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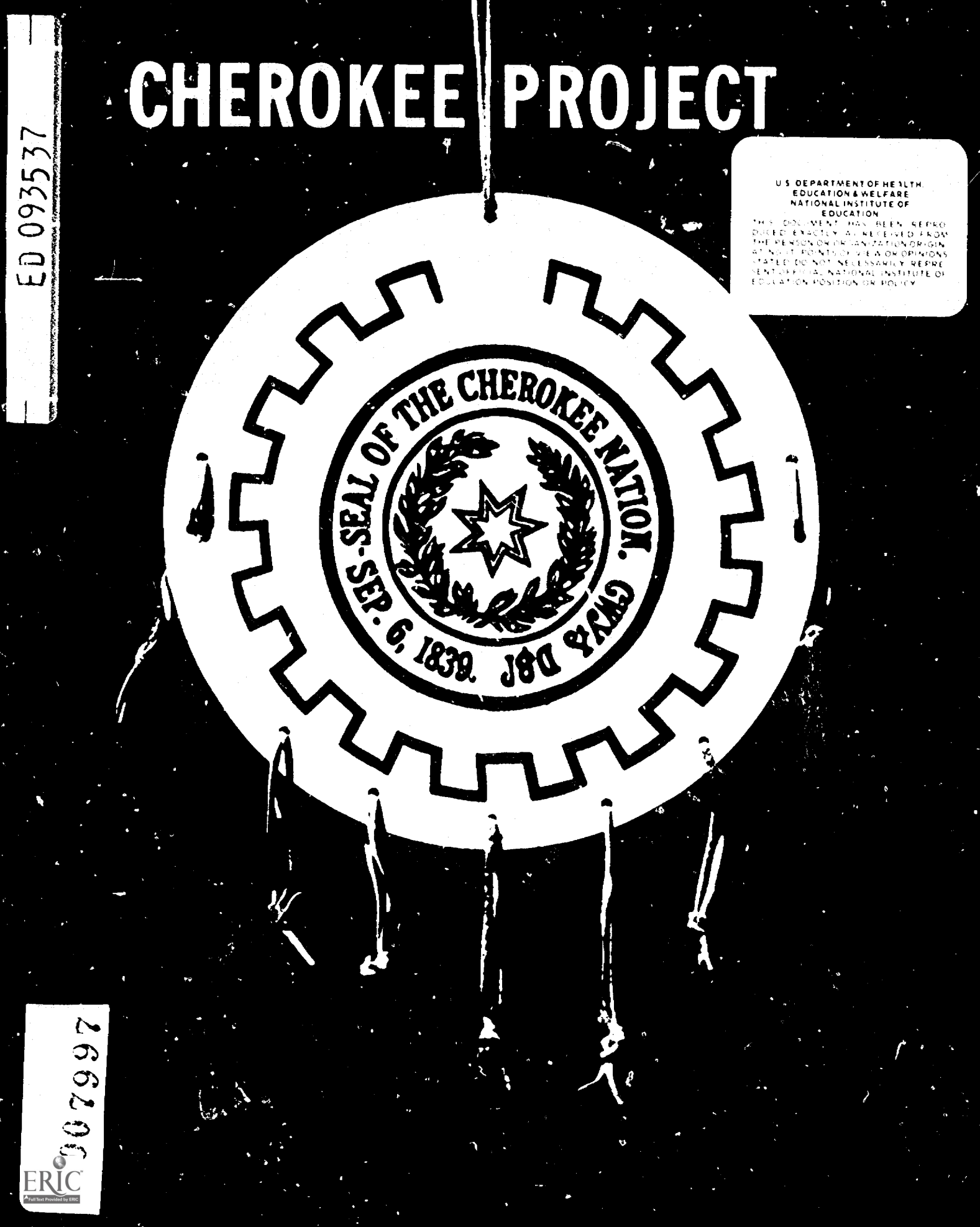
ABSTRACT

The Cherokee Project, a model demonstration program for learning disabled children at Cherokee, North Carolina, began operations in 1973. Funded by the Bureau of Education for the Handicapped, Office of Education (DHEW), it is administered by the Bureau of Indian Affairs, Indian Education Resources Center (Albuquerque, New Mexico). This final report of the first year (1973-74) of the project discusses: the project's beginning; selection of target children; methods and materials used for screening and diagnoses; teacher and parent involvement; teaching methods and materials; behavior problems encountered; project evaluation; and suggestions for setting up a program for learning disabled children. The project evaluation found that: (1) 12 of the 32 target children made dramatic improvement in their learning problems; (2) 14 made reasonable and expected progress; and (3) 6 made no significant progress. Some suggestions are: (1) become familiar with the common characteristics of learning disabled children; (2) use the WISC or SIT for intelligence testing and observe children's performance as they take the test; and (3) work individually with the children and observe how they work as well as what they know or do. (NQ)

