow through.

- (a) A team approach is utilized in diagnosing the child's learning problem.

- (b) A prescription based on the child's greatest educational needs is written by the learning specialists.

- (c) The Area Learning Center consultant and the classroom teacher work as a team to implement the prescription. The consultant provides materials, demonstrates teaching techniques, and maintains liaison between the classroom and Center.

The Center places major emphasis on prevention of learning disabilities rather than remediation.

To this end, we work with school staffs on developing greater insights in early identification of potential learning problems and assist them in designing instructional programs to meet individual learning patterns.

REFERRAL

Who may be referred.

Any child with a learning problem in public or non public schools in the seven county area may be referred to the Area Learning Center.

How referrals are made.

Referrals are initiated by the classroom teacher and processed through the school principal to the Area Learning Center.

Referral forms include the Child's School History, the Parent Confidential Form and the Medical Release. When

complete referral information is received at the Center, a consultant is assigned to the case.

The consultant reviews this information with the school.

The child is then scheduled for testing. A conference is held with Area Learning Center staff, the classroom teacher and other interested school personnel at which an educational prescription is written for this child.

The consultant assists the teacher with the implementation of the prescription.

Follow-up visits are made by the consultant to review results of the prescription and make necessary adjustments.

SUBSTITUTE TEACHERS

Substitute teachers are provided at Center expense to enable the classroom teacher to attend the conference at the Area Learning Center.

INSERVICE

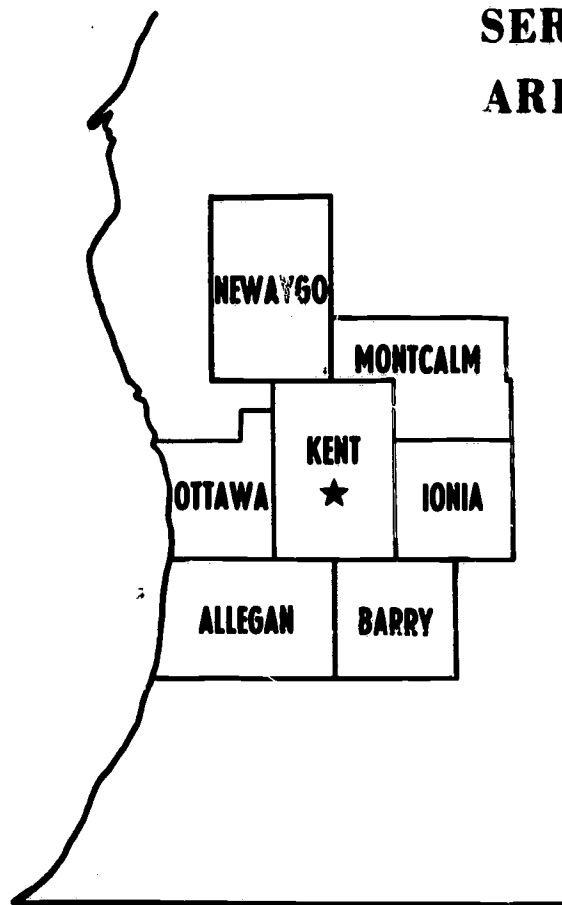
Area Learning Center staff members help the schools design programs to meet the needs and interests of the local school.

Area Learning Center staff members are also available to consult with schools as resource people for school inservice meetings.

**FOR FURTHER INFORMATION
CALL
AREA LEARNING CENTER
(616) 451-0681**

4

THE SERVICE AREA



The Area Learning Center, in its third year of operation, is funded under Title III of the Elementary and Secondary Education Act of 1965. This center is located in Grand Rapids, Michigan, the metropolitan center of the seven county area. There are approximately 250,000 children in the public and non public schools of this area within one hour's travel time to the Center.

LEGAL AGENT
KENT INTERMEDIATE SCHOOL DISTRICT

Roscoe C. Miner – Superintendent

5

The dissemination of information about the project began in September 1966, with the Area Learning Center Consultants visiting every school in their service area. In their initial visit they requested an opportunity to meet with the teachers early in the school year. At this time they explained the Center services and reviewed techniques of identifying children with learning problems. Meetings were also held with the Superintendents' Association, Elementary School Principals, Jr. High School Principals, Counselors and Educational Coordinators. Staff time devoted to these meetings has contributed to the excellent communication and cooperation between local schools and the Center.

Throughout the three year operation the most important means of dissemination has been the one-to-one personal interaction between Area Learning Center staff, the child, teacher, parent, and other school personnel we have serviced. Invitations to present our program to all Parent Teacher Association meetings have been honored.

We have worked with student teachers from Michigan State University, Western Michigan University, University of Michigan, Central Michigan University, Grand Valley College, and Aquinas College to share Center philosophy of the importance of the team approach to assessing individual children's learning pattern and designing instructional programs to meet their needs.

One or more of our staff members were program participants at the following meetings:

Michigan School Diagnostician
Elementary School Principals State Meetings
Michigan Reading Association State Meeting
International Reading Convention
Michigan Council of Exceptional Children Convention
National Council of Exceptional Children Convention
State Elementary Education Committee
Western Michigan Christian School Principal Meeting
Grand Rapids Area Psychological Meeting
Grand Rapids Pediatric Society
Western Michigan Pi Beta Kappa

The Area Learning Center received national coverage at the Hawaiian Seminar in 1967, and at the Seventh International Congress on Mental Health in London, England in 1968.

The Area Learning Center staff has developed a collection of colored slides which help explain how our program operates. These slides have been presented to over one hundred (100) in-service groups.

This year we have produced our 16MM color film, "Prescriptive Teaching" which has been very well received. We felt this film would make a definite contribution to future pre-service and in-service educational programs.

Approximately five hundred (500) educators from outside the service area have visited the project. Over four hundred (400) copies of the project proposal have been distributed to schools in response to requests. Forty thousand (40,000) copies of our brochure (copy attached) have been distributed.

EVALUATION

The original proposal provided for the following project evaluation design:

- A. Changes in types of referrals
- B. Changes in prescriptions
- C. Area Learning Center consultant follow-up on referrals (sample attached)
- D. Teacher awareness of resources and utilization of resources
- E. Request for in-service help

A. Changes in Types of Referrals

Initial referrals to the Area Learning Center were hard core cases. This group of children, age nine through fifteen, had been seen by every available agency yet little improvement had been seen in their learning patterns. Learning Specialists reviewed previous data, diagnosed learning problems, and wrote prescriptions for this group of children.

Area Learning Center Consultants worked with local school staffs providing instructional materials and demonstrated necessary teaching techniques to implement the prescription.

A limited number of these children were referred to other agencies such as Child Guidance for additional help, but the majority were experiencing success within their regular classroom.

Teachers working as part of the educational team have gained security, insights, understanding, and techniques in how to work with these children.

The Area Learning Center staff worked with groups of teachers and individual teachers on reviewing data in cumulative folders and formal and informal testing techniques for early identification of potential learning problems.

This has helped local schools in a preventive program rather than remediation, and it has helped children avoid the experience of failure, frustration, and poor attitudes toward learning.

The data which has accumulated as this project proceeded includes a wealth of information which will be available for review and study. There is a file on each child which includes intake information, diagnostic information, consultant reports, prescription reports, and follow-up material. Research studies could be done by the professional staff, university consultants, and doctoral students.

An important phase of the evaluation was the effectiveness of the Area Learning Center Consultant. This was, in a sense, a new type of personnel and how well this person communicated was to determine the success of the prescriptions. The data which was analyzed were:

1. What action took place in each case following an appointment at the Center?
2. Teacher ratings of the value of the Consultant's contacts.
3. Parent questionnaires on their understanding of their responsibilities in following prescriptions and how the Consultant aided them.

B. Changes in Prescriptions

Writing educational prescriptions was a new experience for the learning specialist in the initial stage of our program.

Insecurity and lack of knowledge on the realities of living in a classroom resulted in rather vague prescriptions.

Through in-service workshops the staff gained security in writing an educational prescription

based on the best judgment they had for recommending what was best for the child in his classroom. Visits in schools to follow their prescriptions also helped to sharpen their know-how in prescription writing.

C. Area Learning Center Consultants Follow-up on Referrals

The Area Learning Center Consultant served as the liaison person between the classroom, local school staff, and Center. They contacted the local school as soon as a referral was made and worked with them on collecting background information on the child. They were part of the staff conference after the child was seen by the specialists and responsible for follow through to implement the prescription.

At the end of the first year each consultant took ten of his cases and did a complete case study on each one.

D. Teacher Awareness of Resources and Utilization of Resources

Teachers accompanied the child to the Area Learning Center for diagnosis and were part of the conference. They shared their insights of the child's classroom experience and behavior with the Learning Specialists.

When the Area Learning Center Consultant brought the prescription to the child's classroom, the teachers were eager and willing to review new materials and adjust their existing program to implement the prescription into action.

Their next request was for ideas, suggestions, and techniques for other children in their classroom or small groups. The Consultant was often asked to review cumulative folders with them to determine advisable grouping within the classroom. The next step was guidance in materials selection for their instructional programs.

Teachers visited the Center individually and in groups to review new materials. They asked questions on techniques for best utilization. These materials were loaned to teachers to take into their classrooms and try and review with other teachers in their building. There was marked evidence of awareness of new materials and know-how of utilization.

Title I and II funds of E.S.E.A. have provided an increased variety of materials in many schools where classroom teachers previously were limited to basic texts.

As the Area Learning Center Consultants implemented prescriptions they have assisted the local school staffs in helping classroom teachers know what was available in their own buildings and demonstrate how material should be used.

Numerous classrooms have utilized multi-texts, listening stations, Language Masters, and programmed materials for the first time.

The most remarkable effect was in the attitudes of teachers in their willingness to change. They were seeking assistance for ideas to implement new grouping and educational procedures for their group of children in addition to the child who had been referred to the Center.

Interest seemed to be contagious; materials that previously collected dust were now being used in classrooms by teachers who hadn't yet referred children to the Center.

Perhaps a key to this success was the team approach to helping the child. The classroom teacher was involved throughout the process and felt extremely secure as a valuable member of this team.

E. Requests for In-service Help

In-service started with personal visits to local administrators in the three hundred buildings to describe services offered to children by the Center.

Next came requests for working with teachers on techniques of identifying learning problems and additional explanation on procedure. During the first year administrative groups in the seven county area including superintendents, elementary, junior high, and secondary principals requested service.

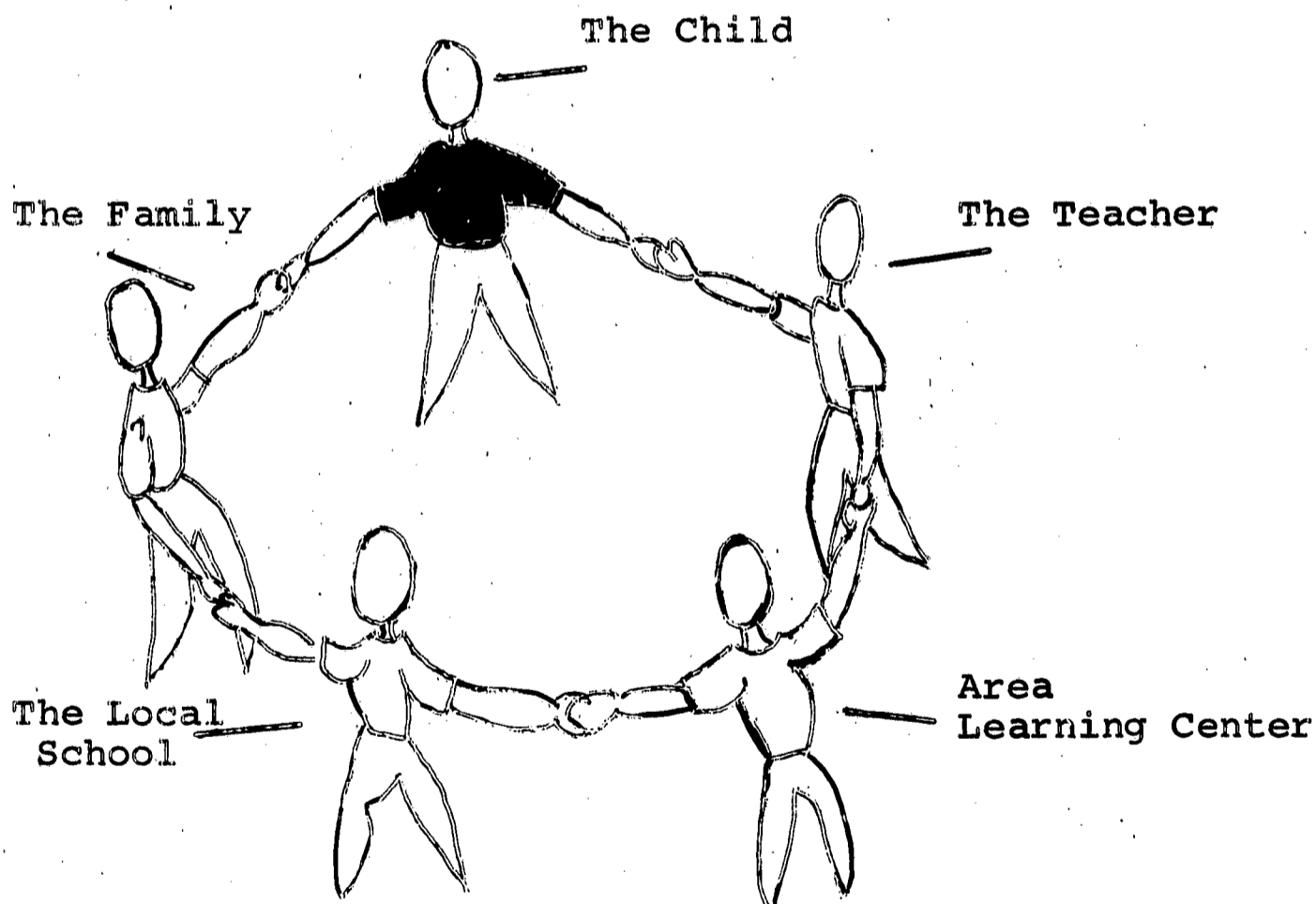
Local P.T.A., Psychological Association, Counselors, Child Guidance, School Nurses, and Reading Teachers either came to the Center to learn more about our Center or the staff met with their scheduled groups.

Depth programs on specific aspects of diagnosing learning patterns in children and prescriptive programs have been requested on area, county, regional, university, state, and national levels. Staff members have honored these requests and worked with groups ranging from fifty to four hundred persons.

Questionnaires were designed and sent to principals, teachers, and parents of the children served by the Area Learning Center. This practice was followed each of the three years of operation, and the tabulation of the returns can be found in the process evaluation section of this report.

During the second year of operation, one hundred children were included in an evaluation study. The entire study, as printed, follows.

AREA LEARNING CENTER
47 BARCLAY AVE. N.E.
GRAND RAPIDS, MICHIGAN
EVALUATION STUDY



TEAM APPROACH
TO LEARNING

INTRODUCTION

The Area Learning Center is a Pace Project funded under Title III of E.S.E.A. Act 89-10.

During the second year of operation, this study was conducted to determine the effectiveness of the Area Learning Center on the total educational program of the children in our service area.

Dr. Stuart Rankin and Dr. Allen Bernstein of the Michigan Ohio Regional Educational Laboratories, Dr. William Wattenburg from Wayne State University and Dr. Robert De Haan from Hope College have served as consultants to the project and have made contributions to the evaluation design used in this study.

Barbara Bird
Director

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AREA LEARNING CENTER

STUDY

A study of a sample of referral cases to the Area Learning Center (ALC) was undertaken during the second semester of the 1967-68 school year.

PURPOSE

The purpose of the study was to examine the treatment program of the ALC as an aid to modify children's learning behavior within the school setting.

HYPOTHESES

Children who receive the treatment program of the ALC will show significant improvement when compared to children who do not receive the treatment program of the ALC.

1. Three operational hypotheses will be tested.
 - (a) Children who receive the treatment program of the ALC will show significant improvement in reading when compared to children who do not receive the treatment program of the ALC.
 - (b) Children who receive the 18-week program of the ALC will show significant improvement when compared to children who receive the 9-week treatment.

Hypotheses contd.

(c) Children who receive the treatment program will show significant improvement in positive self-concept when compared to children who do not receive the treatment program.

(d) Children who receive the 18-week program of the ALC will show significant improvement in positive self-concept when compared to children who receive the 9-week treatment during the second phase.

(e) Children who receive the treatment program will show significant improvement in classroom behavior when compared to children who do not receive the treatment program.

2. Baseline data will be derived relative to the shape of the learning curves for the two groups.

Definition of terms

The treatment program of the ALC is defined as that prescription for the child specifying materials and principles for learning. The prescription directs the consultant in one or more of these steps, by (a) defining the problem, (b) assessing the capacity for learning, (c) directing the steps and changes to be followed, and (d) selecting the materials to be used in this child's educational program.

Definition of terms contd.

Children who do not receive the treatment program are defined as those children who were referred to the ALC but continue to do normal classroom activities and whose teachers receive no other interaction with the ALC during this phase of the study.

Improvement in reading is defined as increase in posttest scores over pretest scores on the California Reading Test utilizing grade equivalent scores.

Capacity is defined as the intelligence quotient scores of the Non-Verbal section of the Lorge-Thorndike Intelligence test.

Classroom behavior is defined as manageability in the classroom as measured by classroom observation by an independent observer. The observer will rate aggressiveness, acting-out, attention-seeking, and cooperative behaviors in the subject's interaction with his teachers and peers utilizing the forms constructed by the ALC staff. A copy is attached in Appendix A.

Self-concept is defined as the scores on the Coopersmith Self-Esteem Inventory. Changes in positive self-concept are measured as the differences between pre- and posttest scores.

PROCEDURE

Sample:

Cases referred to the ALC by the schools after November 23 were pooled until 100 or more cases were available. It was determined that 80% of the referrals were boys and 20% were girls by analyzing referrals received from September, 1966 through November, 1967. This proportion is reflected in the experimental design. The sample of referrals was analyzed to assure no duplication of experimental and control Ss within any one classroom. Ss were then randomly assigned to the treatment groups. Table 1 indicates the distribution of Ss within the groups by grade level.

METHOD

During the first week of the study, all Ss were given the California Reading Test, the Lorge-Thorndike Intelligence Test, and the Coopersmith Self-Esteem Inventory by a member of the ALC staff.

The Ss of Group A (treatment program of the ALC) were diagnosed by a team of learning specialists at the ALC for one day. On the following day a conference was held on each S in which the results of the tests and the observations of the school staff and findings of the ALC staff were shared.

TABLE 1
 DISTRIBUTION OF Ss
 BY GRADE LEVEL. N = 100.

	K-3	4-6
Experimental Subjects (Group A)	K = 3	4 = 9
	1 = 8	5 = 10
	2 = 7	6 = 6
	3 = 8	
	—	—
	26	25
	21 boys, 5 girls	20 boys, 5 girls
Control Subjects (Group B)	K = 1	4 = 11
	1 = 1	5 = 7
	2 = 8	6 = 6
	3 = 15	
	25	—
	25	24
	20 boys, 5 girls	20 boys, 4 girls

Method contd.

From this conference a prescription was written. Consultants from the ALC served as liaison with the school as the prescription was implemented by the school staff. During the treatment period the consultant called one or more times at the school to assess the progress of the prescription and supply necessary materials and modifications of the prescription.

During the ninth week the ALC staff repeated the testing of all Ss using the California Reading Test and the Coopersmith Self-Esteem Inventory.

During the ninth week ten observers, graduate students in education at Michigan State University, were assigned half-day visits in the classrooms of the Ss. Three pages of Observer's Form were filled out at half-hour intervals in the classroom, focussing the observer's attention upon the attributes stated on the form. The fourth page of the Observer's Form was filled in after leaving the classroom and was based on the impact of the half-day observation upon the observer. Also, in the ninth week Ss of Group B (delayed treatment of the ALC) were tested at the ALC by a team of learning specialists for one day. The procedure described for Group A was followed precisely for Group B.

Method contd.

During the second phase of nine weeks, all Ss received the individualized prescriptive program of the ALC. Group A continued its program of the first phase and Group B began its program.

After eighteen weeks all Ss were given an alternate form of the California Reading Test and repeated the Coopersmith Self-Esteem Inventory.

MEASURES

The Ss were given the California Reading Test, Forms W, X and Y, 1963 norms. The Lower Primary tests were given to Ss in grades 1 and 2. The Upper Primary tests were given to Ss in grades 3 and 4. The Elementary test was given to grades 5 and 6.

The Lorge-Thorndike Intelligence Test was given to all Ss at the beginning of the experimental study. Levels 1, 2 and 3 were administered as specified in the manuals.

The Coopersmith Self-Esteem Inventory was administered to all Ss at nine-week intervals.

An Observer's Form was prepared by the staff of the ALC. This four-page form was based on excerpts from Handbook of Research on Teaching, N. L. Gage, Editor, chapter 6. All Ss were observed during the tenth and twentieth weeks of the study.

ANALYSES

Graphs showing baseline data relative to the shape of the learning curve were constructed. Simple t tests were used to ascertain the significant differences between Groups A and B during the two phases of two operational hypotheses: (a) change in reading scores, and (b) change in self-concept. The t test appropriate for ascertaining significant differences between means of matched pairs was used. (J. T. Guilford, Fundamentals of Statistics in Psychology and Education, 3rd edition, 1956, pages 263-264).

Table 2 presents data relative to the learning curve. Mean grade equivalent scores were computed. In Group A gains in vocabulary score were continuous through the 18 weeks of treatment. In Group A gain in comprehension scores was greater during the first phase of treatment than during the second phase of continued treatment. Group B showed greater gains during its treatment phase than during its no-treatment phase. Differences between pretest scores exist. Means of Group B scores are higher than means of Group A scores.

Table 3 summarizes the data of changes in reading scores for K-3. In Vocabulary, Group A (9 weeks of treatment) showed a gain of .30 year which was significant. Comparison of gain scores favored Group A and was significant.