CHEROKEE PROJECT



PASSED

Cherokee Council House
Cherokee, North Carolina
Date: NOV 9 1972

Resolution No. 227 (1972)

WHEREAS, the Tribal Council of the Eastern Band of Cherokee Indians is aware of the importance of all phases of education, and has demonstrated its concern by actively participating in the educational process of their children, and

WHEREAS, education was deemed the number one requisite on the list of priorities set out by the Tribal Council , and

WHEREAS, the Eastern Band of Cherokee Indians realize the benefits to tribal members derived from Special Education Programs,and

WHEREAS, a tentative draft of a proposal for a program for Learning Disabled Students has been submitted by Herbert B. Neff, Tennessee Wesleyan College, Athens, Tennessee.

NOW, THEREFORE, BE IT RESOLVED by the Eastern Band of Cherokee Indians in Annual Council assembled, at which a quorum is present, the Tribal Council extend full support and endorsement to the Title VI Project for the Cherokee Schools, as prepared by the Tennessee Wesleyan College.

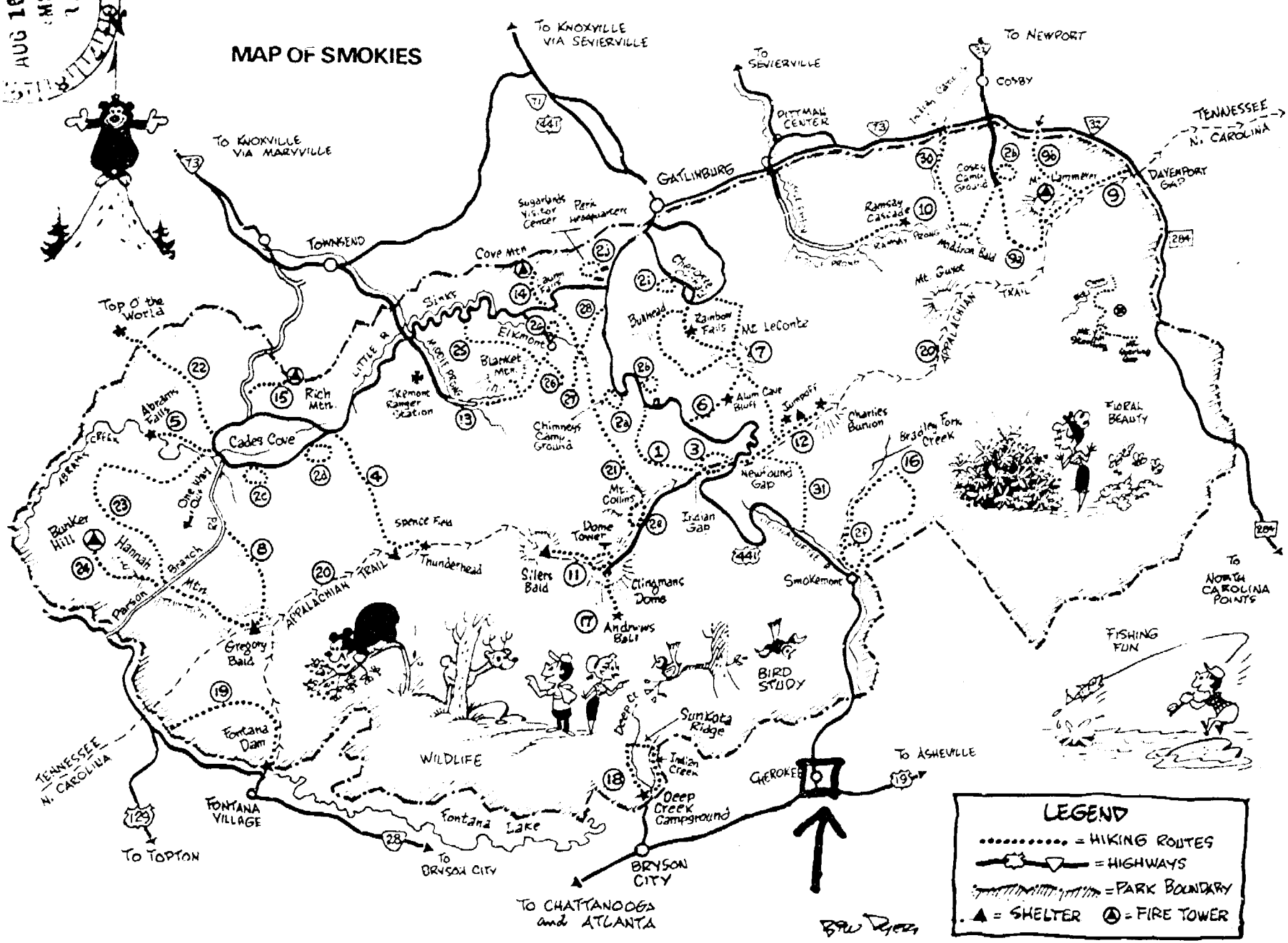
BE IT FURTHER RESOLVED that the Tribal Education Committee shall be and is hereby authorized to carry out the intent of this resolution.

BUREAU OF INDIAN AFFAIRS
RECEIVED

NOV 24 1972

ALBUQUERQUE
DIVISION OF STUDENT SERVICES

[1974]



THE CHEROKEE PROJECT

The Cherokee Project is a model demonstration program for children with learning disabilities funded by the Bureau of Education for the Handicapped, Office of Education, Department of Health Education and Welfare under Title VI G, and administered by the Bureau of Indian Affairs Indian Education Resources Center at Albuquerque, New Mexico. Mr. Gordon Gunderson is Project Director. The project was initiated under the leadership of Dr. Robert E. Hall, Chief of the BIA Division of Continuing Education, who serves as Director of Special Education for the Bureau of Indian Affairs.

Personnel of the Bureau of Indian Affairs of the Eastern Band of the Cherokee Nation who are directly involved are:

Theodore C. Krenzke, Agency Superintendent
James R. Cleaveland, Reservation Principal
T. J. DuPree, School Principal

Bill Ledford, Chairman of Advisory School Board and its Members:

Jonathan Ed Taylor	John Standingdeer
Bertha Saunooke	Frank Griffin
Kate Arkansas	Charlottee Raylor
Amy Reid	Alvin Chiltoskie

Project Staff for Model Project:

Judith Pilch	Arlene Reagan
Nora Patton	Joanne Taylor

Herbert Neff, Professor of Education of Tennessee Wesleyan College, is the on-site Project Director.

UNITED STATES DEPARTMENT OF THE INTERIOR
Rogers C. B. Morton, Secretary

BUREAU OF INDIAN AFFAIRS
Morris Thompson, Commissioner
Dr. C. Eugene Sockey, Director of Indian Education Programs
Dr. William J. Benham, Administrator, Indian Education Resources Center

DIVISION OF CONTINUING EDUCATION
Dr. Robert E. Hall, Chief
Max F. Harriger, Acting Deputy Chief
Frank N. Hall, Education Specialist

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-CHEROKEE-
A UNIQUE LEARNING DISABILITY PROGRAM BASED UPON A UNIQUE PHILOSOPHY

Foremost and most fundamentally we earnestly and enthusiastically believe that learning disabled children not only can learn, but that they will learn well, provided that they receive suitable and adequate instruction.

What constitutes suitable and adequate instruction depends upon comprehensive identification and diagnosis:

(1) by obtaining referrals from every available source

(2) through screening and diagnosis using a battery of the best specialized assessment instruments obtainable.

However, the most that one can expect from such objective investigation merely supports the diagnostic hypothesis, as well as one can, as to who these learning handicapped children are, and what constitutes some of their problems. For reliable and valid identification depends ultimately upon working with these children on a one-to-one relationship over a period of time as one observes not only **what they do** in a variety of tasks, but also **how they think and function.** Such essential analysis can be accomplished best by a trained therapeutician with more than casual knowledge and experience with the characteristics and psychology of children with specific learning disabilities.

Once these children are identified and diagnosed initially, and later, these diagnoses are never considered final; they are, instead, continuously hypothetical and must be modified as one observes performance. Therapeutic training must, therefore, be flexible (albeit highly structured), personalized and individualized. In other words: prescriptive but always represcriptive as necessary.