TABLE 2
BASELINE DATA
RELATIVE TO THE LEARNING CURVE,
GRADES K-3

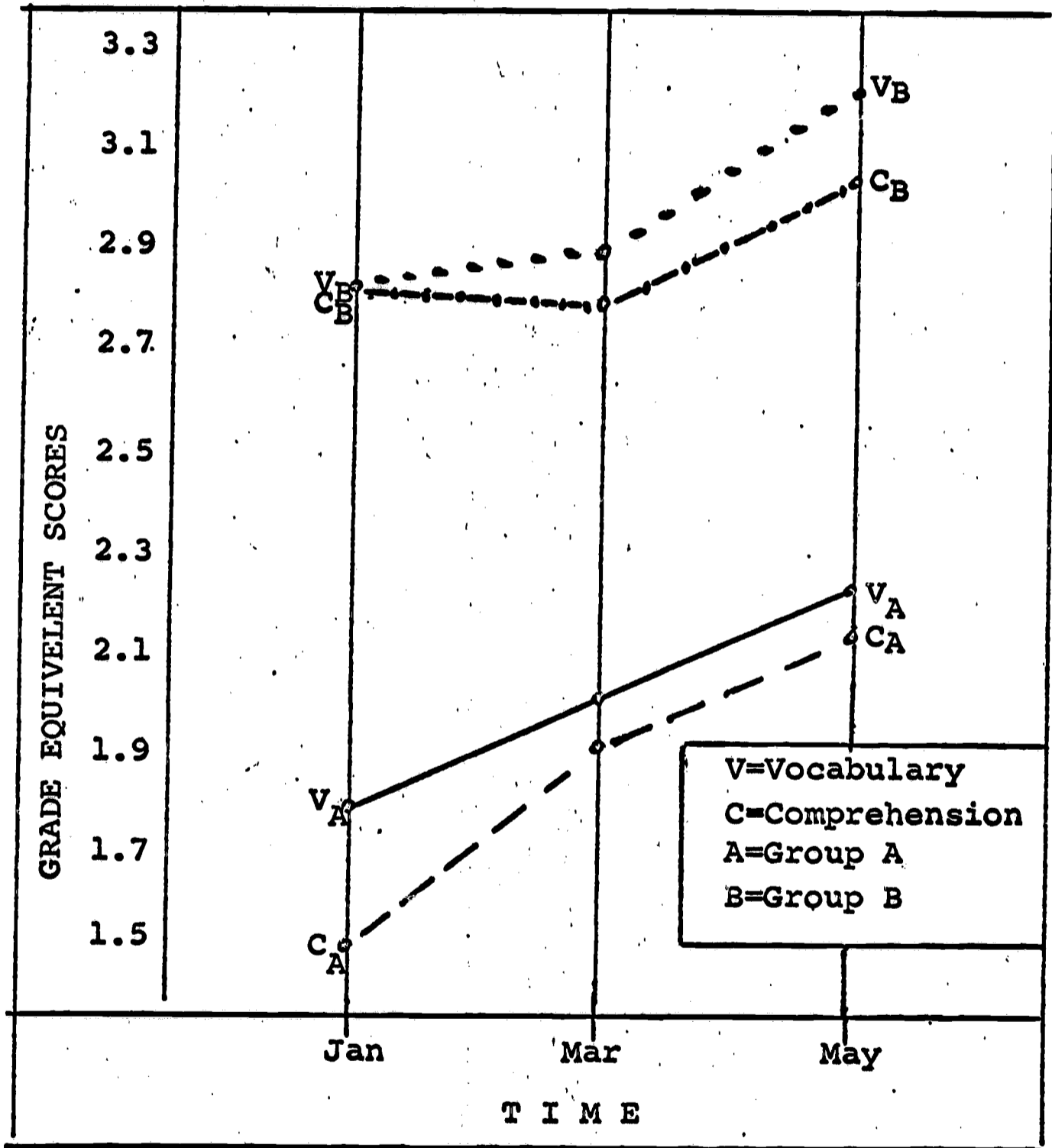


TABLE 3

Results of t tests of significance of change in vocabulary and comprehension scores on the California Reading Test, grades K-3. Differences are reported as Grade Equivalent scores.

	Group A M Jan	Group B M Jan	A - B	Group A M Mar	Group B M Mar	A - B	Group A M May	Group B M May	A - B
Vocabulary									
Diff	.30	.22	.08	.17	.34	-.17			
t=**	2.75	2.89	2.67	1.84	3.60	-5.66			
Sig.	YES	YES	YES	NO	YES	YES*			
Comprehension									
Diff	.45	.08	.37	.21	.28	-.07			
t=**	2.48	.85	7.40	1.41	2.53	-1.75			
Sig.	YES	NO	YES	NO	YES	NO*			

*Negative

** For t test, 20 df, $t_{.05} = 2.02$

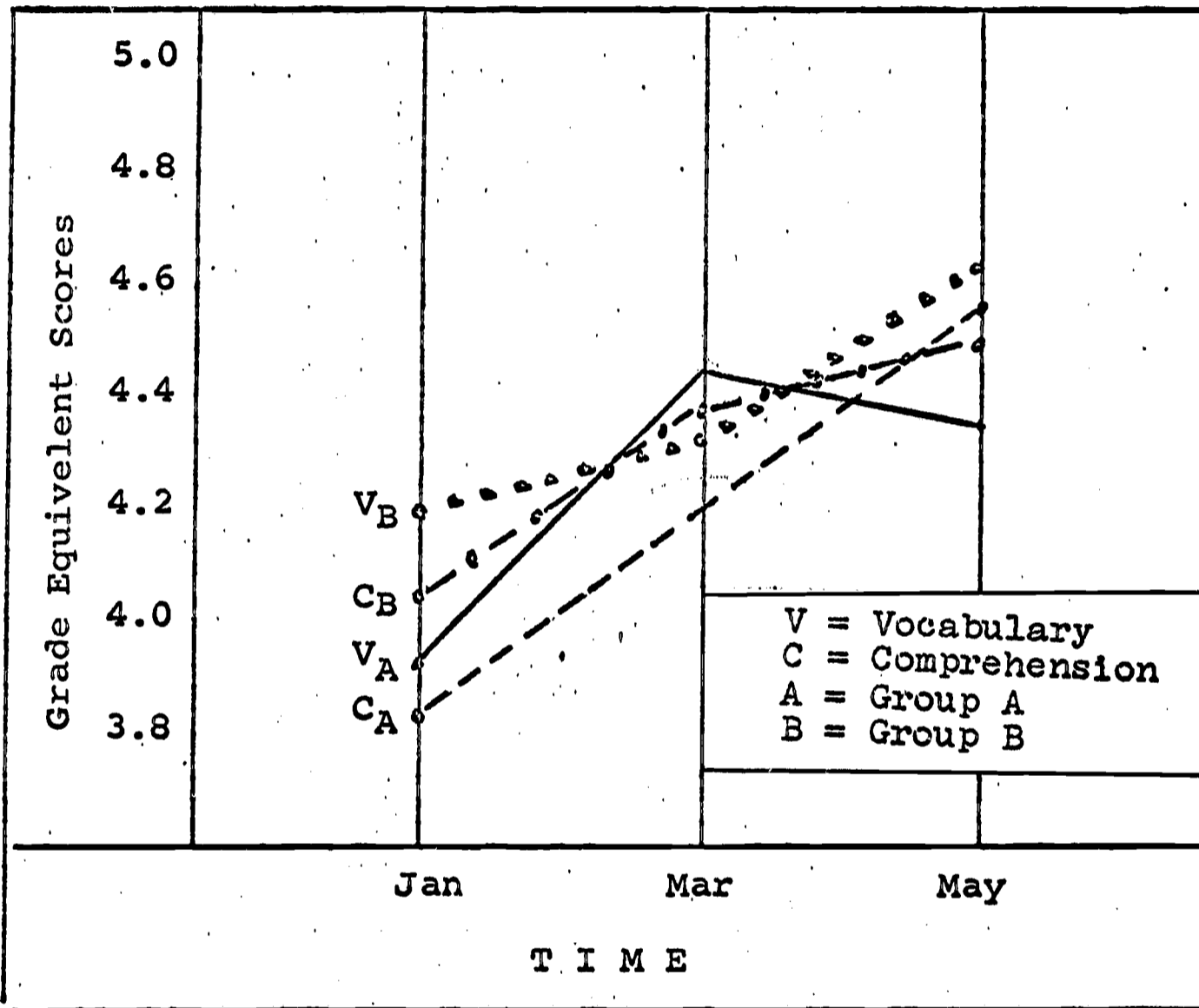
Analyses contd.

During the second phase of the study, Group A (18 weeks of treatment) showed a non-significant gain of .17 year. Group B (9 weeks of treatment) showed a significant gain of .34 year. Comparison of gain scores favored Group B and was significant.

In Comprehension, Group A showed a gain of .45 year which was significant. Group B showed a gain of .08 which was not significant. Comparison of gain scores favored Group A and was significant. During the second phase Group A showed a gain of .21 year which was not significant. Group B showed a gain of .28 year which was significant. Comparison of gain scores favored Group B and was not significant.

Table 4 is a graph showing mean grade equivalent scores as baseline data relative to the learning curve for grades 4 - 6. In Vocabulary (V), Group A showed greater gains during the first 9 weeks of treatment than during continuing treatment of the second phase. Group A (V_A) showed greater gains than Group B (V_B) during the first phase. Group B (V_B) showed greater gain during its 9 weeks of treatment than during its no-treatment phase. In Comprehension, Group A (C_A) showed continuous growth during the 18 weeks of treatment. Group B (C_B) showed greater gain during its no-treatment phase than during its 9 weeks of treatment phase.

TABLE 4
BASELINE DATA
RELATIVE TO THE LEARNING CURVE,
GRADES 4-6



Analyses contd.

Table 5 summarizes the data of hypothesis, (a) change in reading scores for grades 4 - 6. In Vocabulary, Group A showed a significant gain of .59 year. Group B showed a gain of .25 year which was not significant. Comparison of gain scores favored Group A and was significant. During the second phase of the study Group A showed a gain of .12 year which was not significant. Group B showed a gain of .52 which was significant. Comparison of gain scores favored Group B and was significant. In Comprehension, Group A showed a gain of .35 year which was significant. Group B showed a gain of .30 year which was significant. During the second phase Group A showed a gain of .54 year which was significant. Group B showed a gain of .29 year which was significant. Comparison of gain scores favored Group A and was significant.

The first operational hypothesis is that treatment by the ALC will show greater improvement in reading than no-treatment is supported.

The second operational hypothesis is that 18 week treatment by the ALC will show greater improvement in reading is supported in comprehension, but not supported in vocabulary.

TABLE 5

Results of t tests of significance of change in vocabulary and comprehension scores on the California Reading Test, grades 4-6.

	Group A M Jan Mar	Group B M Jan Mar	A - B	Group A M Mar May	Group B M Mar May	A - B
Vocabulary	.59	.25	.34	.12	.52	-.40
Diff	4.42	1.81	6.00	1.17	3.08	-9.78
t=**	YES	NO	YES	NO	YES	YES*
Sig.						
Comprehension	.35	.30	.05	.54	.29	.25
Diff.	2.17	2.81	.42	3.87	4.32	7.89
t=**	YES	YES	NO	YES	YES	YES
Sig.						

*Negative
 ** For t test, 20 df; t.05 =2.02

Analyses contd.

Discussion:

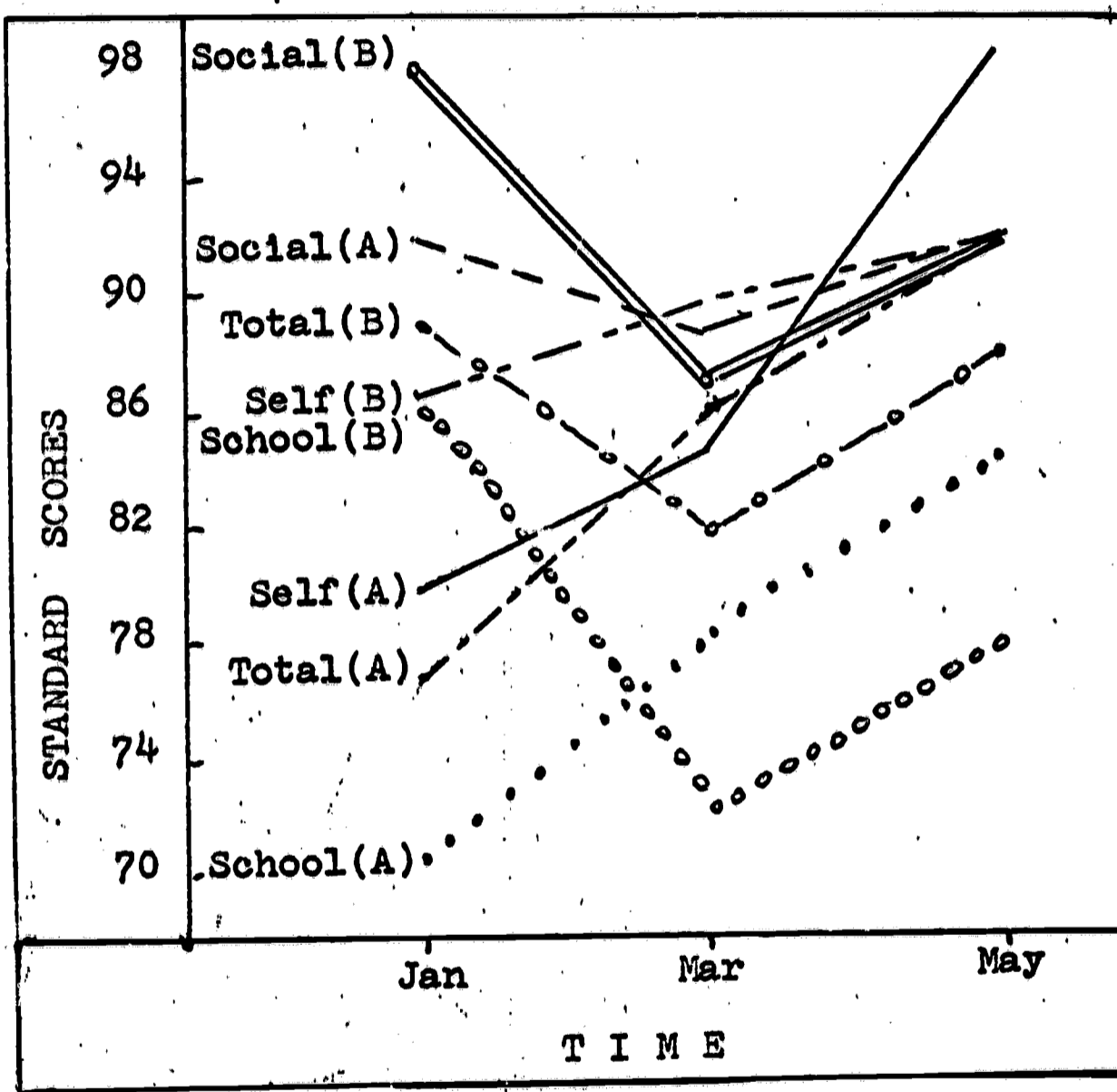
A comparison of no treatment (1 group), 9 weeks of treatment (2 groups), and 18 weeks of treatment (1 group) is possible. Improvement in Vocabulary was greatest and significant for K-3 and 4-6 during the 9 weeks of treatment. Improvement during second phase was reduced. A possible explanation for these significant differences may be the unequal distribution of Ss by grade level as shown in Table 1.

Changes in Self-Concept:

Table 6 is a graph showing mean Standard Scores (SS) for grades K-3 on the Coopersmith Self-Esteem Inventory. Group B showed constant positive change in Self (B) only. Group A showed the greatest positive change in Self (A) when compared to all other SS on the Inventory. Differences between A and B in Social, School, and Total were shown because Group B showed negative changes in these SS while Group A showed less negative change in Social and positive changes in School and Total Self-Concept.

Positive changes were shown during the second phase. However, Group B under 9 weeks of treatment did not regain the positions on the pretest which had been lost during the first phase, except in Self which showed a positive change. Positive changes in Self were shown during the 18 weeks of treatment.

TABLE 6
MEAN STANDARD SCORES FOR GRADES K-3
ON THE COOPERSMITH SELF-ESTEEM INVENTORY
AT INTERVALS OF NINE WEEKS
FOR GROUPS (A) AND (B)



Analyses contd.

Table 7 summarizes the data for hypothesis, (b) change in self-concept for grade K-3. In Self, Group A (9 weeks of treatment) showed a gain of 2.68 Standard Score units (SS) which was not significant. Group B (no-treatment) showed a gain of 2.86 SS which was not significant. Comparison of gain scores favored Group B and was not significant. During the second phase Group A (18 weeks of treatment) gained 12.53 SS which was significant. Group B (9 weeks of treatment) gained 1.96 SS which was not significant. Comparison of gain scores favored Group A and were significant.

In Social, Group A lost 1.76 SS which was not significant. Group B lost 10.70 SS which was significant. Comparison of loss scores favored Group A and was significant. During the second phase Group A show a gain of 3.24 SS which was not significant. Group B showed a gain of 5.47 SS which was not significant. Comparison of gain scores favored Group B and was not significant.

In School, Group A gained 8.73 SS which was not significant. Group B lost 12.92 SS which was significant. Comparison of gain-loss scores favored Group A and was significant. During the second phase Group A gained 6.92 SS which was not significant. Group B gained 5.35 SS which was not significant. Comparison of gain scores favored Group A and was not significant.

TABLE 7

Results of t tests of significance in change in three sub-scores and the total score on the Coopersmith Self-Esteem Inventory, grades K-3. Changes are reported as Standard Scores.

	Group A		Group B		A - B		Group A		Group B		A - B	
	M	Mar	M	Jan	M	Mar	M	Mar	M	Mar	M	Mar
Self	Diff.	2.68	2.86	-0.22	12.53	1.96	10.57					
	t=**	.36	.74	-.10	2.78	.42	7.36					
	Sig.	NO	NO	NO*	YES	NO	YES					
Social	Diff.	-1.76	-10.70	8.94	3.24	5.47	-2.23					
	t=	-.47	-2.56	6.16	.44	1.04	-1.09					
	Sig.	NO*	YES*	YES	NO	NO	NO*					
School	Diff.	8.73	-12.92	21.65	6.92	5.35	1.57					
	t=	1.91	-2.50	14.03	.98	1.04	.76					
	Sig.	NO	YES*	YES	NO	NO	NO					
Total	Diff.	7.66	-5.28	12.94	5.98	4.92	1.06					
	t=	.48	-1.30	10.25	1.49	1.14	.74					
	Sig.	NO	NO*	YES	NO	NO	NO					

*Negative
 ** For t test, 20 df, t_{.05} = 2.02



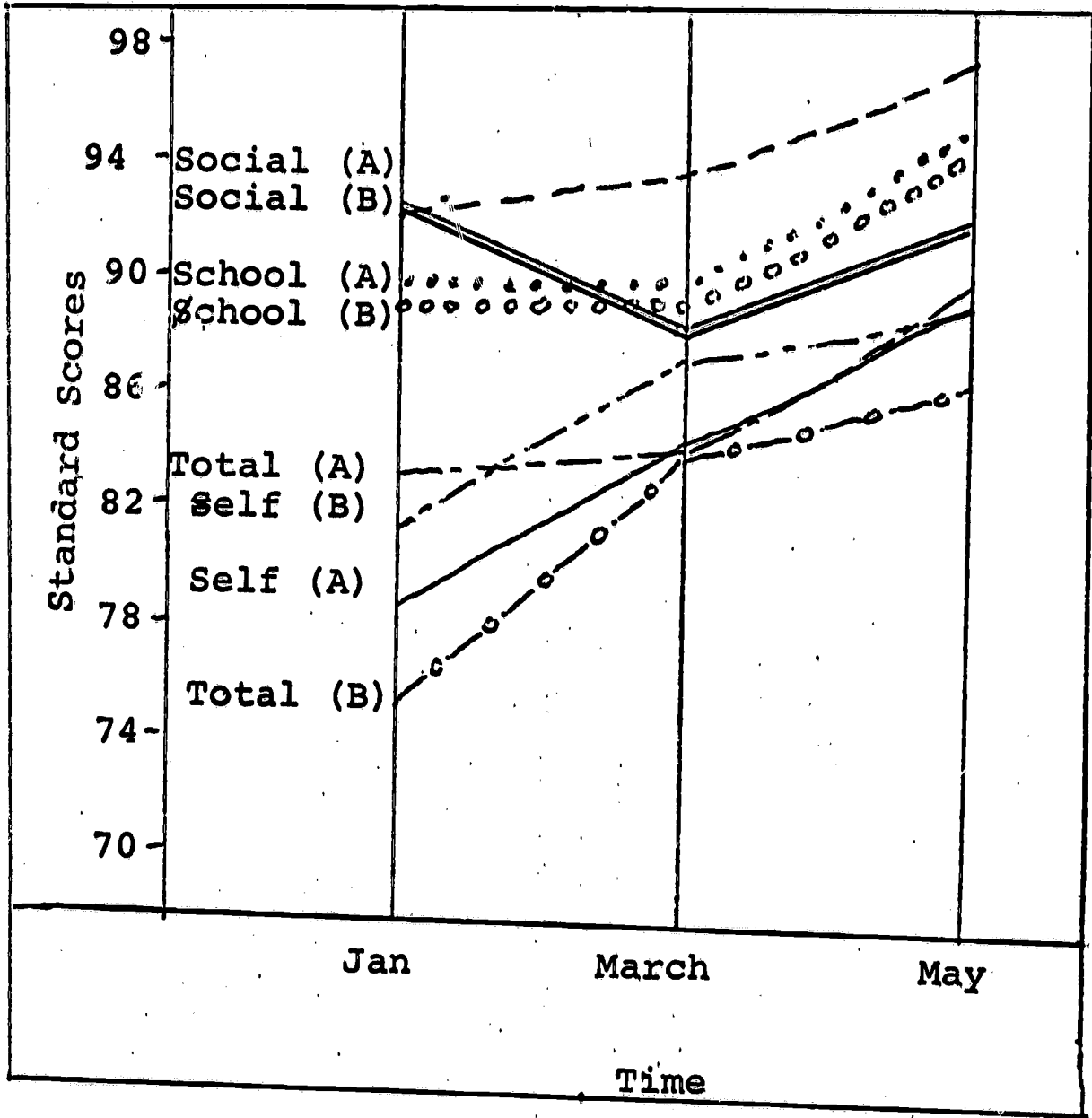
Analyses contd.

In Total, the sub-test Home added to subtests Self, Social and School given above, Group A gained 7.66 SS which was not significant. Group B lost 5.28 SS which was not significant. Comparison of the gain-loss scores favored Group A and was significant. During the second phase of the study Group A gained 5.98 SS which was not significant. Group B gained 4.92 SS which was not significant. Comparison of the gain scores favored Group A and was not significant.

The third operational hypothesis is that treatment by the ALC will show greater improvement in positive self-concept when compared to children who did not receive the treatment program is supported by the subtests Social and School, and Total Self-Esteem. It was supported by the 18 week treatment in the subtest Self.

Table 8 is a graph showing mean Standard Scores (SS) for grades 4-6 on the Coopersmith Self-Esteem Inventory. Self (A) and Self (B) tend to show parallel curvilinear changes for the first nine-week phase. Self (B), under treatment, showed a less rapid positive change in the second phase, while Self (A) continues its rate of growth throughout the 18 weeks of treatment. Group A and Group B in Social changes tend to show parallel rates of growth during the nine-weeks of treatment. In School, Group (A) and Group (B) tend to show parallel rates of positive change without regard for type of treatment. In Total Self-Concept, Group B showed

TABLE 8
MEAN STANDARD SCORES FOR GRADES 4-6
ON THE COOPERSMITH SELF-ESTEEM INVENTORY
AT INTERVALS OF NINE WEEKS
FOR GROUPS (A) AND (B)



Analyses contd.

a steep and positive rate of change while Group A showed a limited but positive change.

Table 9 summarizes the data of hypothesis, (b) change in self-concept, grade 4 - 6. In Self, Group A (9 weeks of treatment) showed a non-significant gain of 1.94 Standard Scores (SS). Group B (no-treatment) gained 4.81 SS which was significant. A Comparison of gain scores favored Group B and was not significant. During the second phase Group A (18 weeks of treatment) showed a gain of 4.76 SS which was not significant. Group B showed a gain of 3.38 SS which was not significant. The Comparison of gain scores favored Group A and was significant.

In Social, Group A made a gain of 1.28 SS which was not significant. Group B showed a loss of 4.79 SS which was not significant. Comparison of gain-loss scores favored Group A and was significant. During the second phase Group A made a gain of 3.79 SS which was not significant. Group B showed a gain of 4.23 SS which was not significant. Comparison of gain scores favored Group B and was not significant.

In School, Group A showed a gain of .11 SS which was not significant. Group B gained 2.71 SS which was not significant. Comparison of gains favored Group B and was not significant.

TABLE 9

Results of t tests of significance in change in three sub-scores and the total score on the Coopersmith Self-Esteem Inventory, grades 4-6. Changes are reported as Standard Scores.

	Group A M Jan Mar	Group B M Jan Mar	A - B	Group A M Mar May	Group B M Mar May	A - B
Self	Diff.	1.94	-2.87	4.76	2.38	2.38
	t=**	.34	-1.88	1.69	1.42	3.53
	Sig.	NO	NO*	NO	NO	YES
Social	Diff.	1.28	6.07	3.79	4.23	-.44
	t=	.26	4.61	.81	1.13	-.33
	Sig.	NO	YES	NO	NO	NO*
School	Diff.	.11	-2.60	5.58	-2.93	8.51
	t=	.38	1.82	1.68	-.63	6.67
	Sig.	NO	NO*	NO	NO	YES
Total	Diff.	.83	-4.39	5.24	2.98	2.26
	t=	.16	-3.42	2.02	1.35	3.05
	Sig.	NO	YES*	YES	NO	YES

*Negative
** For t test, 20 df, $t_{.05} = 2.02$

Analyses contd.

During the second phase Group A gained 5.58 SS which was not significant. Group B showed a loss of 2.93 SS which was not significant. Comparison of gain-loss scores favored Group A and was not significant.

In Total, a combination of Self, Social, School and Home sub-scores Group A showed a gain of ~~4.83~~ SS which was not significant. Group B gained 5.22 SS which was not significant. Comparison of gains favored Group B and was significant.

During the second phase Group A gained 5.24 SS which was significant. Group B gained 2.98 SS which was not significant. Comparison of gains favored Group A and was significant.

Discussion:

By administering the Coopersmith Self-Esteem Inventory to grades K-3, the results of this portion of the study may be biased due to standardization of the Inventory for grade three only. Subject to this limitation, the following statements may be given:

- (a) Positive changes in Self-Concept may be attributed to ALC treatment in Self (K-3, 4-6), and Total (K-3, 4-6).
- (b) Significant positive changes in 18 weeks of treatment may be attributed to ALC treatment for Self (K-3, 4-6), School (4-6), and for Total (K-3, 4-6).

OBSERVER'S FORMS

Table 10 reports data of the Observer's Forms for grades K-3. Frequencies are reported as percentages and compared statistically using Chi Square Analyses. (See Appendix for a copy of the Observer's Form). Sections A through E show Classroom Observation. No significant differences exist between Group A and Group B in either the 9 week treatment compared with the no-treatment or in the 18 week treatment versus the 9 week treatment.

Sections G through K show observation of the Ss behavior. Group A and Group B show no significant differences in (G) Distracting Movement and in (H) Domination of Peers in both phases of the study. In (I) Nonconforming to Teacher's Commands or Demands, Group B showed significantly greater frequency of occurrence than Group A. During the second phase Group B showed no significant differences from Group A.

In Response in Recitation, Group A showed a significant increase in frequency when compared to Group B. During the second phase no significant differences exist between Group A and Group B. In (K) Social Contributions By The Child, no significant differences were found between Group A and B in either phase.

Sections l through 0 summarize data of the Behavioral Scale. In (L) Peer Acceptance and in (M) Classroom Behavior, no significant differences were shown between Group A and Group B in both phases.

TABLE 10

Frequency scores of the Observer's Form are reported as percentages and subjected to chi square analyses, grades K-3.

	PERCENTAGES				CHI SQUARES	
	Group A		Group B		A _{Mar} &B _{Mar}	A _{May} &B _{May}
	March	May	March	May		
A/B	62/38	52/48	50/50	58/42	NO	NO
1-4	90/10	76/24	90/10	76/24		
7-8	89/11	82/18	90/10	82/18		
C/DE	46/54	32/68	69/31	68/32	NO	NO
1-2	75/25	68/32	75/25	68/32		
F (See Table 12)						
G	79	58	87	42	NO	NO
H	25	8	8	17	NO	NO
I	25	8	96	12	YES	NO
J	71	87	4	75	YES	NO
K	20	31	23	27	NO	NO
L Yes	54	54	44	50	NO	NO
No	22	18	19	12		
Not obs.	24	22	37	38		
M Yes	68	84	69	68	NO	NO
No	27	16	20	18		
Not obs.	5	0	11	14		
N Yes	60	85	68	62	NO	YES
No	26	9	18	18		
Not obs	14	6	14	20		
O Yes	86	92	98	88	NO	NO
No	14	8	0	8		
Not obs.	0	0	2	4		
P Positive	96	79	89	87	NO	NO
Negative	4	21	11	13		

* $X_{.05}^2 = 3.98$

Observer's Forms contd.

In (N) Teacher-student Interaction, no significant differences between Group A (9 weeks of treatment) and Group B (no-treatment) were found.

Table 11 summarizes the data of the Observer's Form for grades 4-6. Observations were made in the classrooms of the Ss. Frequencies are reported as percentages and compared statistically using Chi Square analysis. (See Appendix A for the Observer's Form). Section A through E record results of Classroom Observation. No significant differences were found between Group A and Group B in either phase.

Sections G through K show observations of the Ss behavior. Group A and B show no significant differences in (G) Distracting Movements and in (H) Domination of Peers in both phases of the study. In (I) Nonconforming to Teacher's Commands or Demands, Group B (no-treatment) showed significantly greater frequency of occurrence than Group A (9 weeks of treatment), showed no significant differences from Group A (18 weeks of treatment).

In (J) Response in Recitation and in (K) Social Contributions By The Child, no significant differences were found between Group A and Group B in either phase.

TABLE 11

Frequency scores of the Observer's Form are reported as percentages and subjected to Chi Square analyses, grades 4-6.

	PERCENTAGES				CHI SQUARES			
	Group A		Group B		A & B		A & B	
	March	May	March	May	Mar	Mar	May	May
A/B	62/38	50/50	52/48	58/42	NO			NO
1-4	84/16	70/30	90/10	72/28				
7-8	75/25	80/20	67/33	65/35				
C/DE	33/67	53/47	33/67	53/47	NO			NO
1-2	86/14	86/14	89/11	86/14				
F (See Table 12)								
G	75	42	87	62	NO			NO
H	0	29	12	21	NO			NO
I	8	4	8	25	NO			YES
J	87	75	71	92	NO			NO
K	18	19	19	23	NO			NO
L Yes	47	44	47	44	NO			NO
No	8	21	8	31				
Not obs.	45	35	45	25				
M Yes	75	78	50	65	YES			NO
No	9	8	19	28				
Not obs.	16	14	31	6				
N Yes	65	71	53	60	YES			YES
No	12	6	23	30				
Not obs.	23	23	24	10				
O Yes	88	86	90	88	NO			NO
No	4	2	2	8				
Not obs.	8	12	8	4				
P Positive	82	87	61	69	YES			NO
Negative	18	13	39	31				

Observer's Forms contd.

Sections L through O summarize data of the Behavioral Scale.

In (L) Peer Acceptance, no significant differences were found between Group A and Group B in either phase. In

(M) Classroom Behavior, Group A (9 weeks of treatment) showed significantly greater frequency of occurrence than Group B (no-treatment). During the second phase Group A (18 weeks of treatment) showed no significant difference from Group B (9 weeks of treatment).

In (N) Teacher-student Interaction, Group A (9 weeks of treatment) showed significant differences from Group B (no-treatment). During the second phase Group A showed significant differences from Group B.

In (O) Physical Appearance, no significant differences appeared between Group A and B in either phase.

In (P) Positive and Negative Characteristics of the Teacher, Group A showed a significantly more positive appearance than Group B. During the second phase no differences were found between Group A and Group B.

Table 12 records frequency of occurrence as percentages of section E of Classroom Observation. No statistical analysis was indicated.

TABLE 12

Frequencies reported as percentages on Section F, Classroom Observation, a sub-test of the Observer's Form, grades K-3 and 4-6.

Items	PERCENTAGES							
	Grades K-3				Grades 4-6			
	March		May		March		May	
Group A	Group B	Group A	Group B	Group A	Group B	Group A	Group B	
1	33	46	58	37	46	8	62	50
2	37	25	50	46	21	25	17	21
3	4	13	17	4	8	12	4	8
4	37	46	71	37	42	67	58	75
5	12	29	54	21	17	25	29	54
6	50	67	54	42	25	42	62	67
7	29	33	33	33	21	46	33	37
8	37	62	42	50	33	54	25	21
9	17	21	17	50	8	4	0	25
10	79	92	92	75	87	83	71	62
11	54	46	42	37	50	12	42	37
12	29	21	17	25	12	29	17	12
13	33	33	42	25	4	33	25	25
14	54	54	63	50	42	33	42	50
15	4	8	12	21	21	29	8	12
16	0	0	4	0	0	0	0	0
17	4	8	12	21	4	8	4	0
18	0	4	4	0	0	0	0	4
19	13	8	8	8	0	0	0	17
20	0	0	0	4	0	0	0	0
21	29	33	12	12	21	21	21	21
22	8	25	12	8	12	12	4	4
23	4	21	12	8	8	4	37	21

Observer's Forms contd.

The fifth operational hypothesis that children who receive the treatment program will show significant improvement in classroom behavior when compared to children who do not receive the program is not supported.

DISCUSSION

Chi Square analyses indicated significant differences favoring Group A in Response in Recitation (J) in the nine-week treatment and in grades 4-6 during the eighteen-week treatment. Teacher-Student Interaction (N) indicated significantly greater frequency in Group A when compared to Group B for the first and second phases of the study. Classroom Behavior (M) had significantly greater frequency of positive interaction in Group A (4-6) when compared to Group B. Significantly greater frequency of Positive and fewer Negative occurrences were found in Group A (4-6) following the 9 week treatment phase. However, 10 of the 12 measures in K-3 and 9 of the 12 measures in 4-6 showed no significant differences favoring the treatment group of the Area Learning Center.

This study has shown significant improvements favoring the treatment program of the Area Learning Center when compared to a no-treatment program given a comparable group.

Discussion contd.

Growth in Reading Vocabulary, and Reading Comprehension were significantly greater in grades K-3. Reading Vocabulary was significantly greater in grades 4-6. Continuing the program through 18 weeks brought significantly greater growth in Reading Comprehension for grades 4-6. Sustained growth through 18 weeks of treatment was recorded but not significant in Reading Vocabulary in grades 4-6.

Self-Concept measures indicated significant growth in Self and Total Self-Esteem in K-3 and 4-6 after 18 weeks. Growth in Social and School were significantly greater after 9 weeks in grades K-3.

Two of twelve measures indicated significant differences in classroom behavior of SS in grades K-3. In Response in Recitation (J) and Teacher-Student Interaction (N) the treatment group was significantly different. Three of twelve measures indicated significant differences in grades 4-6 in Classroom Behavior; classroom behavior (M) and Student-teacher interaction.

SUMMARY

The purpose of this study was to determine, if possible, whether the effect of the Area Learning Center on a learning situation was significantly measurable. It was also thought important, through observation carried on by two independent groups, to attempt an assessment of variation in Self-Concepts as observed in the Ss. The measure used in the first case was that of the t test at the .05 level; that in the second of X^2 .

Some interesting and important conclusions may be drawn from the analysis and discussion of the data presented in the foregoing pages.

1. As might be expected from learning theory both control and experimental groups show initial rapid growth when brought under treatment. In the case of Ss under the longer treatment growth continued but more slowly.
2. Greater growth rate in Ss K-3 is to be noted than in Ss in grades 4-6. This may suggest that the earlier remediation of learning difficulties is begun the better the results. While Ss in grades 4-6 show significant gains in comprehension, this did not occur in reading vocabulary.

Summary contd.

3. It seems that the significant intervening variable was the entrance of the Area Learning Center testing and remedial program for these Ss. When the control group was not given these procedures no really significant gains occurred until they entered the process.
4. It is fascinating to observe that gains in self-concept and in classroom behavior occurred when the Area Learning Center program reached the experimental and control groups in turn. The experimental group revealed the most significant gains. Then two results are consistent with theoretical expectations. Growth in self-concept and self-esteem might be expected to develop more slowly than changes in vocabulary.
5. It is very important to note that when educationally retarded children K-6 are given special attention via testing, remedial materials, and contact with interested personnel in addition to their teachers, then significant changes do occur in a positive direction. These changes involve growth in learning and growth in personality. It is important also to note the role of the Area Learning Center as the catalyst in the growth process.

A P P E N D I X

CLASSROOM OBSERVATION

A. Identical Work

Teacher Assistance
OR
No teacher assistance

B. Differentiated Work

Ability groups or Ability and interest basis
Few groups or Individual
Teacher assistance or No Teacher Assistance

C. One text or workbook or

D. Several texts or similar references

E. Subject-matter sources other than text

Teacher designated problems, units, areas or
Student-interest problems, units, areas

- F.
1. Teacher lectures or reads.
 2. Teacher given demonstration.
 3. Teacher shows movie or slides.
 4. Pupils read text at seat.
 5. Pupils read other books at seat.
 6. Pupils work with workbook at seat.
 7. Pupils work problems (not text or workbook) at seat.
 8. Pupils study materials other than books at seat.
 9. Pupils draw or paint at seat.
 10. Teacher questions--pupil answers.
 11. Class engaged in discussion.
 12. Pupil gives talk or report.
 13. Pupils work at blackboard.

14. Pupils read aloud from book.
15. Pupils study charts, drawings, maps.
16. Pupils work experiments.
17. Pupils construct things.
18. Pupils decorate room.
19. Pupils engage in role.
20. Class goes on trip.
21. Pupils go to another room to work.
22. Pupils work in small discussion groups.
23. Pupils write test.

CLASSROOM OBSERVATION

A. Identical Work

Teacher Assistance
or
No teacher assistance

B. Differentiated Work

Ability groups or Ability and interest basis
Few groups or Individual
Teacher assistance or No Teacher Assistance

C. One text or workbook or

D. Several texts or similar references

E. Subject-matter sources other than text

Teacher designated problems, units, areas or

Student-interest problems, units, areas

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 8. Pupils study materials other than books at seat.
 9. Pupils draw or paint at seat.
 10. Teacher questions--pupil answers.
 11. Class engaged in discussion.
 12. Pupil gives talk or report.
 13. Pupils work at blackboard.

14. Pupils read aloud from book.
15. Pupils study charts, drawings, maps.
16. Pupils work experiments.
17. Pupils construct things.
18. Pupils decorate room.
19. Pupils engage in role.
20. Class goes on trip.
21. Pupils go to another room to work.
22. Pupils work in small discussion groups.
23. Pupils write test.

OBSERVATION OF BEHAVIOR

Pupil observed _____

TIME:

Observer _____

Begin _____

Date _____

End _____

G. DISTRACTING MOVEMENT

- _____ Nervous habits
- _____ Looking up
- _____ Leaves seat
- _____ Playing with foreign object

H. CHILD DOMINATION OF PEERS

- _____ Demands, commands, and uses force
- _____ Attacks status

I. NONCONFORMING TO TEACHER'S COMMANDS OR DEMANDS _____

J. RESPONSE IN RECITATION

- _____ Answers spontaneously
- _____ Holds up hands
- _____ Answers when called upon
- _____ Fails to answer when called upon

K. SOCIAL CONTRIBUTIONS BY THE CHILD

TELLS EXPERIENCE

- _____ Voluntary
- _____ Response to open question or invitation

BRINGS SOMETHING TO SCHOOL

- _____ Voluntary
- _____ Response to open question or invitation

SUGGESTIONS

- _____ Voluntary
- _____ Response to open question or invitation

Response to others

OFFERS SERVICES

- _____ Voluntary
- _____ Response to others

HOLDS UP HAND

- _____ Voluntary
- _____ Response to others

APPRECIATION

- _____ Voluntary
- _____ In response to others

BEHAVIORAL SCALE

	Yes	No	Not observed
L. I. <u>Peer acceptance</u>			
a. Contributes to class discussion			
b. Joins in group games on playground			
c. Appears accepted by peers			
d. Ideas are usually followed by others			
M. II. <u>Classroom behavior</u>			
a. Works well by himself			
b. Respectful of others			
c. Abides by classroom regulations			
d. Is able to control emotions			
N. III. <u>Teacher-student interaction</u>			
a. Follows directions			
b. Accepts correction			
c. Is cooperative			
d. Completes assignments			
O. IV. <u>Physical appearance</u>			
a. Clothes are neat and clean			
b. Face and hands are clean			

Positive

1. Made courteous remarks.
2. Respected public opinion.
3. Gave special evidence of patience.
4. Helped pupil on some non-academic (personal) problem.
5. Expressed sympathy.
6. Tried to see a pupil point of view
7. Complimented pupil.
8. Accepted criticism well.
9. Joked with pupils.
10. Used first-person-plural predominantly.
11. Focused attention on total class.

Negative

1. "Laid down the law."
2. Was intolerant of pupil.
3. Interrupted speaking pupil.
4. Corrected or criticized excessively.
5. Lacked sympathy with pupil failure.
6. Used threats.
7. Was cross; lost temper.
8. Permitted pupils to laugh at mistakes of others.
9. Made sarcastic remarks, used ridicule (without humor).
10. Seemed disturbed in a situation (frowning, tension, distress, etc.).
11. Used first-person-singular predominantly.

In January 1969, a follow-up study was conducted on the one hundred cases that were included in the evaluation study of the previous year.

Of the one hundred cases originally in the study we were able to follow up on eighty-four of these children. Of the remaining cases, thirteen had moved, two had been put into Special Education classes, and one had been dismissed from school.

Each child was given the California Reading Test with the following results:

CALIFORNIA READING TEST
January 1969

Grades	Number of Cases	Growth*	
		Vocabulary	Comprehension
1-3	22	1.23	1.40
4-5	38	1.32	1.09
6-7	24	1.15	1.30
Total 1-7	84	1.23	1.22

*Grade Equivalent

Each child was also given the Coopersmith Self-Esteem Inventory with the following results:

COOPERSMITH SELF-ESTEEM INVENTORY
January 1969

Grades	Number of cases	Self	Growth*	
			Social	School
1-3	22	7.74	1.90	-.27
4-5	38	13.70	6.13	22.37
6-7	24	5.95	11.80	.18
Total 1-7	84	9.89	5.76	10.29

*Standard Score

Conclusion

If growth patterns such as these were found in the normal classroom, most educators would assume that good educational progress were taking place. But when one considers that these children were referred to the Area Learning Center because they had problems functioning in the normal classroom, it is even more gratifying. It would seem safe to assume that their contact with the Area Learning Center had made a significant difference in their academic life.

RANDOM SAMPLING

A random sampling of fifty (50) of these six hundred and twenty (620) cases serviced by the Area Learning Center in the 1966-1967 school year was made by the Center staff.

The purpose was to determine the progress made by these children one year after referral to the Center and to evaluate the effectiveness of our diagnosis, prescription, and follow-up.

The Area Learning Center Consultants conducted depth interviews with each of these children. In this interview the child's prescription was evaluated in terms of implementation in the classroom. Directions for conducting the intensive follow-up and the instrument used are attached on the following pages.

A random sampling of fifty (50) cases was also conducted on cases serviced in the 1967-1968 school year.

The tabulation of the results of the 1967-1968 and 1968-1969 interviews and a compilation of typical answers given by the children are attached.

GUIDELINES TO AREA LEARNING CENTER CONSULTANT
FOR
INTENSIVE FOLLOW-UP

The purpose of this follow-up is to accumulate a sufficient amount of concrete information to assist in the determination of the effectiveness of prescriptions, teaching, and follow-up. This is not to be confused with evaluating pupil progress. Pupil progress would be determined through another testing session; whereas the purpose of this follow-up is to discover what, if any, actions are taken regarding the recommendations of the Area Learning Center. Therefore, the consultant should become thoroughly familiar with the prescription and what it proposes to accomplish.

1. This will mean analyzing the prescription in terms of recommendations.
2. It will be necessary to determine and note the primary disability (perceptual, personality, academic, intellectual) and thoroughly explore this area.
3. The exploration will include an interview with the child and perhaps interviews with the teacher this year, last year's teacher, parent, doctor, or whatever source is necessary to determine if action has been taken.
4. Since questions are stated in a manner that will provide easy tabulation, they may be re-stated by the consultant in appropriate language for the child's level of understanding.
5. When information is offered in a free-flowing and spontaneous manner by the child or teacher, it is recorded and it is not necessary to ask the question which would elicit this answer.
6. All questions which relate directly to the prescription under study should be marked by a star.
7. Questions which are not related to the prescription will not be of deep concern in tabulating answers. Those relating to prescriptions will be especially significant. Therefore, it is important to know which questions relate to the prescription that you are studying.

Intensive Follow-up contd.

8. The probing question which follows the answers to be tabulated should be used freely and informally. While these answers will not be tabulated, they will provide confirmation and validation of the above answers. When interviewing children, it is difficult to determine whether answers are a cover-up or the child lacks introspection. It is hoped that the probing question will reveal the accuracy of the child's decision.

NOTE: If the consultant wants additional background in interviewing, an appropriate source could be Diagnostic Teaching of Reading by Ruth Strang.

Intensive Follow-up

I. Personality Factors

The following is a list of questions to be directed to the child in an interview. The purpose of this interview is to determine the effectiveness of the Area Learning Center in developing the child's self-concept. (Please circle your preference)

1. Compared to last year, do you feel that your school progress is:

better _____ same _____ less _____

Probe: In what way do you feel it is better, the same, or less?

grading more friends less punishment, etc.

2. Compared to last year, are your papers or projects displayed (on the bulletin board, in a shadow box) etc.?

more _____ same _____ less _____

Probe: Tell me about something that you have shown to the class. Was it in the area of papers, such as art, or an arithmetic paper? Was it a project that you did? etc.

3. Compared to last year, does your teacher praise or compliment your work:

more _____ same _____ less _____

Probe: In what way do you get more praise? Does the teacher make praiseworthy remarks on your papers? Or does she speak to you? What does she say?

4. Compared to last year, do you feel that your grades are:

better _____ same _____ worse _____

Probe: In what particular subjects are your grades better or worse?

arithmetic reading etc.

5. Compared to last year, do other children like you:

more _____ same _____ less _____

Probe: What gives you that feeling? Can you name children that like you better or that like you less? What have children said to you that gives you this feeling?

6. Compared to last year, does your teacher scold or punish you:

more _____ same _____ less _____

Probe: In what way are you punished? Do you stay in for recess? Do you get scolded on the playground? etc.

7. Compared to last year, do you finish your school-work or complete it:

More often than you did last year _____
about the same as you did last year _____
less than you did last year _____

Probe: What subjects do you complete now that you didn't last year? Your workbook? Arithmetic papers? etc.

8. Are you involved in projects or special activities in school:

more than last year _____
same as last year _____
less than last year _____

Probe: What special projects are you participating in? Such as, "Are you caring for goldfish?" "Are you building models at school?" "Are you making scrapbooks?" etc.

Refer to the prescription, include the child's interests or activities which were recommended.

9. Compared to last year, do you like yourself:

better _____ same _____ less _____

Probe: Do you think you are:

more polite _____
better mannered _____
a better student _____

10. Compared to last year, do you like school:

better _____ same _____ less _____

Why? _____

II. Emotional and Social Factors

The consultants will complete the following as related to the prescription. It may be necessary to contact a variety of sources to confirm whether or not, or the extent of action taken as a result of the Area Learning Center prescription.