Any relationship with a learning disabled child in order to be ameliorative must:

1. Be sincerely warm, understanding and truly accepting.
2. Be patient but highly expectative.
3. Be firm but reasonable.
4. Be creative, inventive and explorative, but never so without hopefully cogent and valid reasons.
5. Be positively reinforcing constantly as one sees to it that the child does not fail without a following success.
6. Use as extensive a variety of materials, devices and books as possible which meet learning needs at least partially.
7. Involve the parents in as many ways as possible.
8. Treat each child as an individual with unique and peculiar educational, psychological, emotional, and social needs.
9. Use a more or less indirect (that is, perceptual development) procedure which realizes that no specialized learning disabled teacher can be all things to all children. Prescriptive instruction of the regular classroom teachers will facilitate the direct teaching of the "3R's".
10. Involve the other school personnel in as many ways as possible.
11. Realize that what helps the special child helps all children. The special learning disability program should be as a leavening agent that permeates the total school program.
12. Share whatever will be helpful and useful to all who need (and are willing to use) what has been developed. In other words, effective programs should be replicated.

RATIONALE AND PURPOSE OF REPORT

In order to be meaningful and useful, rather than merely decorative, a final report should be presented with certain clear objectives in mind.

Since the project for learning disabled children at Cherokee, North Carolina, is a model demonstration project, it seems right that it should present the project report so as to be useful to anyone desiring to establish a program for learning disabled children. How did the project get started? How were the target children found? What methods and materials for screening and diagnoses were used? How were parents and other teachers involved? What methods and materials were used in teaching? What suggestions could be made that would be helpful to other schools who were interested in setting up a program for learning disabled children? At the same time it should not be bogged down with minute details, and should be interesting pictorally as well as textually. In addition there are the concerns for publicity and public relations. This final report of the first year (1973-74) of the Cherokee Model Demonstration Project for Learning Disabled Children was prepared with these purposes in mind.

Herbert Neff
On-site Project Director

SELECTION OF CHILDREN

Our basic approach adopted the viewpoint that we would select for a referral list of learning disabled children one as liberal as possible so as not to overlook those who were minimally handicapped but who would benefit from educational intervention.

To this end we started with the excellent permanent records kept by the school. We searched for low achievement marks, poor scores on standardized achievement tests (WRAT, MAT, CAT) regularly given by the school which were accompanied by average or above intelligence test scores. We also looked for significant discrepancies between various test scores, intelligence test scores, behavior characteristics and the like (any combination).

Then we conducted a two week workshop for all of the school teachers and aides, during which time learning disabilities were described, explained, discussed and illustrated. A list of common characteristics of learning disabled children was distributed to the teachers, and Valett's (Revised 1972) A Screening and Referral Form was distributed to all of the teachers for purposes of referral using only pages 1-7. The balance of Valett's form was administered by the project staff to all of the children referred which totaled 468, including the kindergarten through grade six out of a school population of about 800.

We then summarized and evaluated the Valett form results, and from this effort selected 133 children who we believed would profit from further screening and diagnosis. To these we administered the Illinois Test of Psycholinguistic Abilities.

On the basis of the Valett, which, upon careful consideration, is a more sensitive screening instrument than many educators believe, and the profiles of the ITPA, we finally selected 32 children who we believe would profit most from our program. We gave major consideration to severity, intelligence, teacher comments and familiarity with the children (Mrs. Pilch, our prescriptive teacher, had previously worked with some of our subjects). It was a most heartrending and difficult process to have to say we would take you but we cannot take you, all the while well aware that the rejected children needed special help, too. In our best estimation about 125 of the 133 children could (would) have profited from learning disability educational intervention.

This is really not a surprising number when one considers that no one seems to know how many such children exist; and estimates of the incidence of learning disabled children range from about three percent by some authorities, including the Bureau of Education of the Handicapped, to the 20 to 25 percent by other authorities, most notably Dr. Jeanne McCarthy. My own experience tends to support the larger figure. To the thirty-two target children we administered a number of diagnostic tests in order to more adequately prescribe remediation methods and materials. The following tests were used in addition to the Wechsler Intelligence Scale for Children (many of the children had the Slosson Intelligence Test and the Peabody Picture Vocabulary Test and the several scores were remarkably consistent):

(1) The Bender-Gestalt
(2) Boehm Test of Basic Concepts
(3) Durrell Analysis of Reading Difficulty
(4) Fitzhugh Plus Placement Tests

(5) Frostig Developmental Test of Visual Perception
(6) Key-Math test of arithmetic skills
(7) Peabody Individual Achievement Test
(8) Purdue Perceptual Motor Survey
(9) Wepman Auditory Discrimation Test

Our selection, screening and diagnoses were aided enormously by the fact that the school keeps complete permanent records and regularly administers various standardized tests such as the WISC, CMM, PPVT, MAT, WRAT, SIT and the Distar Follow Through Testing Program. The children also regularly receive sight and hearing tests, and physical examinations.