1. Was camp or a similar experience (e.g. a summer enrichment program or museum) prescribed for this child?

Yes _____

No _____

2. Was this recommendation implemented?

Yes _____

No _____

3. Was lack of sexual identification noted as a problem in the prescription?

Yes _____

No _____

4. Were recommendations implemented?

Yes _____

No _____

5. Was Child Management prescribed?

Yes _____

No _____

6. Was it implemented?

Yes _____

No _____

7. Was additional parent counseling prescribed?

Yes _____

No _____

Was it implemented through school social worker, Child Guidance, Family Service, or other?

8. Was the prescription geared to the alleviation of cultural deprivation (for example, John Day materials, field trips, etc.)?

Yes _____

No _____

9. Were the recommendations implemented?
Yes _____
No _____
10. Was special help prescribed for the child in the area of school social worker, psychotherapy, Child Guidance, other?
Yes _____
No _____
11. Was this recommendation implemented?
Yes _____
No _____

III. Health Factors

Check the prescription for recommendations and then interview those necessary to determine whether or not action was taken.

1. Was a medical examination prescribed?
Yes _____
No _____
2. Did the child receive same?
Yes _____
No _____
3. Was medication or other action prescribed as a result of this examination?
Yes _____
No _____
4. Was a visual examination prescribed?
Yes _____
No _____

5. Did the child have same?

Yes _____

No _____

6. Did visual examination result in:

Visual training _____

Glasses _____

No action _____

Other action _____

7. Was a hearing evaluation prescribed?

Yes _____

No _____

8. Did the child have same?

Yes _____

No _____

9. Did the hearing evaluation result in:

Hearing device _____

Medication _____

Other action _____

No action _____

IV. Perceptual and Intellectual Factors

1. Did the prescription recommend a different classroom placement for the child?

Yes _____

No _____

2. Was the prescribed placement implemented?

Yes _____

No _____

3. In what room was the child placed?

Perceptually handicapped _____

Type A Special Education _____

With an instructional assistant _____

Other action _____

No action _____

4. Was a carrel prescribed for the reduction of stimuli?

Yes _____

No _____

5. Was this implemented?

Yes _____

No _____

6. Was visual tracking prescribed?

Yes _____

No _____

7. Were tachistoscopic devices prescribed?

Yes _____

No _____

8. Were these implemented?

Yes _____

No _____

9. Were activities to develop dominance and laterality (e.g. color coding, left side of the page, directional exercises, etc.) prescribed?

Yes _____

No _____

10. Were these implemented?
Yes _____
No _____
11. Was Frostig visual training material prescribed?
Yes _____
No _____
12. Was this implemented?
Yes _____
No _____
13. Was auditory training prescribed (e.g. Smith's Auditory Discrimination or other material)?
Yes _____
No _____
14. Was this implemented?
Yes _____
No _____
15. Was material prescribed to develop motor ability (e.g. Delcato, Kephart, etc.)?
Yes _____
No _____
16. Was this implemented?
Yes _____
No _____
17. Was material to develop language ability prescribed?
Yes _____
No _____

18. Was this implemented?

Yes _____

No _____

V. Education Factors

Questions to be asked of the child in a person-to-person interview:

1. Compared to last year, do you feel that your reading is:

better _____ same _____ worse _____

Probe: By better do you mean oral reading or reading out loud, or silent reading, or what are you referring to that is better or worse than last year?

2. Compared to last year, in relation to other children in your room, do you feel that you read:

better _____ same _____ worse _____

3. Compared to last year, do you feel that you read:

more books _____

fewer books _____

same number of books _____

Probe: Name some of the books that you have been reading or that you read last year:

4. What reading group were you in last year?

high reading group _____

middle reading group _____

low reading group _____

5. Which reading group do you think you are in this year:

high reading group _____

middle reading group _____

low reading group _____

6. Do you get special help in reading from:

Remedial reading teacher _____

Instructional assistant _____

Tutor who helps you outside _____

Reading clinic _____

Other person _____

No _____

7. What area of reading is hardest for you?

Sounding out words _____

Reading out loud _____

Reading silently _____

8. Are your grades in reading this year:

Better than last year _____

About the same as last year _____

Worse than last year _____

Probe: What marks did you make last year _____

What marks are you making this year _____

Questions for the consultant to determine through prescription and other sources:

1. Was arithmetic noted as a problem area in the prescription?

Yes _____

No _____

2. Was arithmetic material prescribed? (e.g. Stern's Structural Arithmetic, self-teaching arithmetic)

Yes _____

No _____

3. Was this implemented?

Yes _____

No _____

4. Was spelling noted in the prescription as being a special problem for this child?

Yes _____

No _____

5. Was special material prescribed?

Yes _____

No _____

6. Were these recommendations implemented?

Yes _____

No _____

I. Personality Factors

1. Compared to last year, do you feel that your school progress is:

	<u>1968</u>	<u>1969</u>
better	74%	86%
worse	.5%	-
the same	22%	14%

In what way do you feel it is better

grading		35%
more friends		20%
less punishment		10%

2. Compared to last year, are your papers or projects displayed:

more	40%	30%
less	14%	14%
same	42%	45%

3. Compared to last year, does your teacher praise or compliment your work:

more	52%	75%
less	6%	3%
same	38%	20%

4. Compared to last year, do you feel that your grades are:

better	75%	76%
worse	6%	-
same	16%	12%

In what particular subjects are your grades better?

Arithmetic		40%
Reading		54%

5. Compared to last year, do other children like you:

more	45%	55%
less	1.5%	3%
same	44%	40%

6. Compared to last year, does your teacher scold or punish you:

	<u>1968</u>	<u>1969</u>
more	4%	3%
less	47%	65%
same	44%	27%

7. Compared to last year, do you finish your school work or complete it:

more often than you did last year	54%	70%
less than you did last year	12%	3%
about the same as you did last year	32%	27%

8. Are you involved in projects or special activities in school:

more than last year	44%	37%
less than last year	14%	3%
about the same as last year	38%	45%

9. Compared to last year, do you like yourself:

better	55%	55%
less	1%	-
the same	38%	37%

Do you think you are:

more polite		47%
better mannered		50%
a better student		72%

10. Compared to last year, do you like school:

better	75%	60%
less	4%	10%
the same	18%	30%

II. Emotional Factors

1. Was camp or a similar experience (e.g. a summer enrichment program or museum) prescribed for this child?

	34%	8%
--	-----	----

2. Was this recommendation implemented:

	80%	100%
--	-----	------

	<u>1968</u>	<u>1969</u>
3. Was lack of sexual identification noted as a problem in the prescription:	14%	.5%
4. Were recommendations implemented? For example, this might be Big Brother, teacher, father, principal, YMCA, etc.	100%	100%
5. Was <u>Child Management</u> prescribed?	8%	12%
6. Was it implemented?	100%	100%
7. Was additional parent counseling prescribed?	47%	40%
8. Was the prescription geared to the alleviation of cultural deprivation (for example, John Day materials, field trips, etc.)?	18%	8%
9. Were the recommendations implemented?	100%	100%
10. Was special help prescribed for the child in the area of school social worker, psychotherapy, Child Guidance, other?	44%	40%
11. Was this recommendation implemented?	98%	100%

III. Health Factors

1. Was a medical examination prescribed?	32%	43%
2. Did the child receive same?	100%	100%
3. Was medication or other action prescribed as a result of this examination?	80%	65%
4. Was a visual examination prescribed?	32%	33%
5. Did the child have same?	100%	100%
6. Did visual examination result in:		
Visual training	10%	25%
Glasses	10%	25%
No action	50%	50%
Other action	30%	-

	<u>1968</u>	<u>1969</u>
7. Was a hearing evaluation prescribed?	26%	18%
8. Did the child have the same?	78%	100%
9. Did the hearing evaluation result in:		
Hearing device	30%	-
Medication	15%	45%
Other Action	-	-
No action	55%	55%

IV. Perceptual and Intellectual Factors

1. Did the prescription recommend a different classroom placement for the child?	38%	20%
2. Was the prescribed placement implemented?	78%	100%
3. In what room was the child placed?		
Perceptually handicapped	22%	-
Type A Special Education	33%	10%
With an instructional assistant	14%	-
Other action	16%	90%
No action	12%	-
4. Was a carrel prescribed for the reduction of stimuli?	16%	10%
5. Was this implemented?	100%	80%
6. Was visual tracking prescribed?	26%	28%
7. Were tachistoscopic devices prescribed?	26%	10%
8. Were these implemented?	100%	100%
9. Were activities to develop dominance and laterality (e.g. color coding, left side of the page, directional exercises, etc.) prescribed?	22%	30%
10. Were these implemented?	80%	100%

	<u>1968</u>	<u>1969</u>
11. Was Frostig visual training material prescribed?	16%	30%
12. Was this implemented?	100%	85%
13. Was auditory training prescribed (e.g. Smith's Auditory Discrimination or other material.)	22%	27%
14. Was this implemented?	65%	100%
15. Was material prescribed to develop motor ability (e.g. Delcato, Kephart, etc.)?	10%	20%
16. Was this implemented?	90%	100%
17. Was material to develop language ability prescribed?	30%	43%
18. Was this implemented?	95%	100%

V. Education Factors

1. Compared to last year, do you feel that your reading is:		
better	80%	70%
worse	-	-
same	16%	20%
2. Compared to last year, in relation to other children in your room, do you feel that you read:		
better	67%	33%
worse	8%	3%
the same	22%	33%
3. Compared to last year, do you feel that your read:		
more books	65%	66%
fewer books	6%	8%
same number of books	26%	12%
4. What reading group were you in last year?		
high reading group	4%	-
middle reading group	12%	18%
low reading group	80%	50%

	<u>1968</u>	<u>1969</u>
5. Do you get special help in reading from:		
Remedial reading teacher	47%	18%
Instructional assistant	-	5%
Tutor	6%	-
6. What area of reading is hardest for you?		
Sounding out words	45%	22%
Reading out loud	34%	40%
Reading silently	16%	20%
7. Are your grades in reading this year:		
Better than last year	57%	59%
Worse than last year	4%	-
About the same as last year	34%	18%

Questions for the consultant to determine through prescription and other sources:

1. Was Arithmetic noted as a problem area in the prescription?	16%	10%
2. Was Arithmetic material prescribed? (e.g. Stern's Structural Arithmetic, self-teaching arithmetic)	50%	100%
3. Was this implemented?	100%	100%
4. Was spelling noted in the prescription as being a special problem for this child?	12%	18%
5. Was special material prescribed?	95%	100%
6. Were these recommendations implemented?	100%	100%

QUOTES FROM CHILDREN

1. In what way do you feel your school progress is better?

"It's easier. I like school. I am playing outside at recess now."

"I have more work. Hardly any fighting."

"Had A's on report card this year, last year had lots of F's."

"I'm reading more, completing assignments better, many of my friends are moving, but Mark Farage is my best friend."

"I can write better now. New friends, less punishment, I've popped up a bit in reading."

"New projects and done a lot of different things."

"Award for good citizenship last Friday."

"Everyone seems nicer, I'm doing better."

"More friends."

"Instead of getting E's and D's I'm getting C's."

2. Tell me about something you have shown to the class.

"I made crowns for the circus and the office put them up."

"Demonstrated the ALC materials to the class."

"Book report. Did a good job of it."

"Studied about dinosaurs and I brought my little brother's dinosaur book."

3. In what ways do you get more praise?

"My teacher is pretty. She likes our class, and she lets my friend help me with my questions."

"Praising some of my work. Smiling face for my A's instead of stares."

"Speaks praise to me."

"He tells me that I'm doing better, he says 'Good, keep it up'."

3. In what ways do you get more praise? contd.

"Can work by myself."

"Writes a note on my paper."

"Sometimes on my paper, comments - she mentions that I'm doing well."

"She told my ma I'm doing better."

4. In what particular subjects are your grades better or worse?

"In all of my subjects, I think I am doing better."

"Need more work on my combinations."

"Arithmetic is still hard for me."

"Reading better."

"Science and social studies I got 2's up from 3. A little better in reading. A "2" is average."

"I like to read better now, I read a lot. I'm in a better group in arithmetic."

"Much better in reading - enjoy it more."

"Moved up two groups."

"'dependable' got a I - other grades not so good."

5. Compared to last year, do other children like you better?
What gives you that feeling?

"Children play with me more."

"My two best friends moved away. But I have one best friend only he isn't in my school. I'm trying to make new friends."

"A girl who sits beside me often helps me when I am not sure what to do."

"One day they like you and then the other day they don't like you - one day they play with you and then they don't and then again will play with you."

"I like children better."

"I'm getting along better with friends."

5. Compared to last year, do other children like you better?
What gives you that feeling? contd.

"They don't tell me I'm dumb anymore."

"Captain of Red Rover."

"He told me and we play together every recess. They tell me to get a ball real quick."

"Because I moved ahead a grade and the kids think I should still be in third grade."

"Asking me to play and saying I have a pretty dress on."

"All the class pleased when I get citizen award."

"Because they come to ask me questions."

6. In what ways are you punished?

"I used to have to stay in, but I go out now."

"I'm always talking, staying after school."

"Don't do wrong things so much."

"Have to write something (but I never did that). Put your nose in a circle (but not me). I have to stay in my seat."

"Remind to do better. Leave the room and work by myself."

"She just talks to me."

7. Compared to last year, do you finish your school work more often?

"All my work is better."

"We have more work to do than last year."

"Kids bug me all the time, and I can't get it done. Behind in workbook."

"Math sometimes is still difficult."

"I always work until I finish or can't get any further then my teacher helps me."

"I don't get them all done, but I hand them in."

8. Are you involved in projects or special activities in school?

"I help the helpers."

"Building models of space ships."

"Debating, softball team - first base."

"Peanut Club Bowler - won a triplicate."

"Bulletin board, in a play, experiments for class."

"Responsibility for playground equipment."

"Puppets - social studies report."

"Famous people program, track meet."

"I made a mobile."

"Have been on the safetys."

"I pick up the books."

"My job is to keep the chalkboard clean. The only trouble is every time I look up someone is doing it. I didn't have any job last year."

"Leading the pledge."

9. Compared to last year do you like yourself better?

"Yes, I'm happy because I get my work done."

"I do better and I'm kinder to other people."

"I can't say."

"I get cooperative on my report card."

10. Compared to last year, do you like school better? Why?

"I do more things and I have more friends."

"Get to do more things than last year."

"Because I can study better."

"Improved - my eyes are better."

"Things have gotten more interesting like science and geography."

10. Compared to last year, do you like school better? Why? contd.

"I can do my work more easily."

"Getting tired of it."

"Cause its beginning to be more fun and you do more things."

"Because I have a nice teacher - school is easier now."

"I don't like to miss school."

CONCLUSIONS - INTENSIVE FOLLOW-UP

The initial referrals to the Area Learning Center consisted of hard core cases that had made the rounds of many agencies; however, the schools had been unsuccessful in designing educational programs to meet their needs.

Eighty-seven percent (87%) of the cases had prescriptions for social and emotional recommendations. Therefore, it can be inferred that personality is a significant factor inhibiting learning.

It appears that most children base their answers or self-concept on:

1. Teacher's evaluation as reflected from marks.
2. Attitude of other children.

In reviewing the data, it seems evident that the Area Learning Center involvement of diagnosis, prescription, materials, and follow-up enhances the child's self-concept. Interviews revealed that they perceive themselves as doing better in school, making better grades, getting more rewards, praise, and recognition, having more friends, and liking themselves better than prior to an Area Learning Center involvement. An area of concern remains that many children were unhappy if they did not finish assignments and meet standards which are set for them.

Perception

Seventy-two percent (72%) of the prescriptions recommended remediation in visual, auditory, and perceptual areas. Perceptual training as an integral part of the learning process had been neglected in these cases. These findings indicated that classroom teachers need assistance in teaching techniques and materials to include perceptual training in the instructional program.

Academic

Diagnosed academic needs fall in there areas: reading, math and spelling. Of the children interviewed, seventy-five percent (75%) of the children felt their reading progress had improved; eighteen percent (18%) felt it was about the same as last year; and no one felt that their progress was less.

When the children were asked to compare themselves to classmates, data changed slightly. Fifty percent (50%) thought they read better. Twenty-seven and one-half (27.5%) thought they were about the same. Five percent (5%) thought they were poorer.

Thirty-eight percent (38%) of the children had received special help from reading teachers, tutors, or summer reading programs in addition to classroom instruction.

Arithmetic

Only thirteen percent (13%) were found to need additional help in math of the total number of children tested. These children have made successful progress.

On the basis of this group of referrals to the Center, math wasn't a major area to be concerned with as a learning problem.

Spelling

Spelling was noted in only fifteen percent (15%) of the prescriptions studied. Children who needed spelling help as diagnosed have improved with materials from the Area Learning Center.

Health

Medical examinations were prescribed for thirty-seven and one-half percent (37.5%) of the children. These children received medical examinations. The physicians prescribed treatment and worked closely with Center staff to interpret their recommendations. Visual examinations were prescribed for thirty-two and one-half percent (32.5%) of the children. All of these children received visual examinations, and corrections were made. Auditory examinations were recommended for twenty-two percent (22%). These children also received treatment from physicians.

Health contd.

It can be inferred that basic health conditions are a contributing factor to the learning process.

It would appear that reading, potential, perception, and personality are primary causes for educational concern. Learning disabilities requiring educational remediation fall chiefly into these categories at the Area Learning Center.

Summary

The intensive follow-up brought together a body of data which was outside the operational domain of the Area Learning Center. It was the intention of the Area Learning Center to discover:

1. Effect of the Area Learning Center on the child's personality in the classroom.
2. The extent of action generated through the prescriptions.
3. Incidents of implementation by home, school, or community.
4. Degree to which educational materials were implemented in the classroom. Analysis of data has caused the Area Learning Center to arrive at the following conclusions:

Summary contd.

- A. The work of the Area Learning Center appears to have a positive effect on enhancing pupils' self-image.
- B. Diagnosis and prescription from the Area Learning Center appear to have been responsible for steering many children with learning disabilities to appropriate medical sources.
- C. The number of people from schools (School Social Worker, reading teacher, counselor, etc.), community and home who are working with the child are impressive and significant in changing behavior and attitudes toward a positive response.
- D. The Area Learning Center seems to be most effective in dealing directly with the child or teacher. It is the educational area that appears to have had the greatest success in terms of implementation and follow-up. It would appear that the diagnosis which reveals learning problems that may be treated within the school will have a greater chance of success than those recommendations that extend beyond the educational treatment.

QUESTIONNAIRES

In order to determine the effectiveness of the Area Learning Center in relation to the objectives stated at the beginning of this report, questionnaires were sent to teachers, principals, and parents in the seven county area serviced by the Center.

A random sampling of 200 cases of the 620 children seen by the Area Learning Center personnel during the first year of operation was selected. This sampling was done by selecting every third case processed by the Center.

The number of questionnaires returned to the Center was encouraging. Out of the 200 questionnaires sent to each group, teachers returned 171, principals returned 136, and parents returned 84. Since one of the innovative objectives of the Area Learning Center was to help the classroom teacher help the child in her classroom who has learning problems, the high percentage of returns by the classroom teacher was especially encouraging.

Questionnaires were also sent to teachers, principals, and parents in the 1967-1968 school year and the 1968-1969 school year. A sample of the instrument used and a comparison of the 1967 and 1969 returns is attached. Also attached are compilations of the verbatim comments by teachers, principals, and parents from these questionnaires.

AREA LEARNING CENTER
47 Barclay N.E.
Grand Rapids, Michigan

TEACHER EVALUATION FORM

Following are some questions about the work of the Area Learning Center. Please help us by answering them to the best of your ability. (Do not omit any questions.)

Please check in the appropriate column.

	Yes	No
1. If you completed a Child's School History form did you learn more about the child?	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the interview with the consultant helpful to you in working with this pupil?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the testing procedure by the Center Personnel yield new, useful data about this pupil?	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the conference between school people and Center people helpful to you in working with the child?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you consider the prescription to be practical and useful for the classroom?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you feel that the follow-up visits and observations were adequate?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you learn something new and/or different to do in teaching your class as a result of Center personnel making suggestions?	<input type="checkbox"/>	<input type="checkbox"/>
8. Did the child's attitude change positively as a result of suggestions made by the Center personnel in any of the following areas:	<input type="checkbox"/>	<input type="checkbox"/>
a. toward classmates	<input type="checkbox"/>	<input type="checkbox"/>
b. toward interest in school	<input type="checkbox"/>	<input type="checkbox"/>
c. toward adults	<input type="checkbox"/>	<input type="checkbox"/>
d. toward himself	<input type="checkbox"/>	<input type="checkbox"/>

9. Did the Center personnel cooperate and aid the school in helping parents understand the child's problem?

10. Would you recommend the services of the Area Learning Center to other members of your faculty?

Which of the learning problems listed describes your pupil? (Please check)

- _____ reading
- _____ arithmetic
- _____ science and social studies
- _____ perceptual
- _____ motivational
- _____ emotional
- _____ others _____

Which of the personnel listed helped in carrying out the prescription? (Please check)

- _____ classroom teacher
- _____ reading specialist
- _____ School social worker
- _____ principal
- _____ private agency
- _____ speech teacher
- _____ school counselor
- _____ parents
- _____ Area Learning Center Consultants

The Area Learning Center sponsored and assisted in some workshop and training activities. Describe one you attended if you did.

Since we may have missed something important that you would like to tell us about your experience with the Learning Center, we have left space for your comments.

Teacher Questionnaires

	<u>1967</u>		<u>1969</u>		<u>1967</u>		<u>1969</u>	
Number sent	200		405					
Number returned	171		234					
	Yes		No		No Reply			
	<u>1967</u>	<u>1969</u>	<u>1967</u>	<u>1969</u>	<u>1967</u>	<u>1969</u>		
Question 1	62%	64%	32%	32%	6%	4%		
2	87%	89%	13%	8%	-	3%		
3	76%	81%	22%	13%	2%	6%		
4	85%	87%	12%	7%	3%	6%		
5	77%	82%	23%	13%	-	5%		
6	49%	32%	45%	50%	6%	18%		
7	49%	49%	41%	36%	10%	15%		
8	67%	60%	30%	32%	3%	8%		
9	39%	30%	55%	53%	6%	17%		
10	54%	47%	42%	41%	4%	12%		
11	45%	37%	46%	45%	9%	18%		
12	60%	58%	32%	23%	8%	19%		
13	56%	62%	24%	15%	20%	23%		
14	85%	84%	11%	8%	4%	8%		

CONCLUSIONS - Teacher Questionnaires

1. Teachers learned more about the child in the completion of the child's school history.
2. The teachers felt they had gained much help in working with the Area Learning Center Consultant and found the conference beneficial.

CONCLUSIONS - Teacher Questionnaires contd.

3. The prescriptions were practical, but more work must be done in the follow-up visits. The addition of more staff in the Area Learning Center this year improved the area of follow-up.
4. The area of least improvement was the child's relationship to his classmates.