TEACHER'S

WORK-

SHOP

TEACHER'S CHECK-LIST
FOR
LEARNING DISABLED CHILDREN

Refer as a possible learning disability, any child who:

1. has reading problems such as one who
   a. cannot read
   b. skips words rather consistently
   c. reverses words rather consistently
   d. reads too slowly for his age and/or grade placement
   e. seems confused by what he reads
   f. reads rapidly but does not seem to comprehend the meaning of what he reads.
2. has arithmetic problems of any sort that seem inappropriate for his age or grade level.
3. has good grades in some subjects and poor grades in others, or poor or failing grades in all subjects.
4. has social adjustment and/or behavior problems.
5. is compulsively hyperactive in
   a. gross motor activities
   b. fine motor activities
   c. talking, laughing, crying
   d. being just chronically wiggly.
6. shows signs of perseverance - such as repetitious activity past good sense in stopping in writing, coloring, talking, pencil sharpening, etc.
7. cannot seem to relearn or learn correctly something once learned incorrectly whether verbal or behavior patterns.
8. is impulsive in any way.
9. seems to be anxious about assignments that appear to him to be too long or too complicated, but which are not too unusual for most children.
10. has a low frustration tolerance.
11. seems to have trouble following directions or understanding what you, or others, tell him.
12. has a distorted self-image.
13. draws pictures that are distorted and/or are disconnected or run together.
14. shows confusion in laterality.
15. seems easily distracted by things he sees or hears.
16. has trouble (even mild) in separating parts of a picture, sentence, thought or figure.
17. does satisfactory work but who could or should do considerably better.
18. seems to be clumsy or awkward or unbalanced even to a mild degree; in other words, he does not handle himself well.
19. shows ability test results and achievement which are inconsistent.
20. shows ability test scores which are internally inconsistent, i.e., high in some abilities and low in others, or shows a widely scattered array of test results.

INVOLVEMENT OF CLASSROOM TEACHERS

Involvement of the school's classroom teachers began with an intensive workshop for two weeks in August prior to starting school attended by the entire teaching staff, supervisors and teachers' aides. The number totaled about 100.

At this time learning disabilities were described, explained and discussed. A checklist of the common characteristics of children with specific learning disabilities was distributed and discussed as well as was Valett's Screening and Referral Form, both of which were to be used by the teachers in making referrals.

Later, several group meetings were held with the teachers in order to keep them up-to-date and informed of our activities and progress. When we had selected our target group of children, we met again with the teachers to explain our reasons for the choices we made.

Although the teachers were cooperative and faithful in attendance, we came to feel that large group meetings were not as effective as we believed they should be. We were unable to stimulate real participation in discussion and consideration of individual problems. We therefore abandoned the large group meetings in favor of meetings with one or only several teachers at a time, at which time we considered the project children of their classes. We discussed the children's learning and behavior problems, therapy and progress. This turned out to be a very effective method of involving the teachers.

During the several months of referral, screening, testing and diagnosis, we found it necessary to take children out of their classes for varied periods of time frequently. In all cases the teachers were understanding and cooperative to the highest degree. This can be said, too, of the supervisors and principal. Everyone concerned went out of his way to be helpful.

Since there are several special programs in progress in the school at the same time --Follow-Through, the Engineered Classroom and Title I Remedial Reading - the problem of fitting our Learning Disabilities into the schedule appeared to be insurmountable. However, we were able to fit our schedule into the whole much easier than we thought possibly due to the commendable cooperation of everyone.

In order not to raise conflicts in content, we modified and used much of the material used in the other programs and classes. In addition we stressed the development of perceptual improvement compensatory activities, and learning skills rather than emphasizing learning of subject content. This latter, we are convinced, will take place in the regular classroom as the child learns how to overcome or deal with his learning disability. And this fact may be one of the strongest arguments supporting the resource room approach to therapy for learning disabled children.

PARENTAL INVOLVEMENT

Parents became involved beginning with the first meeting which considered the possibilities of the Cherokee Project for children with specific learning disabilities. They pledged their full support and cooperation.

After the project got underway, consultations with parents were held frequently as some need developed or some advantage could be secured. The parents gave their permission for the children to be screened and tested for the program, and signed the consent form for their children to be placed in the program without a single refusal.

The first dinner meeting for all the parents of the children in the project was held at the Cherokee Holiday Inn Banquet Hall. About two-thirds of the parents attended. To facillitate attendance, the Project offered to pay baby sitting fees for parents with small children, but only a few parents availed themselves of this service preferring to use instead older children in the family or close relatives.

Following the dinner we gathered with the parents in a circle at the end of the hall to discuss the project and to answer any questions that the parents may have had. Unusual interest and discussion followed relating to many pertinent matters of the project.

For weeks following the dinner meeting a number of parents visited the project to see what was being done and to discuss their role in the project with the teachers and the Project Director. Several parents brought serious problems to the attention of the Project Staff in which other professional school staff members could be of assistance.

A second dinner meeting was held for the project parents near the close of the school term. In addition to parents, regular classroom teachers who had children in the Project were also invited. Attendance was excellent.

After the dinner a sound motion picture made of the Project was shown to give both parents and teachers some idea of how the Project functioned and what materials and methods were used. The parents were interested in seeing their children at work in the program. Interest seemed high. Later the film was shown to the children in the program.

While parental concern and cooperation was high during the year, we feel it could be improved. To this end we are planning small parent group meetings with our staff next year in addition to the large dinner meetings which we intend to continue.

There is no doubt that the success of any special project depends intensely upon the cooperation of all parties involved. And when children are involved their parents must be involved, too.

MATERIALS AND METHODS

The fundamental method used in our project for children with specific learning disabilities has come to be known as "prescriptive teaching." As we used it, the method could be described briefly as follows:

1. Doing as thorough identification, screening and diagnosis as possible, using all available techniques and instruments (described elsewhere in this report).
2. Working with the child on an individualized one-to-one basis, carefully observing **how** the child learns or attempts to learn as well as what he knows or can do.
3. Choosing and/or devising materials and methods which to the best of one's judgment will most adequately meet the particular learning needs of each individual child.
4. Trying the materials and methods for a reasonable period of time keeping a close check (we used an adaptation of the check-off techniques of the "precision teaching" process) to see how the child progresses.
5. Experimenting wisely with other materials and methods if results are unsatisfactory. (One has to be careful here so as not to become impatient and change the approach too soon, particularly in older children who have strongly ingrained poor methods of learning or ways to compensate for the failure of learning.)
6. Keep an open mind and observant eyes and ears continually looking for keys that will open the door to learning. Not only will the child have some form of specific learning disability involving the perceptual process(es), but probably will have problems in learning skills as well. For instance (four of many cases): We found a child whose primary problem was that he just could not attend and pay attention (distractability plus habit). Another older nonreader could not and did not learn words by any phonics approach, but could learn by the whole word attack method. Johnny (not his real name), in addition to his other problems, had never learned how to follow directions. A bright and for a long time a frustrating and puzzling girl didn't have the faintest idea how to learn or attack a learning situation -- she had never learned how to learn. Once these problems were discovered, prescriptive remediation worked wonders. No test yet devised could have discovered these confusing problems. Only the watchful eye and experimental method found the keys to their remediation.

The commercially prepared materials we used are listed below. (To save space and your present interest no source is listed here. Anyone interested further can contact the project staff for a supplementary list with sources.)

Frostigs Visual Motor Materials
Fitzhugh Plus
Mott Basic Language Skills
Vanguard's Materials
Sperry's Materials
Language Master and Materials
Sound Page
Edmark Reading program
Dolch's Basic Concepts