AREA LEARNING CENTER
47 Barclay N.E.
Grand Rapids, Michigan

PRINCIPAL EVALUATION

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Did you assist the teacher in the preparation of the Child's School History? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you learn more about the child by assisting the teacher in completion of the Child's School History? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the conference between school and Center personnel helpful to you in working with the child? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you consider the prescription to be helpful? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were the follow-up visits of the consultant worthwhile in assisting your school personnel? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you think the child changed in a positive way as a result of your contact with the Center? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do the child's parents feel that the Area Learning Center has assisted the child's educational program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have the services of the Area Learning Center created interest of members of your faculty in new ideas and approaches to teaching? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you need Area Learning Center materials in order to implement our prescriptions, or does your school system have enough of its own. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you feel that the Area Learning Center took into consideration the dynamics of your school system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you feel that the testing and conferencing done at your school was effective and adequate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you been satisfied with the Area Learning Center services? | <input type="checkbox"/> | <input type="checkbox"/> |

13. Since we may have missed something important that you would like to tell us about your experience with the Learning Center, we have left space for your comments.

se
1/18/68

Principal Questionnaires

	<u>1967</u>		<u>1969</u>			
Number sent	200		188			
Number returned	136		120			
	Yes		No		No Reply	
	<u>1967</u>	<u>1969</u>	<u>1967</u>	<u>1969</u>	<u>1967</u>	<u>1969</u>
Question 1	80%	93%	9%	2%	11%	5%
2	65%	76%	18%	19%	17%	5%
3	85%	85%	10%	4%	5%	11%
4	78%	83%	10%	6%	12%	11%
5	58%	63%	14%	22%	28%	15%
6	50%	59%	28%	18%	22%	23%
7	55%	60%	15%	6%	30%	34%
8	67%	60%	26%	22%	7%	18%
9	74%	80%	7%	9%	19%	11%
10	79%	78%	7%	4%	14%	18%

CONCLUSIONS - Principal Questionnaires

1. There was cooperation between the teacher and principal in preparing the child's school history.
2. Both the conferences and the prescriptions were helpful in working with the child.
3. The Area Learning Center took into consideration the dynamics of the school system, included the various members of the school staff, and is generally accepted by the school staff.
4. Most schools needed the materials furnished by the Area Learning Center.

AREA LEARNING CENTER
47 Barclay N.E.
Grand Rapids, Michigan

PARENT EVALUATION FORM

Following are some questions about the work of the Area Learning Center. Please help us by answering them to the best of your ability.

Please check in the appropriate column.

	YES	NO
1. Did you seek special help for your child from the Area Learning Center through the school?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the school request your cooperation for referral to the Area Learning Center?	<input type="checkbox"/>	<input type="checkbox"/>
3. Was special help given you by Area Learning Center personnel at your school?	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the interview with the Center personnel helpful to you in understanding your child?	<input type="checkbox"/>	<input type="checkbox"/>
5. As a result of help from Center personnel, was there a positive attitude change in any of the following areas?		
a. School work	<input type="checkbox"/>	<input type="checkbox"/>
b. Home behavior	<input type="checkbox"/>	<input type="checkbox"/>
c. Adult relationships	<input type="checkbox"/>	<input type="checkbox"/>
d. Relationships with other children	<input type="checkbox"/>	<input type="checkbox"/>
6. Would you recommend the services of the Area Learning Center to other parents?	<input type="checkbox"/>	<input type="checkbox"/>
7. Which of the persons listed helped in carrying out the prescription?		
_____		classroom teacher
_____		consultant (Area Learning Center)
_____		medical profession
_____		reading consultant
_____		School Social Worker
_____		Principal
_____		_____

Parent Evaluation Form

Comments: _____

Parent Questionnaires

	<u>1967</u>		<u>1969</u>		<u>1967</u>		<u>1969</u>		
Number sent	200		475						
Number returned	84		178						
	Yes		No		No Reply				
	<u>1967</u>	<u>1969</u>	<u>1967</u>	<u>1969</u>	<u>1967</u>	<u>1969</u>			
Question 1	70%	76%	20%	21%	10%	3%			
2	93%	84%	7%	13%	-	3%			
3	53%	54%	39%	37%	8%	9%			
4	70%	60%	19%	13%	11%	27%			
5 (a)	72%	62%	19%	20%	9%	19%			
(b)	33%	34%	50%	33%	17%	33%			
(c)	39%	26%	29%	26%	32%	48%			
(d)	31%	27%	35%	27%	34%	46%			
6	89%	88%	3%	4%	8%	8%			
7	71%	80%	Classroom teacher						
	42%	45%	Consultant						
	12%	18%	Medical profession						
	25%	22%	Reading consultant						
	21%	19%	School Social Worker						
	36%	41%	Principal						

CONCLUSIONS - Parent Questionnaires

1. Although the major objective of the Area Learning Center is to help the child in the classroom, parents found the contact with the Center helpful.
2. As a result of the service of the Area Learning Center, parents noticed an improvement in their child's interest in school.
3. The majority of parents noticed an improvement in the child's school work.
4. The parents felt that the service of the Area Learning Center warranted recommendation to others.

GENERAL CONCLUSIONS FROM ALL QUESTIONNAIRES

1. The Area Learning Center is well accepted by parents and school personnel.
2. The principal and teacher by working together to prepare referrals are becoming more aware of the child's learning problem.
3. Parents, principals, and teachers have noticed an improvement in the child's interest in school and improvement in his school work.
4. Teachers have gained help in working with the Center not only for the child referred but other children in the classroom.
5. More emphasis on follow-up is needed.
6. Materials furnished by the Area Learning Center are needed by the schools.

Teacher Comments

I was grateful for the support and encouragement for the consultants at the Center gave me the day I met with them for a conference about my student. With the information learned and definite steps to follow along with the excellent materials they gave me to use, I came back with a good feeling of confidence. I felt I could help this child. I sincerely regret the approaching termination of the Center.

I feel that the Area Learning Center has been very helpful to me in getting to know the child better and more completely understand the child. In addition to the help given directly to the child by means of the prescription and materials, one of the most important parts of the program concerns the teacher. Just being able to discuss the child and his problems with a group of people who are thoroughly aware and understand, can give the teacher new insights and understanding into what he or she can do. It helps to know that someone not directly concerned with the child understands and can help.

The Learning Center has been the most useful source of help in my teaching experience. A teacher often has a student with a puzzling learning problem but no source of help. The Learning Center has filled this need perfectly. They help us diagnose the problem and help us deal with this child, giving the most up to date materials and ideas to use. Because the Learning Center is a "Center" they have a chance to preview many more new materials than the ordinary teacher; and they have the specialists to help teachers use these materials most effectively.

A better follow-up on the materials that were suggested or prescribed for the pupil's use would be appreciated.

It is a bit early in my relationship with the Center to make a good analysis. We have only been in contact for about a month.

The child who I referred to the Center had tremendous emotional and home problems. The child has been in trouble with the plice (sic), the family is very unstable, therefore the chances of anyone succeeding with this particular child were not very good. The Center was helpful in this child's case; there was a need for fast action to be taken and the Center was very cooperative in this respect.

Mr. VanderPloeg was very cooperative. I feel that his influence with the administration has made it possible for us to obtain various needed equipment.

Teacher Comments contd.

The Learning Center has been the most useful source of help in my teaching experience. A teacher often has a student with a serious problem and the Center has helped to see the reason and furnish materials to help him.

My diagnosis of their learning problems were all correct, but the materials that I received for each of the nine children were wonderful. The children responded to this motivation and their ego and interest was bolstered. They liked the Specific Skill Series by Barnell Loft, L.T.D., the Peabody Language Kit. Follow-up on children with emotional problems is need though for parents cannot nor will not accept this. They feel their child will outgrow all or any emotional upset.

It has been a rewarding and very practical experience and one which was shared with many other teachers. We have received much counseling and materials and have had many children tested. We had suggestions for ordering materials in Title II and III which we could use with these children. Our Superintendent purchased two books on their suggestions. We have many copies to us on dittos, transparencies and the copy machine. Thank you.

I am most sorry to see the funds for this project eliminated. I have been most pleased with the fast service, and cooperation I have received from this office. The materials available are fantastic. My whole classroom wished they could have some of those "good things". Thank you for making this year easier and more worthwhile. I'm sure Greg wishes to say thank you also.

I wish that more materials were available for my student. Also, it would have been helpful to me if the consultant would have had more time to discuss the case.

I would be very happy to meet with the consultant so I would have some helpful information to pass on to the pupil's next teacher.

The Area Learning Center has made teachers more aware of the many different things that cause learning problems.

We found all of the personnel that helped us of excellent quality. Their attitude and approach showed their sincerity and aptitude to be of the highest caliber. We are grateful for the experience we have had and would hope that there could be an extension of the same program and personnel.

I invited Andrew to visit my room for a day so I could observe what progress he had made this year. He was in my room last year. He is able to work independently on assigned seatwork. Was able to choose quiet activities, when work was done. Longer attention span. Read quite fluently First Grade Basic Reader. Phrasing was good. Is still somewhat overactive. Hs (sic) made good progress this year.

Teacher Comments contd.

Very impressive. I was amazed at the response of the student to the Center. All spoke of it highly and elicited an air of happiness as they knew that there were people who really cared.

After I got through I felt that they helped me see her problem better...much worse than I thought. There was not much that they offered me except to go on in the same manner and let the Child Guidance Clinic handle the problem.

I feel that it was a very valuable experience, since it did reinforce many of the feelings I had. The specialist also gave some good suggestions as to how to handle the situation. It was a very helpful experience.

I was very impressed by the work of the Center and I only wish that there was both the time and the personnel to test all of the students. I found that the recommendations were excellent, helpful and really gave me new insights into the pupil--insights I wish I had of the others.

The Center was marvelous in the beginning, but something went wrong after the Christmas holidays. Their people didn't come with new material and advice anymore.

My association with the Area Learning Center was a very enlightening experience. Being exposed to the (sic) many facets that the Learning Center provides, meeting and working with the personnel and becoming familiar with many of the techniques used in Remedial Reading made me a more determined and better teacher in analyzing the reading difficulties that I encounter in my children.

The "Team Work" seems to be working very effectively.

In the course of this school year I have referred several children to the Center and received tremendous help as a classroom teacher to understand and work with these pupils. The materials loaned and the thorough practical prescriptions literally made new people of several referrals. I know of no other school assistance program that provides such excellent services.

This is my third experience in working with the Center, also one of the better ones. Yet I still feel that the prescription given for the child does not help the classroom teacher because so often they require the kind of time for individual attention that we just do not have. Also, once the prescription is given I have not had any other contact with the Center for any kind of follow-up.

Teacher Comments contd.

I feel I gained an insight into a varied group of ladies and gentlemen who are dedicated to aid the less fortunate child to find his weaknesses and motivate him to improve his lack of interest. I am deeply grateful to have had a chance to talk to these interesting people and learn so much from the tests given. This will be a big help in the future.

I believe the Area Learning Center helped greatly and did a great job. They were very prompt in their follow through on the case and gave me as a two year teacher some help. I would like to thank you for the service you have given us.

I have two children in my classroom that were evaluated by the Learning Center. I can't see much change in Andrew's behavior or personality pattern, but Sandra has changed from a very unhappy child to one that seems to enjoy life. You would not recognize her as the same child that walked into my classroom last October. Both children are making progress in the areas that caused them difficulty. I want to thank you very much for the materials and prescription for each child. I could not have helped these children without your prescriptions and materials from the Area Learning Center or the extra help that was furnished my teacher aid. She works with the children 15 to 20 minutes per day.

This year I have attended an Inservice Reading Workshop meeting under the supervision of Miss Jo Boomsma. For me, the experience was enlightening. I learned some very effective ways of helping below average and very slow readers. There was an analysis given of the students which Miss Boomsma worked with.

Generally, the conferences I have had at the Area Learning Center have been helpful to me. However, I have not noticed any great changes in the way the child associates with his classmates or other adults at school. The suggestions given have helped me in working academically with the child. Some of the materials I've used from the Center have been very worthwhile and motivating.

Dale seems to have a better relationship with some of the children. He also seems to be taking a more active part in class discussion. He has been reading a great deal (sic). Since we decided to leave his work ungraded I have not heard or sensed how he feels about this. I haven't done a great deal about changing class teaching except to try to involve him more than he was before.

I have found that by attending a special conference in regards to a student of mine, I had gained a much better insight into her problem. Consequently, my approach to her problem has been altered.

Teacher Comments contd.

In this particular instance the Area Learning Center assisted by approving and reinforcing the ideas we had and our methods of working with this child. No new knowledge of consequence was obtained.

In the past year we have really become aware of the benefit and assistance you could give us to help our students. It is so important...the boy or girl have the quality of work he is capable of achieving in. We have sometimes wished the material could have reached us sooner but we also understood you were very busy people. Will there be any similar service that we may receive help for this type of student?

The Center tested three students from my class...the results from one of these has been a great deal of help to me and the parents. One of the boys has made little extra progress from the extra material sent and the third boy has been referred to our school psychologist. My biggest criticism is one of communication between parents and the Center. Generally, the Center has been a help and I am sorry to see it closed. We were just beginning to get acquainted with the services offered.

I feel that help could include all content areas as well as just one. The Area Learning Center serves the area where school districts lack the trained personnel for these "special" students. Classroom teachers do not have the training nor the time to work with the pupil in need of such help offered.

I was very impressed with the speed with which my student received her much needed help. Since this help was given my student has improved greatly.

I found I had to omit answering some questions because they did not apply. The student that was helped by the Center is now in Special Education and has been there since October. I did find the prescription helpful in working with the child while I had him.

There were no follow-up visits made. From the time of our visit to the present I have seen no one from there. Last year much help was given.

I would like to stress the importance of this information to the special teachers involved who worked with the pupil individually. This I felt was well done by the Center.

I felt the diagnostic work was very thorough and that the suggestions and materials provided were helpful.

Teacher Comments contd.

Doug enjoyed his day at the Learning Center and it seemed to give him a boost toward greater achievement. The biggest help to me was the conference with the Center people, at which time the test results were discussed. It made me see Doug in a new light and realize that perhaps I was adding to the problems he already had.

I appreciated the testing service especially. It revealed more clearly the child's areas of strength and weakness...physical too. Also, the Learning Center's interview with the parents was very helpful in getting at causes of the emotional problems.

I am very pleased with the Learning Center's program. They are able to consider the child as a "whole". This I feel is due to their varied testing program and consultant service.

I felt the activities of the Learning Center left much to be desired in dealing with Tom. The medication was the real key to success with Tom and this was done by the school and parents, not the Center. The testing procedure was thorough although we have nothing to show he ever went to the Center. No prescription as such was given for Tom nor were the recommendations made followed through on the part of the Center. I feel dissatisfied with the entire process and after discussing it with the parents know they are also dissatisfied that more was not done.

We used the Peabody Kit for our Spanish students and found it very helpful.

I simply feel there was not enough time to have all the children tested who needed it. I had never used the Peabody Kit...even been exposed to it, before you let us take it. We are badly in need of it. Grateful too for a flannel board..picture forms, Harper Row (which was irregular not perfect). God Bless You!

I expected to receive more help from the Center with regard to materials. The Center has a vast store of materials which I thought could have been used in helping my students. Nothing was offered to me.

This was an extremely interesting experience and most worthwhile.

The parents were most pleased with their conference. I feel they were sincere in expressing this most favorable reaction.

I feel the conferences were very helpful and informative. I have found a problem, however, in carrying out the prescriptions suggestions. After talking to other teachers, I have found the same complaint. It is very difficult to find the time, the materials, and the space in the normally already busy classroom. Some of the suggestions have been very useful and I hope beneficial, however.

Teacher Comments contd.

I am very sorry that the Area Learning Center will be discontinued. I have referred four children this year...and have received much aid. The testing and prescriptions proved valuable. I also received very worthwhile enrichment (sic) kits, which were used for the whole class. Of most importance was the needed encouragement and assurance I was given. I was told what a good teacher I was...this was enough to motivate me to live up to such a respected compliment.

My experiences at the Learning Center have been personally, very satisfying. So many times in years past, I have wished for aid with troubled children, and at last at the Center I feel I really get just the help for which I have longed, understanding, concern and real assistance in helping these needy ones. It gives me greater confidence in my own work and a feeling of real satisfaction that I have done the best I can by sharing my problem children with the fine, able personnel at the Learning Center.

This experience has helped greatly by helping me to put my children (with slower abilities) into their own learning categories.

I have made two referrals to the Learning Center. Both were children with perceptual problems. It was reassuring to me, and I am sure to the parents in both instances, to have a confirmation of what I had suspected the problem to be.

Principal Comments

A program such as the Area Learning Center has offered is excellent re-inforcement for suspected learning problems. The "Area" has had the time, personnel and contacts to present a service which the schools with their existing facilities could not duplicate.

No. 5, 6, and 8 draw my most negative response. It is sometimes difficult to assess fault if indeed any should be placed. The teachers did not request any follow-up help. If possible I would think automatic periodic visits would be desirable. The children involved were quite frustrated by the time your office was brought into the situation.

The program has been helpful to us inasmuch as it has brought to our elementary school the services of a staff of experts in specialized testing and evaluating. . services otherwise not available to a small school district. The analyses and prescriptions provided by the corps of specialists will prove of value, we are certain and we feel saddened at the thought that such service will no longer be available to us. We appreciate the personal interest and thorough insight into our children's problems that were evinced by the Area Learning Center staff members who serviced our school.

We at Stoney Creek Elementary will sorely miss the diagnostic services provided by the ALC. We made extensive use of the Center and we feel that the children who were tested greatly benefited. I would like to thank the staff for I never witnessed a more professional, dedicated group of obliging people.

Being a small school, the children we sent to the Area Learning Center were helped a great deal. I wish I would have found out earlier about this, for we have more children that could be sent. We are using some of the materials given us for these other children. As far as we are concerned, this was very beneficial.

I was impressed by the thorough diagnosis given each child. All aspects that might affect the child and cause a learning problem are taken into account. The idea then of a "prescription" to fit the situation is novel and focuses the treatment where it is needed. To have access to the Center materials was a distinct boon to a "poor" district.

We had so few contacts that this report lacks validity to some extent. We thought service was very slow and so went elsewhere with most of our problems. We did appreciate opportunity to use some of the materials of the Center.

We had our first experience here with testing and interpretation plus prescriptions for the area of the problem. Consultation about general class procedures and problems was also helpful.

Diagnostic help was fine, although much of this information was already known or at least suspected. The implementation of what to do about the problem was quite another matter. I feel the follow-up, for one reason or another, was very weak.

We are very disappointed that the Area Learning Center will not be allowed federal funding after June. Materials and motivation at the child's level gives him inspiration to achieve. Your capable staff provided these. What do we do next year?

The guidance and direction given to our teachers (especially those teaching for the first time) proved to be very helpful. Had it not been for this, I believe the teachers would have been completely lost in trying to meet the needs of so many of their pupils. Thank you!

We have not had enough time to effectively evaluate our use of the Area Learning Center. However, we were quite pleased with the cooperation we did receive. Some of the "no" answers above might easily change to "yes" if more time has passed.

The idea of setting up help for those students which do not belong in Special Ed, but are uncomfortable in the regular school situation should proceed most diligently.

Counseling was without charge.

Yes--it was helpful--but the first it took so long to get things underway, the second year a lot of testing was done and it was a long time before any help for the child was forthcoming and this year we didn't start many new cases. We did value the thorough testing that was done last year.

We were very appreciative and grateful to the staff for coming to Washington School. The schedules were very well organized by Mr. Paul. All personnel were pleasant to work with and very efficient and capable.

I feel that the younger a child is referred to the Area Learning Center, the more possibility there is of helping the child. After the 3rd or 4th grade, they have established such poor study habits, have poor images of themselves and emotional problems are more severe, with the result that it is rather difficult to help these people.

Instead of lessening aid, I feel that our government should increase its funds for such a vital program. Until educators can work more on a one-to-one basis with students, we are going to continue to have inadequate methods. The Area Learning Center has excellent materials for helping teachers cope with individual differences.

I was pleased with the material which was sent into our school. The teacher used the material with very satisfying and gratifying results. It is a pity that a valuable program of this nature cannot continue.

Appreciate the friendly helpful way everyone cooperated at the Center. One gets the feeling they truly were interested and tried to help. Materials we received were used by other children also. Frank Kraai was prompt and exceedingly helpful.

They help this year has been fine regarding the two students referred. However, distance and availability limit service to us. The involvement of my staff members with outside resource people may be the most important feature.

We do not know how the parents feel about the Center. As a result of our conference at the center, we expected additional information with which to counsel the parents. None was forthcoming, thus making our conference awkward. I feel that the center is too far removed from our situation and is not involved in the dynamics of our school situation.

I think the one to one basis of working with a child is most valuable. I, also, appreciated the interest taken by our (your) consultant in our children who needed help. We regret that federal funding of the Center has to cease. Thank you for your cooperation.

The consultants were fine capable people. If allowed to function with freedom, meeting the needs of each school system and using the materials (include personnel with materials) of the Learning Center as they saw fit, more value would have been received.

I found a lot of duplication between the school and Learning Center (ex.) testing. Results were very similar. The Center was very helpful in diagnosing but less helpful in solving the problems. The roots of the problems are frequently outside the control of the school or learning center.

Teachers are frequently completely frustrated by unusual cases with which they are unprepared to cope. It is most heartening to them to have someone to go to for the special help they need in expectations, in different approaches, etc. We have been very happy with the service we have received.

I have found this program to be of great service to our children with learning difficulties. The conferences were very informative, enlightening and helpful to me as a principal. I found Miss Jo Boomsma, the consultant, and Dr. Young, the psychologist, to be extremely helpful through their interpretation of the tests and the implementation of the prescription.

The testing services received were very helpful, beyond those provided within the district. The consultations with psychologists were also services beyond ability of dist. to provide. With the time devoted to the 1st two items mentioned, not a lot of time was left for the consultant to work directly and regularly with teachers.

I was satisfied with the complete program especially the conferences I attended at the Center for our teachers and parents. There was good follow-up by the consultant with the teachers and useful materials loaned to us.

The Kent Area Learning Center has been very helpful by child placement tests, by supplementary aids for child and teacher, especially to the underprivileged or needy.

In some cases the Learning Center was beneficial when working with our students. In some cases, we felt the time and money spent was not worthwhile.

This is my first year of contact with the Area Learning Center. I am very much impressed with their work, especially the time they spend with the school in the evaluation of the child.

Definite interest to assist children in their learning processes. Appropriate consultations with parent, teacher, and child to help solve learning problems!

We felt it was an excellent program and most helpful to those children with academic learning problems.

1. We were able to have materials that we might not have been able to have.
2. It was beneficial to be able to have the services of a specialist when the need arose.
3. Broadening experience for classroom teachers.

I think that one of the most helpful aspects of the A.L.C. has been the parent conferences which they have held. Often they (parents) are more accepting of suggestions when made through an agency such as the A.L.C.

Principal Comments contd.

The testing was helpful...and some materials were furnished. However, I think the caseload of the personnel was too heavy. Some materials were promised, but not furnished. No follow-ups were made. There was too much time lag between referrals and contacts.

From our teachers' comments, I feel the immediate availability of materials to meet the child's needs as prescribed by the Center was one of the most helpful aspects of the program. Also the follow-up visits by the consultant was helpful in providing more materials and support for the teacher.

Eight teachers I supervise have used your service since it became available. With no exception the teachers have been pleased with the materials and results as well as the courteous manner in which they were received at the Area Learning Center. Several parents have taken the time to come in and say "Thank you." We want to tell you how wonderful it has been to be able to turn to you when we needed help and didn't know what to do next. The follow-up visits by Bill Lear have been excellent. Again, thank you.

Had it not been for the Area Learning Center testing, we would never have been able to place our children or prescribe for them as we have done. We have found this extra help most gratifying and are very sorry there will be no more funds available where it is needed so much. Thanks for all your help.

Having someone qualified back up some of the staff observations proved extremely helpful. The prescriptions were very helpful also.

The contact that we at East Paris have with the Area Learning Center is being appreciated by our staff. We would have liked to see the Center continue its help to our school. Our sincere appreciation for what you have done for our school, Mr. Wissink, Mr. Kraai and Mr. DeBoer - thank you!

Recognition of problem students. Attempt to match materials directed to raise child closer to his potential. Parent involvement with the Center focused attention of problem away from "school causes."

As indicated above the ALC has been of tremendous assistance to us as school staff and to our children. I am extremely sorry that it will be discontinued as a federally funded project. This is a great LOSS to the betterment and advancement of the education of the children in the five counties serviced. I highly recommend that everything be done to keep the ALC in existence, through local funding if necessary.

Principal Comments contd.

The thorough testing was especially helpful. Teachers were somewhat reluctant to accept the suggestions of the Center.

We have used the services of the ALC for the past three years, and have found an invaluable source of help to us as we have tried to meet the needs of students whose problems were beyond our perceptive cognition. We have an almost 100 percent success story with the students that we have referred and feel that even the thought of losing this valuable aid a great loss. We have appreciated the keen diagnosis, the careful evaluation and the wise prescriptions that have been offered.

Biggest asset to us was one of reinforcement. They recommended we continue our present course.

Because everyone suspected the services of the ALC were going to end this year, I feel this had a detrimental and adverse effect on the Center!

Parent Comments

Report from the teacher is very encouraging - she is very much more aware of improvement than I am, although I do see improvement. I more and more, through the year, found parents I know that have received a great variety of programs tailored to their child's problem area. This wide variety pleased me very much, because this indicates good individual diagnosis and program. Thank you from a very thankful mother.

No comments. You are doing a fine job.

We are so very grateful for the help given to our son, Eric. His work in school has improved so drastically, it is sometimes hard to believe. He does all his assigned work ($\frac{1}{2}$ of the class assignment) does it correctly, and takes pride in his accomplishments. He is so much happier in school and has ceased disturbing in class. We truly thank all those who have and who are helping him. This has surely been a good year for him.

After a conference with Mike's teacher today it seems we are at a stand still. I have not had a personal interview with anyone from the Center so I didn't realize that anything was being done. Both his teachers and I are very anxious for him to be interviewed by the psychologist (sic) as I understand he is on a waiting list for this.

I think the Area Learning Center is a very important place. Even tho the problem cannot be solved by knowing the problem it helps us to understand our son better which to me means a lot. It is so much easier to know then to wonder day to day why your child isn't capable of learning to read. I also think it is easier for him now because do not try forcing him to read, but try to help him with the problem by reading to him so he can still enjoy stories other children do. (sic)

I believe that before any such program be started with a child and promoted by one parent, a closer look at home life might be taken. Perhaps the enclosed book might enlighten those with a more limited education both real and created. Both Dennis and Tim when they a play, play Cops and robbers will not be confronted with the real thing any more. When the statements of Rev. Campbell: "There on the floor Mrs. Gaertner is your first family; Dennis and Tim, and not your 10 times married sister with her prison record; maybe more than a verbal comment should be sought. These boys Dennis and Tim are moving as soon as I can take time from work. And it will be a fine school district. In the mean time save the child guidance for those who really need it. Keats had some comments on this.

Parent Comments contd.

Yes, I think the Area Learning Center is a good thing that it can help the kids in their problems. But as far as Terry, I didn't have any problems with his behavior, he just has trouble with his reading.

We had no direct contact with Center personnel. Our son's teacher showed us the evaluation report she'd received and we did find the suggestions contained therein quite helpful. The teacher was given materials and suggestions and really worked very carefully with Eric. At our last conference the teacher was convinced that although his work hasn't particularly improved, Eric does seem to be a little less easily discouraged about it. She also says that he's become much more outgoing in class and on the playground. We've not noticed any particular difference outside school, but I suppose we should be grateful for any improvement anywhere. Also, it is a certainty that we have received far more concrete assistance from the Center than we ever did from the many, many people we saw at U. of M. Thank you.

We appreciate the help received at the Area Learning School. It was a starter. I feel Scott's teacher deserves the credit as it was Miss Van Wyke who followed through or Scott would have been forgotten at the A.L.S. Our pediatrician helped Scott with medication (Ritalin) and he has shown us a great improvement at school and home. Sue Green has just started to work with him. We, once more have our hopes up that she will find the key to helping him.

It was just a big help to know someone cared. It took the results of many to cooperate and evaluate Steves' problems. It's comforting to know you are not alone and can get professional help. I think the closing of your center will be a great loss to the community. P.S. Thank you all again. It was most appreciated.

I feel that it is very difficult to make an evaluation because my child has been in your program for such a short time. I do regret that I was unable to obtain your services for him in the first or second grades. I'm sure he has obtained some good from your program--but he still needs to develop an interest in reading, as he find reading a terrible chore. Any additional information you could give me to help create more interest in reading, I'd appreciate.

She resented the type of questions and tests she took at the Center. She said, "Do you think Im (sic) mentally retarded?" Other than this she didn't mind her stay there. She says she isn't allowed time at school to work on any of the books and etc. from the Center. She has to work on her regular classes first and there's never time left, so I really don't see what they bothered to send her there for - I realize this isn't your fault, but I understood they (children) could work on this extra material in school. Perhaps I should mention this to the teachers at her school.

Parent Comments contd.

We were very interested in the evaluation of Steve, of his potential, and how it would effect his future schooling plans. To be able to view Steve objectively and realize his limitations, we both feel the future planning of Steves education will be fairer to Steve and make for a happier boy. The frustration I've personally felt over Steves school performance was also dispelled when I realized he might be doing the best he could in those subjects so dependent on verbal skills. The suggestion not to hold him back in the 6th grade another year, but to instead plan the best we could for his future schooling in areas requiring subjects that stress other skills besides the verbal, was a wise suggestion. Even in the E.G.R. system which caters to the "college bound" there are some choices we can make which can be more suited to Steve's abilities. I really feel a peace of mind I didn't have prior to our interview. My husband and I wish to thank your group and especially the Calvin Psychiatrist and "Teddy" (I have a hearing loss in 1 ear and failed to get the full names) for their very friendly and helpful interview. I would appreciate a card with their full names jotted down upon it. Thank you all, again, for the time and help you've given us. I'm sorry your group will be "breaking camp" soon.

I really don't know if he is any better in school; he can't read much, he don't seem to learn how to do hand writing. I help him with his spelling and he seems better but his recall of a week or two back of words seems to be nil. He's not a bad boy, he's very quarrelsome, he gets along with his friends if his brothers don't play with them too. He's very sensitive, bright in doing things he likes, very good with his hands, helps around the house and does errands willingly, a very lovable boy, but he seems to have a mental block with learning words so he can read. He will have to go to a public school next year and that disturbs me greatly, he will be lost, as the classrooms are more crowded and the teachers to busy to have the time. What will happen to him?

Timothy has improved and we are pleased. We hope the program will continue as long as he (Tim) needs it.

My child is a slow reader. I don't feel he was helped. By the time he finishes his lessons he doesn't have much time for outside reading. I recently heard that study books on the same subjects in their grade are written on various reading levels. I wonder if the teachers in our school system know this. When I help him read his lessons, he can remember and does much better. So I know he understands. Is there anything I can do to help him?

Parent Comments contd.

He is better in many ways. He seems to understand he has a problem and tries himself to correct it. He has been getting along fine with other children. At times he feels he's not good in doing some things but we try to help him. He also tries to please us more and we try to be more understanding. We think he's a pretty wonderful son. We want to thank you for what you. Thank you.

I feel the attitude that Barbara has now has changed a great deal. She brings her school work home and does it more willingly. Also my talk with the Doctor made me understand her problems more clearly. I do feel if her problems were noticed in the third or fourth grade it would have been much better for her.

All I can say is he Jack brings his book home for reading and enjoys reading when I listen and enjoys be read to and the school has done real well in helping Jack and Floyd.

As a parent and a substitute teacher I deeply regret the closing of the Area Learning Center. My family owes much to you in bringing us closer together. The older boy who considered himself an outcast has now become very cooperative and a loving child. My husband and I have been able to face his problem more realistically than if it had been suggested we see a psychologist at random. Working directly through the school has been very important to us. We strongly believe there is a definite need for your program.

I think this special was beneficial to Susie although she did not have enough time to use the special aids to know exactly how much they might have helped her. We were very disappointed to learn they were closing the Center. Thank you very much for the help that was given.

Definite change in attitude - more positive approach to his work - if he doesn't do the work right he tries again wonderful approach. So very sorry there isn't enough money to keep going. You all were doing such a fine, worthwhile job in educating children with problems.

We were not interviewed at the learning center, therefore, I cannot answer that question. The only trouble he was having was with his schoolwork so his attitude with adults and other children is about the same. He gets along very well with both. His worse trouble seemed to be his coordination and he is doing better in school, therefore I think the Learning Center was a great help in finding the trouble.

I feel that my child's teachers were not informed about the A.L. Center - I have tried for 4 years to get the child extra help to no avail. A trip to the school superintendent finally helped. And finally we insisted upon the help, which we learning of from a teacher in another county's schools.

Parent Comments contd.

The Area Learning Center was an answer to prayer. We knew our son needed help, but we didn't know where to go for this help. Then the Area Learning Center came to our school and began working with our son. Tests were made and a check-up by a physician etc. In all, everything done was a great help. His reading has improved immensely and also his writing ability. There definitely (sic) has been a great change and improvement in our son's life.

I feel the tests and results gave me a better understanding of the problem. The family, school, etc. are willing to help the child but the problem is how to get more cooperation from the child. I sincerely want to thank all for their interest and time given to the child.

We were very happy to find out why Chris was having trouble with her school work. I think Chris feels better now and I know that we understand better. Christine's teachers didn't seem to know what was wrong and we didn't either, and Christine thought she was dum (sic). I knew Chris wasn't dum but I didn't know what to tell her, as we didn't know the answer either. After our visit to the learning center, I could give Chris an answer, and she seemed to feel better. Its too bad all kids can't be checked there that have school problems to see what the real trouble is. I thought I knew my girl but I didn't know about her problem.

The Area Learning Center was big help to both our girls. I believe the Center made the deciding difference whether Lori (our oldest child) progressed or stayed where she was. Without the cooperation of the teacher, principal, and all the others at the school, we wouldn't have know how to help or where to take her for help. I think the Center may be as necessary for some children as competent teachers are for all of them. I feel we would have taken them both to the Center even at a cost to us. I hope the Center will be able to continue this service.

Dauids teacher told me that the center said he is a slow learner. She has been a great help in helping me to understand and also giving time to help David. She said someone came in to help also. David is taking third grade over she said she could send him on to fourth. I thought it was better also, because he has ulcers and it wouldn't do to make it any harder, so it would be best to keep him in third grade although he has improved a lot but still isnt quite up to the rest of the class. He is more immature than the others, in growth and learning, although he has always acted mature at home and is a real help. He has always seemed to get along alright with adults.

No comments.

Parent Comments contd.

The Center gave us a book to read, parts of the book made very good sence (sic) and we have practiced some of the system before reading and after reading. The book in dissiplyn (sic) of the children, and some parts of the book were completely redicoulous (sic) and should be revalueated, as it would be impossible to follow some of the suggestions in the book.

As far as we could tell, the classroom teacher did very little to aid in Doug's handwriting problems. He was excited and eager about improving after the consultation with Mr. VanderPloeg & it was weeks before she apparently did anything. He was ready for something obvious. A teacher that would give a child struggling with handwriting, 250 repetitive sentences to write as punishment is not a teacher with any grasp of his needs and feelings. Having him hate it all the more is no answer. While his attitude about school has been one of depression he has tried harder this year and we can see improvement, even if his grades don't reflect this. The biggest value of the Learning Center we felt was the testing given Doug and our conference with the consultant.

My son's outlook on school changed and he seemed to mature fast after being at the Learning Center. He enjoyed the extra work that the Center gave him. It helped some of our worries and also confirmed some of our own thoughts. It did help and we are pleased with the progress he has made since the Center has been helping him.

My husband and I feel that Tom has benefited as well as we ourselves in having had the assistance of this program. There has a great change in our son's attitude and cooperation. The Area Learning Center personnel has been most cooperative and has followed thru in every respect. We certainly would highly recommend this program to other parents, many of our teen-age problem children would have avoided these problems had they had this type of program available to them when they were intermediate students. We haven't completely eliminated his problem but progress is constantly appearing. The personnel hasn't stopped with their assistance, suggestions and seeing Tom. We are grateful for this program and feel that the personnel is to be highly commended for the fine work they are doing for the children and the parents as well as the community.

Before I sent in your last paper, our James began to read by himself. We never did receive any help or an interview from your help center.

We feel Michael's teacher has been a great help. Even though his marks have not gone up, he still hesitates to join groups of children, and just cannot seem to grasp instructions given at school, his general attitude toward his work has improved. We did not have a personal interview at the Area Learning Center, only our child was interviewed. His teacher explained some of what took place and has given him special reading and assistance.

Parent Comments contd.

Our daughter has made some improvement as far as we can evaluate at home. But we are still quite worried about her. It seems that she wants to develope (sic) but that something keeps holding her back. I am sure that everyone concerned is doing there (sic) best to help our daughter. We pray they will continue.

We have seen much improvement in this child's reading ability. We feel sure this has been due to the cooperation of the Area Learning Center together with the teacher. This child can sound out his words and therefore is reading much better. His school work has improved in every way.

I think this one of the best things that could have happened to Mark. He loves school now and every morning eagerly waits for the bus to take him to school. He talks about school and now will even study or read at home which he would never do before. I think it has helped him very much. I wish other children could be helped as much as he was.

We learned that our daughter was more dependent upon her teacher as well as us for personal attention, than we had realized. We all noticed improvement when we gave her special notice and encouragement.

I feel that the high standard of education in this school teacher interest and help for this child was for better than a class situation which would have allowed child to proceed at which ever speed--this child would have attained in another situation was extremely rewarding the child is learning the right way to do his homework and desires to progress. He has more confidence in himself. The fact that he made his own decision to return to 2nd sem. second grade has given him a good self reliance--he reads a great deal and feels he can catch up. He says he had proven to himself and everyone else that he isn't stupid that he's smart. P.S. please excuse writting (sic) as I am in a moving car. I don't know if I will be able to return Jack to this school in the fall. He might not be accepted or finances may change. If he returns to a public school what would your recommendations be? I am quite certain that I will have to send Jack back to Middleville as I don't think I will qualify to send him in the fall I still have to check with regestration (sic). They have done a wonderful job with Jack--however I do need a recommendation from you for Middleville should he attend there in the fall.

Our son, Conrad, had an interview at the Center in Grand Rapids. A representative of the Center and from the local school visited us at home. Both were successful interviews, but we are not aware of any other activity resulting from our request for assistance. We have had no further contact or report of progress. Conrad is no problem at home nor in his relationship with others. The problem is in establishing his academic habits and fitting him into a workable curriculum.

Parent Comments contd.

I'm sorry but I would not recommend the Center to any one because this is the first time I have heard from you since my son had the test from there. I still don't know what is being done for him from the Center if any thing. As far as I can see his teaching (sic) is helping him more then (sic) anyone.

We have found the learning Center to be of some help. Thank you so much, for your assistance & cooperation.

I have received much interest in Jack from Mrs. Hendricks. She has consulted with me a number of times by phone. I can not say we have corrected Jacks problem with study & comprehension, but we are all trying, (parents, Jack, Mrs. Hendricks & his teacher Mr. Quist). Jack is a happy boy to my knowledge & if he could just realize how important it is for him to apply himself we would certainly be well "on our way". I can see a definite improvement in his attempt to study during the past weeks- on his own. I also hope we can start the medication prescribed by Dr. Wilson-at half dose-tomorrow-with no side affects. Previous dose kept him awake at night. Again, may I say, Mrs. Hendricks has been most thoughtful and interested. We have appreciated this very much!

We feel Betsy was fortunate during this school year in 2 respects. 1. She had an excellent classroom teacher who gave special effort to help Betsy learn and do the things that were most difficult for her. 2. Also we are thankful for the counsel the Area Learning Center gave Miss Pennings to help her better understand our daughters particular problems. Thank you.

Unbelievable change in the childs attitude both at home and school.

We cannot see any difference in Craigs work or attitude. His teacher does say his reading has improved but he has difficulty in sounding out T, trying to use new words. This may be due to lack of confidence in himself. This the consultant discussed with I and my husband on our trip to the A.L.C. This to me was the most major change, the fact that we as parents knew more about Craigs difficulty and poor self image.

Martin has come a long way, he has matured mentally, has a greater interest in school and school activities. He is even playing "Little League" baseball. He would never enter group participation before. I would recommend the "Area Learning Center" to any parent that had a child with learning problems. We parents and educators should campaign to keep our Area Learning Center. And have Federal assistance! Any ideas on what we could do?

Parent Comments contd.

We have nothing but praise for the work that the Center has done for our child. She has improved so very much in her reading and for the first time I will find her reading a book by herself. She can sound out words now, that before she couldn't. She now cares about learning where before she was indifferent. We feel that she has matured emotionally also. I kept close contact with her teacher and in this way I knew what was going on. I'm only sorry to hear that there will be no more Area Learning Center. The city of Grand Rapids will lose a great deal.

We feel that our child's difficulties arose from a student teacher conflict. He no longer has this teacher, hence the problem is diminished. However, we were very much pleased with the Center's evaluation of our child's difficulty and feel it has helped us to see more clearly the problem and through that see more clearly the solutions.

Eddie's reading has picked up a lot, now it his spelling and math. I am trying to work with him. But seeing he is so shy at school. I have never talked with anyone from the learning center, but teacher said his reading is better. The principal said he has the ability to do all the work. If only he would get over his shyness. Or get a little more confidence (sic) in himself.

I appreciated the time and effort spent on Jeff and felt the Center was of value - to us as parents - I also appreciated the teacher's (at our school) efforts in understanding Jeff's lack of motivation and inability to finish his work and pay attention. I think it is good for us in dealing with Jeff to realize his first year of life (before he came to us and his foster home) may have given him some fears which we haven't attached enough importance to - and hopefully we will be more patient with his immaturity.

It was my request that my son go to the Center as they were having him repeat the 1st grade. His repeating was fine with me, but I wanted to know why he wasn't doing well in this area when other things were average, and also I didn't want him to spend another year in the 1st grade without some special help in reading, as he didn't seem to have any problems otherwise. The Center tested him and found a problem in vision that wasn't anything glasses would correct, and therefore he recieved (sic) special material and individual help and is much improved in all his school work. This was the first anyone from his school had used the Center, and since his program has been started they have sent other children. I feel Andrew has been helped by this program and without it he probably would have had a reading problem all through his schooling. He still needs special help for a while yet, and I hope it is still available.

Parent Comments contd.

I hope the center is there to help a lot of children in the future. There was nothing really wrong with our child or he wasn't quite as bad as the school said and the center showed the school this. We were very grateful. Thank you.

Our son is now a much happier boy. He now feels he can do the work as well as in some classes better than the others. We will always be grateful to the school counselor, his teacher and Mr. Bill Lear and everyone at the learning center for helping him.

The Center was very beneficial by dismissing Linda's negative thoughts about herself and she has gained confidence from her visit to you. I don't feel, however, the exercises or additional work was very helpful, because it involved the classroom teacher's supervision and with 30 kids in one room, individual help is at a premium.

Our child had problems with his schoolwork, which neither his teacher or his parents could understand. Through testing him at the Area Learning Center we found he was doing poor in school to get attention. As we and his teacher have shown interest in his work and praised his good work he has improved and become more sure of himself. We are very grateful to the Area Learning Center for their help, as we didn't know where else to turn.

Although Sally's problem was not very serious, I would very much recommend the help your center can offer to any child. We have noticed a great improvement and I'm sure that she will continue now that the teachers know what to do to help her. I would like to thank all those who worked with Sally when she was at the center, she really enjoyed her trip.

Sammy has been put on Ritalin and so far we have not been able to determine if it is helpful or not. At times he seems to be better and than (sic) at other times he is no different in his behavior.

We are more than pleased with the help and co-operation we received from the Center. We feel Ty's eye problem would never been caught and helped if it weren't for the people connected with the Center. Ty is improving greatly in school, and enjoys reading now that he has glasses that properly fit him. We would recommend the Center very highly to anyone, as words cannot express how we feel towards the staff, both at the Center and at Montcalm Central School System. Thank-you for giving us an opportunity to help you in some small way.

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Parent Comments contd.

Our son enjoyed going to the Learning Center, he came home asking when he could go again. His teachers' said they learned from the Center, but when I asked one of the teachers how she handles his nervous tantrum she said she didn't know. (She send's (sic) him out in the hall, usually) We are very grateful for the Center in finding out about Scott's ear problem. The other information he gave us we already knew. His teachers' were very, very pleased so if they are that happy about it we are too, he will surely benefit (sic) from their help.

My son has always had a reading handicap. Your Area learning center provided books and tests to help improve his reading. He has been on these tests and books for quite a spell now. He is improving and takes more interest in reading and believe me, we are so thankful for the help the Area Learning Center gave us. We weren't financially (sic) able to hire a tutor for our son and it hurt to see him not getting the help he needed. Too bad more children don't get the chance to go through the center.

As parents we were very impressed with the Area Learning Center and their desire to help us with our problem. We would like to say "thank you" to all who had a part in our son's "work-up". He enjoyed his morning spent there; and we greatly appreciated the opportunity to visit with the Consultant as to possible causes and cures of our problem.

Joni's teacher has helped quite a bit. I'm sure other people have also, which I don't know about. Joni is still quite a nervous child but at least after visiting the Area Learning Center we know and understand her needs a little more.

Scott is doing better. Scott still needs more help.

The service was most satisfactory at the time. We tried to reach you before we moved in December but apparently couldn't make connection. Your assistance would have been appreciated - I just hope we did the right thing in not changing grade level when we changed schools.

Your evaluation was most helpful for the teacher, so she understands Bill's handicap more fully and makes a better understanding between mother and teacher. Thank you so very much.

PRESCRIPTION WRITING

Writing educational prescriptions was a new experience for the learning specialists in the initial stages of our program.

The learning specialists were reluctant to write prescriptions after seeing the child for a brief period of time. They expressed insecure feelings concerning the determination of the best educational recommendations for the child. Their professional reputations and know-how were really put to a test.

Through in-service workshops the staff gained security in writing educational prescriptions based on the best judgment they had. Our philosophy that a prescription was a take off point and would be adjusted or re-evaluated as Center staff worked with the child's classroom teacher, also assisted in giving specialists additional security.

Learning specialists also selected cases they had worked with and made follow-up in the child's classroom. These on the spot observations of the child and teacher provided an opportunity to evaluate the effectiveness of their prescriptions. The time spent in the classroom proved extremely beneficial to all specialists in designing action oriented prescriptions.

The process of getting prescriptions to teachers has evolved and increased in effectiveness and efficiency in the three years of operation.

In the initial stages all prescriptions were written by learning specialists. We experienced a lag between the interdisciplinary assessment of the child, the conference with school personnel, and preparation of prescriptions by specialists. Consultants were constantly complaining and looking for prescriptions. No doubt we can account this to human error that it's much easier to discuss the case than discipline ourselves to sit down and write our findings. Needless to say the struggle of getting the prescription in teachers hands as rapidly as possible presented many problems.

Realizing that the child and teacher's motivation to implement the prescription was extremely high at the time of leaving the Center, it was imperative that prescriptions be available immediately. We finally resolved the problem by devoting the last part of each conference to dictating the prescription to a secretary. Prescriptions are now available immediately, and this procedure is very well received by school personnel.

Attached are samples of prescriptions which illustrate the growth in practical application for classroom utilization.