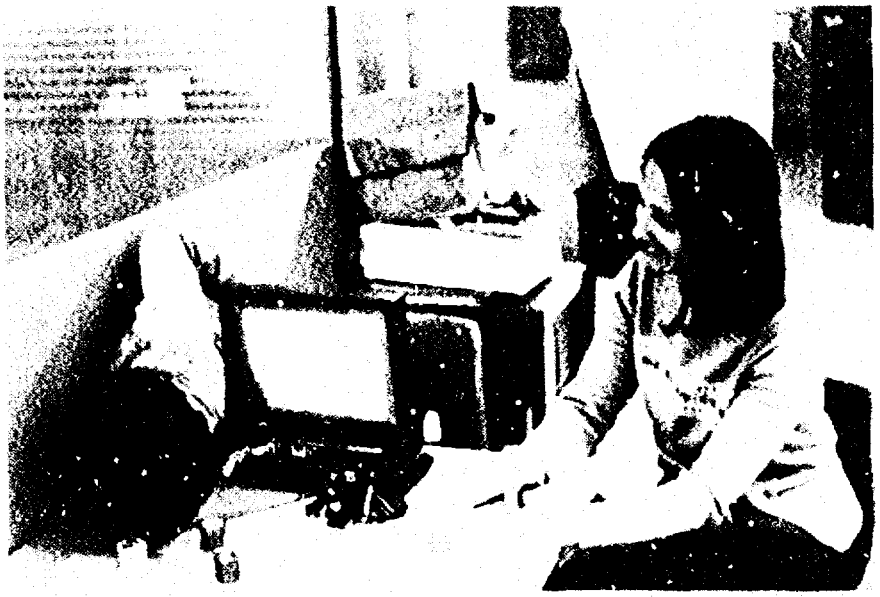
p. 17 nonreproducible photos

Boning's Specific Learning Skills
Project Life
Starite
Educational Developmental Laboratories' controlled reading devices and film strips
Phonovisual materials
Spellbound
Modified Distar (SRA) materials
Scholastic's Reluctant Reader Series
Scholastic's Record and Book Companion Series
Listening Skills for Pre-Readers
Developmental Learning Sequential Picture Cards
ABC School Supply Charts

Special boxes were used to keep each child's materials together, and notebooks were made of work in progress and completed as well as the progress check lists (evaluation).

BEHAVIOR PROBLEMS

While some of the children in our project had developed notorious reputations for being behavior problems in their regular classrooms, **we did not have a single incident in our program.** This seems remarkable, and can be explained by at least two facts. First, each child received the personalized individual attention of a concerned skilled teacher who accepted and tried to understand him. And he was kept busy at tasks he could, at least for the most part, do. There was little or no failure as he had been perceiving it in the regular classroom.



PROJECT EVALUATION

To establish the value of any special program requires thorough evaluation. To accomplish this purpose, both subjective and objective evaluations were used.

Any experienced, observant and concerned teacher who works with her children with any amount of personalized teaching over an extended period of time knows quite surely how well or poorly her pupils are progressing. But at the same time she will use various objective standardized instruments to support her subjective appraisal and to compare her pupils' progress in learning with other children

We used both methods in our project, depending for the basis of our objective assessment upon the Peabody Individualized Achievement Test (PIAT), administered by the Project staff, and the Metropolitan Achievement Test (MAT) administered by the school's guidance personnel to all the children. In several selected cases other relevant tests were given also such as Key-Math, and tachistoscope progress.

Of the 32 children in our program, we found 12 who made dramatic improvement in their learning problems that almost amounted to metamorphorsis. By this we mean they had far exceeded our reasonable expectations. We found 14 who made reasonable and expected progress and who had benefitted moderately from the program. But we also found six whom we had not been able to help significantly in the time we had been able to devote to their specific needs. We intend to take a much closer look at their diagnostic material, their resource room work and teacher conferences. And we plan to arrange our program next year so as to significantly increase the amount of time we will be able to devote to these resistive cases. By this method we hope to be able to help them far more than we were able to this year. All in all, however, we considered the results of our efforts satisfactory, particularly when we considered the fact that we actually worked remediatively with them for less than five months (due to the time needed for referral, screening and diagnosis; this will not be a significant factor next year).

SELF-CRITICISM AND RECOMMENDATIONS

No final report would be worth its effort if it contained no critical evaluation of its program with the viewpoint in mind as to how to improve the program and to help others to avoid similar problems.