Sample copy # 1

Area Learning Center
47 Barclay, N.E.
Grand Rapids, Michigan

Name: Randy
Sex: Male
Grade: 5
Birthdate: 10-18-56
School:
Principal:
Teacher:
Specialists:
Consultant:
Date Tested: 2-24-67

PRESCRIPTION

It is suggested that this family be referred to Family Services Associated so that Randy may be given some therapy and his parents some counseling. A full report will be provided upon request.

Randy might benefit a great deal from the Michigan Fresh Air Camp this summer. A scholarship may be obtained for him so that this step will not prove to be an additional financial burden to these parents.

Since Randy appears to be acting out his hostility in the classroom by continually failing to complete assignments, it is suggested that the teacher try to assign a certain number of problems to the boy and interrupt him before the allotted time period has elapsed. This would demand that appropriate reasons for the interruption be provided. In this way Randy would derive success from his attempts and he would not be permitted to practice the passive hostility patterns he is currently attempting.

Case #: 293

Sample copy # 2

Area Learning Center
47 Barclay, N.E.
Grand Rapids, Michigan

Name: Debra
Sex: Female
Birthdate: 11-22-60
Age: 7
Grade: 2
School System:
School:
Principal:
Teacher:
Specialist:
Consultant:
Test Date: 1-8-68 and 4-1-68
Conference Date: 4-5-68

PRESCRIPTION

Debra was referred because in Arithmetic she lacked the ability to interpret directions and other areas.

On the WISC, she scored a Verbal I.Q. of 99, Performance I.Q. of 100, and a Full Scale I.Q. of 99. Her arithmetic level was a 2.2. Her reading was on a low 1st grade level. She was very poor on the Wepman Auditory Discrimination tests. She does seem to have some vision problem in far point fusion. She should be kept close to the board. She also exhibits poor eye-hand coordination.

There is some indication of an emotional problem but this is hard to determine because we do not have the parent confidential record.

It is recommended:

1. She should work in Frostig materials; namely, Figure Ground and Form Constancy.
2. She should do Smith's Symbol Tracking and then move into Smith's Visual Tracking.
3. She should work on Basic Sight Word List.
4. Use Stern's Arithmetic Kit - Level 2.

Case #: 0986

Sample copy # 3

Area Learning Center
47 Barclay, N.E.
Grand Rapids, Michigan

Name: Donald
Sex: Male
Birthdate: 4-24-59
Age: 9
Grade: 3
School:
Principal:
Teacher:
Specialist:
Psychologist:
Consultant:
Test Date: 2-27-69
Conference Date: 2-27-69

PRESCRIPTION

Reason for Referral: "Don cannot read very well. He never finishes his work. He is easily distracted."

Psychological Report

Don's intelligence is average; both verbal and performance. The only sub-scale that comes out of this range was coding, this involves eye/hand coordination and is at the level of the low-dull normal. His achievement test at this time is mid-second grade both in reading and arithmetic. In math he is stuck on the plateau of borrowing and carrying and does not understand multiplication yet. There were no indications on the other tests of any serious emotional or perceptual disabilities.

Visually, Don's eyes track quite well, however, his ability to converge is poor. He does have glasses but was not wearing them. It is assumed his glasses are to correct this deficiency.

One of Don's basic problems is his relationship with his father. It seems that father tends to smother Don. Don is the only child. Father's intentions are good, and he will be helpful if he can be given controls and limits for his academic tutoring.

Reading Report

Tests Administered: Gilmore Oral Reading Test A and Durrell Analysis of Reading Difficulty

1. Word Recognition - middle second
2. Word Analysis - low third
3. Visual Memory - middle third

Sample copy # 3 contd.

Botel Reading Inventory A - Indicated a weakness in the following: blends (gl, cr, dr, fr, gr, pr, tr, sc, sn, sp) and vowel combinations.

Wepman Auditory Discrimination - Adequate

Monroe Aptitude - Indicated he can learn by both a visual and auditory approach.

Dolch Sight Words - Indicated a weakness.

Recommendations

Remedial Reading Teacher

1. His instructional level is second grade.
2. His rate of visual perception is slow. For this difficulty it is recommended that the remedial reading teacher utilize a tachistoscopic presentation (Learning through Seeing Filmstrips).
3. Visual Discrimination Book.
4. The remedial reading teacher should do the skills program using the following materials:
 - a. Speedboat
 - b. Steamliner
 - c. Jet Plane

Classroom Teacher

It is suggested that Don receive reading for pleasure in the classroom by means of the following materials:

1. Time Series
2. Sights and Sounds (Tico and Marco)
3. Benefic Animal Series (Becky and Squeaky)
4. Heritage Records and Books

Case #: 2207

FOLLOW-UP

The Area Learning Center philosophy of interdisciplinary diagnosis, prescription, and follow-ups has been consistent for our three years of operation.

In designing the proposal to assist the classroom teacher to implement prescriptions in the classroom, we felt that materials and human resources were a must.

The original intent of follow-up was to have consultants assist the classroom teacher in implementing the prescription. The consultant would provide recommended materials, demonstrate teaching techniques, and maintain liaison between the classroom and the Center to evaluate effectiveness of prescriptions and make necessary adjustments as needed.

There has been many different interpretations of follow-up in practice. Within the first year it became evident that each case was different and required different amounts of follow-up. In many cases after the prescription was implemented the teacher felt confident to be on her own and to call the consultant as needed. Other teachers expected consultants to return weekly at scheduled times to evaluate child's progress like other categorical service personnel. The size of the service area and the number of children served presented problems on scheduled intensive follow-up for each case.

Follow-up contd.

At the end of the second year when we tabulated time devoted to follow-up on cases from the first year, we had vision of the major portion of our staff time during the third year being spent in follow-up on 1966-1967 and 1967-1968 cases. Thus another form was developed.

This form showed the children serviced by the Center in each school and asked principals to review cases and request follow-up. By placing the responsibility on the school for follow-up, a more satisfactory program has evolved. This has also saved staff time of consultants in making unnecessary trips to schools.

During the third year of operation 35% of the 1966-1967 cases have remained active, and 75% of the 1967-1968 cases have remained active.

IN-SERVICE MEETINGS

In-service meetings have been conducted by the Area Learning Center staff members throughout the three years of operation. These in-service meetings were held at the request of school personnel and scheduled at their convenience. Requests ranged from working with small groups of three or four to working with total school staffs K-12. From September 1967 until May 1969, 603 in-service meetings were conducted by staff members involving 12,965 people.

Design of in-service programs grew out of teacher interest and request for additional information on identified needs. Many of the request for in-service came after teachers attended a conference at the Center.

The diagnosed needs of a child such as emotional, poor self-image, and perceptual often sparked the teachers to request more information on the particular learning disability and techniques of working with the child in the classroom. Others were held to show the use of specific materials. Many times schools requested a meeting to show the various types of materials available before determining which materials they would purchase for use in their school. Our staff spent several days in schools explaining how specific materials would improve their total educational program.

In-Service Meetings contd.

The implementation of prescriptive teaching was the purpose of several in-service meetings. We found teachers eager to utilize individualized instruction in their rooms but needing help with the dynamics of implementing it.

By including principals in conferences we were able to provide an informal in-service. Many principals requested Area Learning Center specialists' help at parent conferences. The Area Learning Center staff assistance in conducting parent conferences proved to be extremely helpful to principals.

Staff members were also invited to explain the Area Learning Center program to Boards of Education, P.T.A.'s, service organizations, college classes, student teacher groups, the International Reading Association, and other professional groups,

STATISTICS

STATISTICS

AREA LEARNING CENTER
REFERRALS 1966 - 1969

Total referrals, for the three year period, from the seven county service area are listed below:

Kent County		843	
Grand Rapids		<u>547</u>	
		1,390	Total Grand Rapids & Kent Co.
Allegan	285		
Barry	58		
Ionia	115		
Montcalm	129		
Newaygo	179		
Ottawa	<u>262</u>	<u>1,028</u>	
		2,418	Total for 3 year period

DISPOSITION OF REFERRALS
JULY 1, 1968 - JULY 1, 1969

Cases Center tested	494
*Cases tested in school by Team (Psychologist, Lab. Technician, Reading Specialists & Consultant)	64
Cases Field tested	171
Cases re-evaluated in field of completed 1966-1967	14
Completed cases brought back to Center for re-evaluation and additional testing:	
1966 Cases	13
1967 Cases	23
*Cases closed prior to scheduling in Center	<u>153</u>
Total Cases	1,032

*76 parent conferences held by psychologists
in Center on above Center Testing.

***Cases tested in schools by the Area Learning Center Team
(Psychologist, Reading Specialists, Lab Technicians, and
Consultants)**

When schools identified a cluster of referrals and could provide adequate facilities for testing, the Area Learning Center staff went to the schools and diagnosed the children, conferenced with the child's teacher and other school personnel, and wrote prescriptions.

This adjustment in our service was greatly appreciated by the schools. Having the Area Learning Center team working in their schools also created an interest and awareness of the Area Learning Center service in the total school staff. Relocating the Area Learning Center team placed no greater demands on our staff's time other than the inconvenience of moving testing material and equipment.

***Cases closed prior to scheduling for center testing**

When these referrals were received and assigned to the Area Learning Center Consultant, he went to the school to begin the work-up on the case. During this procedure the Consultant often determined that the case could be closed prior to scheduling for center testing. Cases were closed for the following reasons:

1. Previous testing of the child indicated that additional testing was not necessary, and that the school should continue working with the previous recommendations.
2. The nature of the case did not require testing and could be handled through a conference with the teacher.
3. The child's needs could best be served by referral to another agency.
4. The subject had moved out of the Area Learning Center service area.

***Parent Conference**

The Area Learning Center has operated on the philosophy of service to assist school personnel in working with children. The Area Learning Center staff was willing to assist principals and teachers in interpreting test findings or discussing ways in which parents could help.

During the three year period our specialists were involved with over two hundred parent conferences.

SUMMARY OF THREE YEARS OF TESTING

CENTER TESTED

1966	372	
1967	457	+ 23 re-evaluations of 1966 cases
1968	<u>558</u>	+ 36 re-evaluations of 1967 cases
	Total Center Testing	1,446

FIELD TESTED

1966	--	
1967	565	
1968	<u>171</u>	+ 14 re-evaluations of 1967 cases
	Total Field Testing	750

CASES CLOSED
PRIOR TO SCHEDULING FOR CENTER TESTING

1966	41	
1967	101	
1968	<u>153</u>	
	Total Cases Closed	295

FINAL SUMMARY

Total Center Tested	1,446
Total Field Tested	750
Total Cases Closed	<u>295</u>
Total Cases Tested in 3 years	2,491

BREAKDOWN OF REFERRALS
FOR THREE YEAR PERIOD

KENT COUNTY

GRADE LEVELS

<u>Grade</u>	<u>Number</u>	<u>Percentage</u>
Ungraded	27	3.2
K	13	1.6
1	92	10.9
2	150	17.8
3	182	21.6
4	136	16.1
5	99	12.0
6	66	7.8
7	39	4.6
8	25	2.9
9	9	1.0
10	1	.1
11	4	.4
12	0	.0
	<hr/>	<hr/>
	843	100.0%

AGE LEVELS

<u>Age</u>	<u>Number</u>	<u>Percentage</u>
5	6	.7
6	47	5.5
7	110	13.0
8	156	18.5
9	158	18.7
10	133	15.7
11	86	10.2
12	64	7.5
13	41	5.4
14	32	3.7
15	5	.5
16	2	.2
17	3	.4
	<hr/>	<hr/>
	843	100.0%

CHILDREN WITH I.Q. TESTING AVAILABLE

<u>I.Q.</u>	<u>Number</u>	<u>Percentage</u>
80 and below	49	8.5
81 to 90	124	21.6
91 to 100	213	37.0
101 and over	189	32.9
	<hr/>	<hr/>
	575	100.0%

BREAKDOWN OF REFERRALS
FOR THREE YEAR PERIOD

GRAND RAPIDS

GRADE LEVELS

<u>Grade</u>	<u>Number</u>	<u>Percentage</u>
Ungraded	12	2.9
K	13	2.3
1	58	10.6
2	76	13.7
3	93	17.0
4	93	17.0
5	63	11.5
6	44	8.0
7	26	4.7
8	37	6.7
9	23	4.1
10	3	.5
11	3	.5
12	3	.5
	<hr/> 547	<hr/> 100.0%

AGE LEVELS

<u>Age</u>	<u>Number</u>	<u>Percentage</u>
5	5	.9
6	30	5.3
7	55	10.2
8	87	15.9
9	85	15.6
10	82	14.9
11	51	9.3
12	32	5.9
13	28	5.1
14	38	7.0
15	25	4.6
16	16	2.9
17	7	1.2
18	2	.4
19	4	.8
	<hr/> 547	<hr/> 100.0%

CHILDREN WITH I.Q. TESTING AVAILABLE

<u>I.Q.</u>	<u>Number</u>	<u>Percentage</u>
80 and below	80	20.9
81 to 90	95	24.9
91 to 100	112	29.3
101 and over	95	24.9
	<hr/> 382	<hr/> 100.0%

BREAKDOWN OF REFERRALS
FOR THREE YEAR PERIOD

ALLEGAN COUNTY

GRADE LEVELS

<u>Grade</u>	<u>Number</u>	<u>Percentage</u>
Ungraded	8	2.8
K	13	4.5
1	30	10.5
2	40	14.0
3	42	14.7
4	46	16.4
5	24	8.4
6	27	9.5
7	36	12.6
8	11	3.9
9	5	1.7
10	2	.7
11	0	0.0
12	1	.3
	<u>285</u>	<u>100.0%</u>

AGE LEVELS

<u>Age</u>	<u>Number</u>	<u>Percentage</u>
5	5	1.8
6	17	6.0
7	30	10.5
8	31	10.9
9	42	14.7
10	45	15.8
11	31	10.9
12	24	8.4
13	31	10.9
14	17	6.0
15	6	2.1
16	3	1.0
17	3	1.0
18	0	0.0
	<u>285</u>	<u>100.0%</u>

CHILDREN WITH I.Q. TESTING AVAILABLE

<u>I.Q.</u>	<u>Number</u>	<u>Percentage</u>
80 and below	17	13.9
81 to 90	35	28.7
91 to 100	28	23.0
101 and over	42	34.4
	<u>122</u>	<u>100.0%</u>

BREAKDOWN OF REFERRALS
FOR THREE YEAR PERIOD

BARRY COUNTY

GRADE LEVELS

<u>Grade</u>	<u>Number</u>	<u>Percentage</u>
K	1	1.7
1	7	12.1
2	12	20.7
3	13	22.4
4	14	24.2
5	5	8.6
6	3	5.2
7	1	1.7
8	1	1.7
9	0	0.0
10	<u>1</u>	<u>1.7</u>
	58	100.0%

AGE LEVELS

<u>Age</u>	<u>Number</u>	<u>Percentage</u>
4	0	0.0
5	0	0.0
6	2	3.4
7	9	15.5
8	12	20.7
9	11	19.0
10	10	17.2
11	8	13.8
12	2	3.5
13	2	3.5
14	0	0.0
15	1	1.7
16	0	0.0
17	<u>1</u>	<u>1.7</u>
	58	100.0%

CHILDREN WITH I.Q. TESTING AVAILABLE

<u>I.Q.</u>	<u>Number</u>	<u>Percentage</u>
80 and below	3	7.8
81 to 90	12	31.6
91 to 100	8	21.1
101 and over	<u>15</u>	<u>39.5</u>
	38	100.0%

**BREAKDOWN OF REFERRALS
FOR THREE YEAR PERIOD**

IONIA COUNTY

GRADE LEVELS

<u>Grade</u>	<u>Number</u>	<u>Percentage</u>
Ungraded	3	2.6
K	2	1.7
1	9	7.8
2	18	15.7
3	19	16.5
4	23	20.0
5	17	14.8
6	12	10.4
7	4	3.5
8	6	5.2
9	1	.9
10	1	.9
11	0	0.0
12	0	0.0
	<u>115</u>	<u>100.0%</u>

AGE LEVELS

<u>Age</u>	<u>Number</u>	<u>Percentage</u>
6	3	2.6
7	9	7.8
8	19	16.5
9	24	20.9
10	18	15.7
11	15	13.0
12	11	9.6
13	7	6.1
14	5	4.3
15	1	.9
16	3	2.6
	<u>115</u>	<u>100.0%</u>

CHILDREN WITH I.Q. TESTING AVAILABLE

<u>I.Q.</u>	<u>Number</u>	<u>Percentage</u>
80 and below	9	10.5
81 to 90	21	24.4
91 to 100	37	43.0
101 and over	19	22.1
	<u>86</u>	<u>100.0%</u>

BREAKDOWN OF REFERRALS
FOR THREE YEAR PERIOD

MONTCALM COUNTY

GRADE LEVELS

<u>Grade</u>	<u>Number</u>	<u>Percentage</u>
K	2	1.5
1	17	13.1
2	23	17.8
3	36	28.3
4	14	10.8
5	7	5.4
6	10	7.7
7	11	8.5
8	4	3.1
9	4	3.1
10	0	0.0
11	1	.7
	<hr/>	<hr/>
	129	100.0%

AGE LEVELS

<u>Age</u>	<u>Number</u>	<u>Percentage</u>
6	3	2.3
7	20	15.5
8	32	24.8
9	24	18.8
10	7	5.4
11	12	9.3
12	8	6.2
13	12	9.3
14	7	5.4
15	0	0.0
16	2	1.5
17	2	1.5
	<hr/>	<hr/>
	129	100.0%

CHILDREN WITH I.Q. TESTING AVAILABLE

<u>I.Q.</u>	<u>Number</u>	<u>Percentage</u>
80 and below	5	6.7
81 to 90	19	25.3
91 to 100	29	38.7
101 and over	22	29.3
	<hr/>	<hr/>
	75	100.0%

**BREAKDOWN OF REFERRALS
FOR THREE YEAR PERIOD**

NEWAYGO COUNTY

GRADE LEVELS

<u>Grade</u>	<u>Number</u>	<u>Percentage</u>
Ungraded	0	0.0
K	4	2.2
1	22	12.2
2	26	14.5
3	25	14.4
4	36	20.1
5	20	11.2
6	16	8.9
7	17	9.4
8	10	5.5
9	2	1.1
10	1	.5
11	0	0.0
12	0	0.0
	<hr/>	<hr/>
	179	100.0%

AGE LEVELS

<u>Age</u>	<u>Number</u>	<u>Percentage</u>
5	0	0.0
6	17	9.5
7	18	10.1
8	29	16.2
9	23	12.9
10	26	14.5
11	15	8.4
12	16	8.9
13	12	6.7
14	15	8.4
15	6	3.3
16	2	1.1
17	0	0.0
	<hr/>	<hr/>
	179	100.0%

CHILDREN WITH I.Q. TESTING AVAILABLE

<u>I.Q.</u>	<u>Number</u>	<u>Percentage</u>
80 and below	18	14.9
81 to 90	28	23.1
91 to 100	39	32.2
101 and over	36	29.8
	<hr/>	<hr/>
	121	100.0%

BREAKDOWN OF REFERRALS
FOR THREE YEAR PERIOD

OTTAWA COUNTY

GRADE LEVEL

<u>Grade</u>	<u>Number</u>	<u>Percentage</u>
Ungraded	8	3.0
K	5	1.9
1	45	17.2
2	32	12.3
3	39	14.9
4	54	20.6
5	38	14.6
6	30	11.5
7	8	3.0
8	1	.3
9	2	.7
10	0	0.0
11	0	0.0
12	0	0.0
	<u>262</u>	<u>100.0%</u>

AGE LEVELS

<u>Age</u>	<u>Number</u>	<u>Percentage</u>
5	3	1.1
6	17	6.4
7	30	11.4
8	40	15.3
9	49	18.7
10	40	15.3
11	40	15.3
12	24	9.2
13	16	6.1
14	3	1.2
15	0	0.0
16	0	0.0
17	0	0.0
	<u>262</u>	<u>100.0%</u>

CHILDREN WITH I.Q. TESTING AVAILABLE

<u>I.Q.</u>	<u>Number</u>	<u>Percentage</u>
80 and below	17	11.2
81 to 90	38	25.0
91 to 100	37	24.3
101 and over	<u>60</u>	<u>39.5</u>
	152	100.0%

NON-PUBLIC SCHOOL REFERRALS
FOR THREE YEAR PERIOD

<u>County</u>	<u>Number</u>	<u>Percentage of Total 2,418</u>
Kent	144	5.9
Grand Rapids	155	6.4
Allegan	47	1.9
Barry	5	.02
Ionia	5	.02
Montcalm	2	.01
Newaygo	10	.04
Ottawa	<u>59</u>	<u>2.45</u>
TOTAL TESTED:	427	17.65

SUMMARY OF REFERRALS TO AREA LEARNING CENTER
FROM ALL COUNTIES

GRADE LEVEL

<u>Grade</u>	<u>Number</u>	<u>Percentage</u>
Ungraded	58	2.3
K	53	2.2
1	281	11.7
2	376	15.6
3	449	18.6
4	416	17.2
5	273	11.3
6	208	8.6
7	142	5.9
8	95	3.9
9	46	1.9
10	9	.4
11	8	.3
12	4	.1
	<hr/>	<hr/>
	2,418	100.0%

AGE LEVEL

<u>Age</u>	<u>Number</u>	<u>Percentage</u>
5	20	.8
6	136	5.6
7	281	11.6
8	406	16.8
9	416	17.2
10	360	14.9
11	258	10.7
12	181	7.5
13	149	6.2
14	117	4.8
15	44	1.9
16	28	1.1
17	16	.6
18	2	.1
19	4	.2
	<hr/>	<hr/>
	2,418	100.0%

CHILDREN WITH I.Q. TESTING AVAILABLE

<u>I.Q.</u>	<u>Number</u>	<u>Percentage</u>
80 and below	198	12.7
81 to 90	372	23.9
91 to 100	503	32.5
101 and over	478	30.9
	<hr/>	<hr/>
TOTAL TESTED:	1,551	100.0%

CHILDREN SEEN BY OTHER AGENCIES
DURING THE THREE YEAR PERIOD

PRIOR TO AREA LEARNING CENTER

<u>County</u>	<u>Diagnostician</u>	<u>Percent</u>	<u>School S.W.</u>	<u>Percent</u>	<u>Diagnostician and School S.W.</u>	<u>Percent</u>
Kent	123	14.5	18	2.1	107	12.7
Grand Rapids	45	8.2	53	9.7	39	7.1
Allegan	48	16.8	--	0.0	--	0.0
Barry	6	10.3	--	0.0	--	0.0
Ionia	58	50.4	--	0.0	--	0.0
Montcalm	42	32.6	--	0.0	--	0.0
Newaygo	41	22.9	--	0.0	--	0.0
Ottawa	<u>95</u>	<u>36.2</u>	<u>--</u>	<u>0.0</u>	<u>--</u>	<u>0.0</u>
Totals	458	18.9	71	2.9	147	6.0

AFTER AREA LEARNING CENTER

Kent	16	1.9	15	1.7	10	1.2
Grand Rapids	20	3.6	26	4.7	5	.9
Allegan	1	.4	--	0.0	--	0.0
Barry	1	1.7	--	0.0	--	0.0
Ionia	5	4.3	1	.9	--	0.0
Montcalm	--	0.0	--	0.0	--	0.0
Newaygo	2	1.1	--	0.0	--	0.0
Ottawa	<u>1</u>	<u>.4</u>	<u>--</u>	<u>0.0</u>	<u>--</u>	<u>0.0</u>
Totals	45	1.8	42	1.7	15	.6

Total Referrals for Three Year Period 2,418
 GRAND TOTAL PRIOR TO AREA LEARNING CENTER 676 16.2%
 GRAND TOTAL AFTER AREA LEARNING CENTER 102 4.2%

PSYCHIATRIC EVALUATION

After a child had been tested and conferenced in the Center and there was an indication for additional diagnosis, the case was referred to the Child Psychiatrist.

Forty-four (44) cases were referred to the Area Learning Center Consulting Psychiatrist for evaluation and consultation with the child and the child's parents.

SIBLING REFERRALS TO THE AREA LEARNING CENTER

A review of the files of the Area Learning Center shows that many families referred more than one child to the Center.

92 families referred 2 children
9 families referred 3 children
1 family referred 4 children
1 family referred 6 children

SUMMARY

The Board of Education of the Kent Intermediate School District served as the legal authority that submitted the proposal and administered the Area Learning Center program.

The Advisory Board consisted of the Superintendents of the seven Intermediate School Districts, representatives from the public and non-public schools, and representatives from universities and colleges in the area. The Advisory Board gave valuable assistance to the program in recommending policy and enhancing communication among the schools in the total area served.

The Area Learning Center was funded on June 1, 1966 through September 28, 1969, for \$1,003,718.00.

The "Area Learning Center Objectives"

The objectives for the Area Learning Center were four in number.

1. To provide supplementary services for children with learning disabilities through an interdisciplinary approach to individual learning patterns.
2. To provide a procedure called prescriptive teaching whereby teachers can meet the needs of children with learning disabilities. The procedure consists of the cycles of diagnosis, prescription, implementation, evaluation, and rediagnosis.
3. To provide personnel and materials to help the classroom teacher implement prescriptive teaching.
4. To provide in-service educational programs and to assist teachers in translating learning theory into practice.

Description of the Supplementary Services of Area Learning Center

Any child who was evidencing behavioral characteristics which hampered his learning could have been referred. Requests for service came to the Center from teachers, parents, physicians, and community agencies through the local school administrator. Where there was evidence of several children having these characteristics in one school, the school was encouraged to combine these referrals in small clusters in order to facilitate the testing and conferencing procedures in the Learning Center. This procedure produced more efficient service to the schools than single referrals would have. To facilitate direct communications, parents and teachers were encouraged to accompany the child to the Area Learning Center.

A Typical Referral

A typical referral to the Area Learning Center was a child between the ages of 6 and 12 with normal intelligence who was posing a particular classroom problem for the teacher. Usually, the difficulty manifested itself in reading or arithmetic, but it might also have been of a behavioral or perceptual nature. Prior to the establishment of the Center, the teacher could only refer such a child to private or public agencies outside the school system. With the establishment of the Area Learning Center, the teacher could request an appointment for the child using referral forms developed by the Center.

On page 151 is a chart giving in summary form, an analysis of referrals received by the Area Learning Center from July 1, 1966, to July 1, 1969; on page 152 is a chart of the referrals received from Kent County for the same period of time showing a breakdown of the grade and age levels of the children referred.

Interdisciplinary Teams

The interdisciplinary team, another central idea in the Area Learning Center concept, consisted of the Psychological Specialists, the Reading Specialist, and the teaching consultant from the Area Learning Center. From the school, the teacher and the principal became members of the team. The substitute teacher assumed the responsibility of the classroom teacher while she attended the conference at the Area Learning Center. Further, the parents were also involved in the implementation of the prescription wherever possible.

The job description of the Psychological Specialist included the following: He was to test the children and summarize test data from the child's cumulative folder. He was to confer with the Consultants regarding specific tests they could administer to the child, order tests to be given by the lab technicians, and interpret the test results. He was to participate in conferences concerning the children he had tested and to take major responsibility to write the prescription following the conference. He was also to assist

AREA LEARNING CENTER
ANALYSIS OF REFERRALS RECEIVED
July 1, 1966 - July 1, 1969

<u>County</u>	<u>Public</u>	<u>Non-Public</u>	<u>Total</u>
Allegan	238	47	285
Barry	53	5	58
Ionia	110	5	115
Montcalm	127	2	129
Newaygo	169	10	179
Ottawa	<u>203</u>	<u>59</u>	<u>262</u>
Total	900	128	1,028
Kent	699	144	843
Grand Rapids	<u>392</u>	<u>155</u>	<u>547</u>
Total Kent County and Grand Rapids	1,091	299	1,390
Total above 6 Counties	<u>900</u>	<u>128</u>	<u>1,028</u>
Total to date	1,991	427	2,418

ANALYSIS OF REFERRALS RECEIVED FROM ALL COUNTIES

July 1, 1966 - July 1, 1969

GRADE LEVEL

<u>Grade</u>	<u>Number</u>	<u>Percentage</u>
Ungraded	58	2.3
K	53	2.2
1	281	11.7
2	376	15.6
3	449	18.6
4	416	17.2
5	273	11.3
6	208	8.6
7	142	5.9
8	95	3.9
9	46	1.9
10	9	.4
11	8	.3
12	4	.1
	<hr/>	<hr/>
	2,418	100.0%

AGE LEVEL

<u>Age</u>	<u>Number</u>	<u>Percentage</u>
5	20	.8
6	136	5.6
7	281	11.6
8	406	16.8
9	416	17.2
10	360	14.9
11	258	10.7
12	181	7.5
13	149	6.2
14	117	4.8
15	44	1.9
16	28	1.1
17	16	.6
18	2	.1
19	4	.2
	<hr/>	<hr/>
	2,418	100.0%

in in-service meetings that took place at the Center and in the schools and to assume leadership in assisting staff members to develop skills in administering, scoring, and interpreting specific tests. In addition, he was to assist Area Learning Center staff members in the field.

The Reading Specialist was also to test the children for reading problems in the Center. He was to summarize reading test data and assist in the formulating of prescriptions at the conferences held at the Center. He was to review reading problems found in children with whom the Consultants were working, and to assist Consultants in reviewing recommended testing. Finally, the Reading Specialists were also expected to assist in in-service meetings held at the schools and in the Center.

The Area Learning Center Consultant was charged with the duty of interpreting the Area Learning Center services to local school staffs, assisting classroom teachers in the identification of children with learning disabilities, reviewing available data on the child referred, and discussing the nature of the child's learning disabilities with the teacher and other school personnel. On the basis of initial referral data and observations, the Consultant determined if testing could be done in the school by him or if the child should be brought into the Center for testing. If the testing was to be done in the school rather than in the Center, the Consultant

was to select, administer, score, and interpret the tests for diagnosis, assist in the writing of the prescription, select materials from the Center, implement the prescription, follow-up the child's progress, and adjust the prescription when necessary.

Prescriptive Teaching

Prescriptive teaching, the heart of the Area Learning Center concept, was a four-step process consisting of diagnosis or assessment of the referred child's problems, formulation of a prescription for the teacher to follow based upon the diagnosis, implementation of the prescription by the classroom teacher, and evaluation of the child's progress resulting from the above procedures.

Diagnosis

The specialist in psychological diagnosis assumed primary responsibility for assessing the child's learning disabilities. Even the diagnosis, however, was interdisciplinary since the reading specialist, the consultant, and the classroom teacher, participated in diagnosing the learning disabilities of the child. The assessment covered four areas of the child's functioning: personality, intelligence, perception, and academic achievement. Some of the simpler tests were done in the schools which referred the child. Other more sophisticated tests were administered by the psychologist in the Area Learning Center itself. The tests

that were administered in the field were done either by the teacher or by the Area Learning Center Consultant. In addition, assessments that had been made earlier by other diagnosticians, and materials found in the cumulative folder of the child were used as additional data for diagnosing the learning disabilities of a referred child.

Diagnosis conducted by the Area Learning Center psychologist differed from the typical diagnosis of a school diagnostician or a psychologist working in a clinic. The Area Learning Center Psychologist was required to write a functional diagnosis and to avoid using professional jargon in writing the diagnosis. He was expected to make the diagnosis in a limited period of time. The psychologist found it very difficult to live within the limits of these requirements during the early stages of the program. Later, however, they became adept at writing functional assessments.

Teaching Prescription

The function of the Interdisciplinary Team was most evident in the process of writing a prescription, a detailed educational plan for the teacher based upon the assessment that the team had made of the child. A prescription was drawn up through the conference with the Area Learning Center team and the school personnel involved in the formulation of the prescription. The prescription represented the consensus of

the Interdisciplinary Team, the teacher, and the principal. The prescription suggested in detail what the teacher was to do with the child, what materials the teacher was to use, and precise instructions on each step to be taken with the child.

Implementation of the Prescription

The basic responsibility for implementing the prescription fell upon the classroom teacher. In order to make it possible, however, for the teacher to carry out the prescription, the Area Learning Center provided her with a substitute teacher. The substitute teacher took over the classroom while the teacher was at the Area Learning Center conferring about the child she had referred. In addition, the Area Learning Center provided educational materials that were necessary for the teacher to carry out the prescription. Further, the classroom teacher was given the help of the Consultant who operated out of the Area Learning Center. The Consultant periodically visited the classroom teacher to find out how she was progressing with the implementation of the prescription.

From time to time with the help of the Area Learning Center Consultant, the classroom teacher evaluated the prescription and her implementation of it as well as the progress that the child was making under her prescriptive teaching. A great deal of flexibility entered the picture at this point.

The Consultant was free to modify the prescription and to consult with other members of the Area Learning Center and school personnel so as to develop the most suitable program for the child.

Materials

A comprehensive catalogue of materials, tests and books was published by the Area Learning Center. This catalogue was an important accomplishment of the Center. All of the materials in the catalogue were available to the classroom teacher from the Area Learning Center's Material Center.

Staff Development

Two forms of staff development occurred during the course of the Area Learning Center program. The first might be called "on-the-spot" staff development and was carried on informally through the teacher's participation on the Interdisciplinary Team. It was inevitable that when a teacher began to work with the Interdisciplinary Team from the Area Learning Center that she began to learn a great deal about her children, over and above the one child she referred to the Center. She also learned to evaluate her methods of dealing with the children in her classroom and even herself as a person. To date, however, little has been done to measure the effectiveness of the team operation as a staff development function.

The second form of in-service education was more formal. In-service meetings have been conducted by the Area Learning

Center staff members throughout the three years of operation. These in-service meetings were held at the request of school personnel and scheduled at their convenience. Requests ranged from working with small groups of three or four to working with total school staffs K-12. From September 1967 until May 1969, 603 in-service meetings were conducted by staff members involving 12,965 people. Area Learning Center staff members also spoke to parent meetings, school board meetings, civic groups, and professional organizations explaining the services offered by the Center.

In general, the in-service meetings were held to acquaint school staffs with the operation and services of the Area Learning Center, to demonstrate the use of new materials and teaching techniques, to assist the teachers in the detection of learning problems among their students, and to explain the methods used in prescriptive teaching.

Evaluation of Area Learning Center Program

A number of informal evaluations were made of the project at the end of the first year. These studies will be reviewed below.

Questionnaire Evaluation

In order to determine the effectiveness of the Area Learning Center in relation to its objectives, questionnaires

were sent to parents, teachers, and principals in the seven counties serviced by the Center. Out of the two hundred questionnaires sent to each of these groups, eighty-four were returned by parents, one hundred seventy-one by teachers, and one hundred thirty-six by principals.

From the parent evaluation, it was concluded that parents found that contact with the Area Learning Center was helpful. They noticed an improvement in their child's interest in school and an improvement in the child's school work. The parents felt that the service of the Area Learning Center warranted recommendation to other parents.

From the teacher evaluation, it was concluded that the teachers felt that they learned considerably more about the child upon the completion of the child's school history than they had before. The teachers found the conferences with the Area Learning Center Consultant beneficial. They found the prescriptions practical but needed more follow-up visits by the Consultants. Teachers indicated the area of least improvement was the child's relationship to his classmates.

Conclusions drawn from the evaluation of principals indicated that they considered the conferences and prescriptions helpful in working with the children, that the Area Learning Center staff was generally accepted by the school staff, and that most schools needed the materials furnished by the Area Learning Center.

Evaluation Based on Prescription Writing

Writing educational prescriptions was a new experience for the Area Learning Center staff in the early stages of the program. At first they were reluctant to commit themselves to writing educational prescriptions after seeing the child for only a brief period of time. They felt insecure about making educational recommendations based on such short contact with the child. In-service workshops, however, helped these specialists gain security in writing educational prescriptions based on the best judgments they had. Visits to schools to follow-up some of their prescriptions improved their know-how in writing them.

The staff members moved from writing long, non-specific prescriptions in the early stages of the program to writing short, specific, operational prescriptions in the latter stages. This improvement in prescription writing was considered to be a positive evaluation of the Area Learning Center project in that it modified the professional role of the staff toward a more functional, helping role.

Interview Study of Children

A random sampling of 50 children from 620 cases served by the Area Learning Center in the 1966-1967 school year was made by the Center staff.

The purpose of the study was to determine the progress made by these children one year after their referral to the

Center and to evaluate the effectiveness of the diagnosis, prescription, and follow-up. The Area Learning Center Consultants conducted depth interviews with each of the children.

Conclusions drawn from this study are as follows: The work of the Area Learning Center appeared to have had a positive effect on enhancing the self-image of the pupils. Diagnosis and prescription from the Area Learning Center appeared to have been responsible for steering many children with learning disabilities to appropriate medical sources. The number of people from the schools, communities, and homes working with the children was impressive. These people have made significant positive changes in the behavior and attitudes of the children. Although the Area Learning Center mobilized a great deal of help for children outside the school situation, it seemed to be most effective in dealing directly with the child or teacher. Treatment that occurred within the school and having to do directly with the education of the children seemed to have been most effectively handled by the Area Learning Center.

Controlled Evaluation of the Project

During the second year of operation, a controlled study was conducted to determine the effectiveness of the Area Learning Center on the total educational progress of the children in the service area.

The following operational hypotheses were tested:

Children who receive the treatment program of the Area Learning Center (experimental group) for nine weeks will show significant improvement in reading, positive self-concept, and classroom behavior when compared with children who do not receive the treatment program (control group). Experimental group children who receive the treatment program for eighteen weeks will show significant improvement when compared with control group children who receive the program treatment for only nine weeks.

Sample. The names of children who were referred to the Area Learning Center by the schools after November 23, 1967, were pooled until the random sampling of the study was selected. In order to make the sample representative of children treated by the Area Learning Center program, the study was determined on the basis of the previous year's referrals to the Center. There were 50 children in the experimental group and 50 children in the control group. Each group consisted of eighty percent boys and twenty percent girls. Subjects came from Kindergarten through sixth grades.

Method. The study was divided into two nine-week phases. During the first week of the study in January 1968, all the children in the experimental and control groups were given the California Reading Test, the Lorge-Thorndike Intelligence Test, and the Coopersmith Self-Esteem Inventory by a member of the Area Learning Center staff.

The subjects of the experimental group were diagnosed in the first week by a team of learning specialists at the Area Learning Center. On the following day, an interdisciplinary team conference was held on each child regarding the results of the tests, the observations of the school staff, and the findings of the Area Learning Center staff. On the basis of this conference, a prescription was written for the teacher to follow. Consultants from the Area Learning Center served as liaison persons with the schools while the prescription was implemented by the school staff. During the treatment period of nine weeks, the Consultant called one or more times at the school to assess the progress of the prescription and to supply the necessary materials and modifications of the prescription.

During the last week of the first nine-week phase of the study, the Area Learning Center staff repeated the testing of all the subjects using the California Reading Test and the Coopersmith Self-Esteem Inventory.

Simultaneously during the ninth week of the first phase, ten observers, who were graduate students at Michigan State University, were assigned half-day visits in the classrooms of the control and experimental subjects in order to assess the classroom behavior of the subjects. Observer's Form, consisting of three pages, were filled out at half-hour intervals in the classroom focusing the observer's attention

on the behavioral attributes of the subject. The fourth page of the Observer's Form, based on the observer's overall evaluation of the classroom, was filled out after the observer left the classroom.

In the ninth week of the first phase, subjects of the control group were also tested at the Area Learning Center by a team of specialists. A conference was held, and individual teaching prescriptions were written. At the beginning of the study the procedure utilized for the experimental group was followed precisely for the control group.

During the second nine-week phase of the study, all of the subjects, both experimental and control, received the individualized prescriptive program of the Area Learning Center. That is, during the second nine-week phase all the experimental and control subjects received the individualized prescriptive program, whereas during the first nine-week phase only the experimental group had received the program.

At the end of the second nine-week phase, all the subjects were given an alternate form of the California Reading Test and repeated the Coopersmith Self-Esteem Inventory. The same classroom observational procedures were followed including classroom observations by graduate students that were used at the end of the first nine-week phase.

The data were treated with the appropriate statistical methods during the summer of 1968. The conclusions were based

on statistical differences that were significant at the .05 level of confidence.

Conclusions

Some interesting and important conclusions were drawn from the analysis and discussion presented in the foregoing pages.

1. When children with learning disabilities in grades K-6 were given special attention by means of diagnostic testing, prescriptive teaching, remedial materials, individualized attention, and contact with interested personnel in addition to their teachers, significant changes did occur in a positive direction. These changes involved growth in learning and personality. Experimental group children showed significant gains over the control group in reading comprehension but not in vocabulary, and improvement in positive self-concept but no improvement in classroom behavior.
2. As might be expected from learning theory, both experimental and control groups showed initial rapid growth when brought under the treatment program. The experimental group which received eighteen weeks of treatment, growth continued in the second half but more slowly.

3. Greater growth rate was found in the subjects in K-3 grade levels than in subjects in grades 4-6. This suggested that the earlier the remediation of learning difficulties was begun, the more positive the results. While the subjects in grades 4-6 showed significant gains in comprehension, such gains did not occur in reading vocabulary.
4. It seemed that the significant intervening variable was the entrance of the Area Learning Center testing and remedial program. When the control group was not given these procedures in the first nine weeks of the study, no significant gains occurred. Gains did occur with the control group, however, when they were brought under the treatment program of the Area Learning Center.
5. The experimental group with eighteen weeks of treatment revealed more significant gains in growth and self-concept than the control group. The results were consistent with theoretical expectations that growth in self-concept and self-esteem are expected to develop more slowly than changes in vocabulary.

Follow-up Evaluation

Children who were first seen in the controlled evaluation study at the Area Learning Center in January 1968, were

were retested in January 1969. Their improvement on the California Reading Inventory was 1.23 years growth in vocabulary and 1.22 years growth in comprehension. Thus the growth that was initiated during the period of the intensive study was maintained during the following year.

Significant growth was also shown on the Coopersmith Self-Esteem Inventory. The total group showed gains of 9.89 Standard Score units (SS) in Self, 5.76 SS in Social, and 10.29 SS in School. Thus the children served by the Area Learning Center grew not only in academic areas but also in their perception of themselves, their school, and their peers.

General Conclusions from Evaluation Studies

From the Evaluation Studies two conclusions were warranted. First, the Area Learning Center was able to define and implement a procedure to guide the work of the Interdisciplinary Team following diagnosis, prescription, implementation, and evaluation.

Secondly, this procedure did work better than the traditional methods of classroom teaching for children with learning disabilities.

CONCLUSIONS

It was gratifying to have had the experience of submitting a Title III proposal and being able to execute these plans for a three year period. We were given the opportunity to put into practice some of the theories and ideas that have been talked about in education for many years. We would not have been able to do this without federal funding because local schools do not have the financing or personnel necessary to carry out such a program.

We would like to commend the United States Office of Education for their complete cooperation and support during the tenure of our program. Anyone involved in the writing and execution of these programs gains many new insights into the total educational field and will have learned to re-assess his own philosophy of education. Through the competitive method of applying for these grants we were motivated to clearly define our goals and objectives, then design a program to meet these objectives, and finally evaluate the product. This process is usually not applied to educational programs.

One of the aspects of our proposal that was unique to Michigan education was the attempt to carry out this program on a multi-county bases. There were many sceptics at the beginning who thought it would be impossible to get seven

county boards of education to cooperate in this venture. There was concern about the differences in educational philosophies among the variety of school systems ranging from the large urban to the small rural systems. We have found no problem in this aspect of our program. On the contrary, we have found that the large geographic area has enabled us to offer educational services in the most economical way. The large geographic area under the control of one administration is the probable answer to the most economical method of many educational programs.

The team approach to diagnosis and prescriptive teaching was one of our major goals. It was necessary to take the specialists on the staff and blend them into a team that would consider all aspects of the child and how he functioned.

Staff development became a multi-faceted process. Each specialist learned from the other. As the program progressed, specialists became less likely to label a child and learned to view the child from many points of view. The classroom teacher became a very important member of the team. Her insights into the child's problem and into the dynamics of the school system were invaluable. The value of the prescription was also enhanced because she was a member of the team that wrote it; therefore it was not something imposed upon her, but something she helped to create. Her own individuality and the uniqueness of the school system were also considered when she became a part of the team.

One of the criticisms that has been voiced by classroom teachers prior to the service of the Area Learning Center is that reports written by specialists to the classroom teacher were filled with jargon not understood by the teacher or suggestions not practical in a normal classroom. The involvement of the classroom teacher as a member of the Area Learning Center team to help design the child's educational prescription avoided this criticism. Since she was a part of the team she felt that "we" had decided upon this program and that it was not imposed upon her.

Writing a prescription for individualized instruction within the classroom setting was also a new experience. It was a learning experience for all involved. The diagnosis proved of little value unless a prescription was written which actually helped the classroom teacher work with that child. As the program progressed, prescriptions became more refined and practical. The proof of their effectiveness can be found in the results of our Evaluation Study.

The use of these prescriptions in the classroom has given many teachers a new perspective regarding their role in the classroom. Most of the teachers have been very appreciative of the help given them both in terms of the professional services and the materials to be used. We have found that teachers are interested in individualizing learning within the classroom and are also interested in new materials and techniques to assist them in this field. They see their role changing from that of lecturing and feeding facts, to that of the catalyst who directs education.

In the initial proposal no mention was made of the use of para-professionals. This came out of a need evidenced after the program began. Using para-professionals was so successful that it was continued throughout the program. The professional people were able to use their time more effectively when assisted by para-professionals. Perhaps the effectiveness of the service given by the Area Learning Center is best measured by the comments of teachers, school administrators, parents, and the children themselves.

Many in-service meetings were conducted by the staff members in schools throughout the service area. There was much interest in two major areas: early detection of learning problems and the use of materials and teaching techniques to implement prescriptive teaching.

As in all such programs there were some areas in which we did not succeed as well as we had hoped. We found that we were not able to give as much follow-up service as was needed. This may have been due to the case load of each consultant, the size of the service area, or the different interpretations of follow-up by various teachers.

Part of our program involved providing substitutes for the classroom teacher while she attended the conference at the Center. This is the only part of our service that was not given to parochial schools. However, the parochial schools used our services and provided their own substitute teachers.

We feel that the program was highly successful and that much of what we have learned will be carried on in many of the schools in this area.

The team approach to diagnosis and prescriptive teaching is a direction for education in the future.

Recommendation for future programs:

1. Determine what educational programs should be offered by local schools, groups of schools, intermediate office, or regional center.
2. Design all educational programs on prevention rather than remediation.
3. Utilize team approach to diagnose rather than an individual specialist working in isolation.
4. Look at development of new roles in education such as para-professionals to increase efficiency of professionals.
5. Re-evaluate existing professional roles.
6. Provide flexibility in school's organizational structure for greater involvement of classroom teacher.
7. Provide follow-through to measure effectiveness if special services are offered.
8. Re-evaluate criteria of material selection for all educational programs.
9. Design relevant pre-service and in-service educational programs for teachers.
10. Apply evaluation design to all educational programs and delete programs that lack relevance.