1. First and foremost looms the ever pressing concern of TIME. While most of the children in the program profited substantially from the daily period long sessions in the resource room, at least six of the 32 needed far more specialized help than we were able to give them in the time we had. And the regular classroom teachers have neither the time and specialized materials nor the skills needed to provide extra therapy. Two or three periods per day would not have been excessive for these more severely handicapped children. But there was no way we would devise to increase the time without doing real violence to our basic objectives; also the need did not become evident until a short time before the term of school was to end. We are now planning to arrange for more time at the beginning of next year (1974-75) for these more severe cases of learning disabilities by following somewhat the Tyrone, Pennsylvania, model. We believe we can do this without disrupting the basic project plans and objectives.
2. Absenteeism constitutes a significant problem. We encountered three types. One was actual, i.e., the child was not in school. In other cases the teacher either forgot to send the child(ren) to the resource room, or in a few cases the teacher believed that what course work was being presented in the regular classroom mattered more than our therapy, even though the child was learning little or nothing due to his learning disability. But we found no real opposition to the L. D. program -- most teachers by far were truly cooperative. In the third type the child went to the playground rather than to the resource room. This occurred only in a few cases and only when recess (due to the rotation of periods) conflicted with the resource room session. Most children seemed to find the resource room experience interesting and enjoyable. In order to reduce forgetting, which was aggravated by the rotating schedule (in grades 4-6 in order to reduce the amount of time lost in any particular subject), we duplicated and distributed the schedule, and in addition put notes in the teachers' boxes to remind them.
3. In writing our proposal we included several rather expensive semi-teaching machines such as the Language Master, Sound Page and Sound-on-Slide. However, we discovered that for our moderately and severely handicapped children (who constituted the greater part of our target group) simpler teacher-made materials seemed to be far more effective. Furthermore, the latter types of materials have the added benefit of economy for replication in schools with smaller budgets than we were fortunate to have.

   Of all the "teaching machine" types of therapy we used, we found the tachistoscopic "Tach X" and controlled reader and Project Life materials were more effective, and for the economy minded more reasonable in cost. The tachistoscopic materials, especially Educational Developmental Laboratories, "Tach X", aided visual discrimination, attention, and visual memory best of all the materials we used. Some children who either because of the escape mechanisms developed as a result of the long-term failure

p. 23 non-reproducible photos

caused by L.D., or due to L.D. distractability, have strong chronic syndromes of inattention. The tachistoscopic devices excel therapeutically in these cases and also help the slow reader to develop speed. The Language Master is an excellent (and costly) device, but we found that a reasonably good record player with some of Scholastic's Read Along recordings and booklets, and Listening Libraries Discrimination Recordings were excellent, effective and economical. We had on hand a great deal of commercially prepared materials (see list elsewhere in this report) which we tried and used, but here again teacher prepared materials adapted from the regular classroom curriculum were the most effective. And the spirit duplicator is a teacher's best teaching tool.

4. Our project at Cherokee Elementary School cannot be considered a typical model demonstration project, nor can the school be considered typical of most reservation or public schools. In addition to our project in learning disabilities, there are three other special programs in operation at the same time. Most extensive and pervasive of these is the Englemann-Becker Model of Distar "Follow-Through" in grades kindergarten through the third grade which has been in operation now for three years. The other two are remedial reading classes (Title I) and an "Engineered Classroom" for mentally retarded and emotionally disturbed children. (Arranging our schedule around these without serious conflicts posed a real problem, but with the excellent cooperation of all concerned our schedule was easier to arrange than we anticipated.)

   Follow-Through affected our program most. Several previous studies of native American children with learning disabilities discovered that the most common specific disability, among those that had been diagnosed as children with learning disabilities, is psychoneurological perceptual problems affecting the auditory system rather than visual perception. **We found just the opposite.** Two of every three of our L.D. children have psychoneurological disturbances affecting visual functioning.

   My explanation for this difference is based upon the following hypothesis. Follow-Through's Distar learning program strongly emphasizes various aduitory methods of learning. It is my hypothesis that this technique inherently and inadvertently furnishes auditory therapy for many children who may be afflicted with auditory learning disabilities, and at the same time aggravates the problems of children with visual learning disabilities. The only other explanation I can think of is that the Eastern Band of Cherokee Indian children are totally unlike the Indian children used in previous studies.

   Yet there is supporting evidence of my first hypothesis. We tested every child entering kindergarten who, obviously, had as yet no exposure to the Distar program. In this group we found the same high incidence of auditory disturbances as in the previous studies. As a matter of fact, more than an astounding 50% could be so classified. Something happens to these children in only one year with Distar. Or, this group is very, very unusual.

   Furthermore, while the Follow-Through program provides for individual differences primarily through small group activities, it at the same

time uses highly and carefully structured teaching techniques that cannot adequately modify their methods and materials to meet the specific therapeutic needs of learning disabled children with visual perceptual or visual motor disabilities, or those with auditory problems not met inherently by their methods of learning.

5. As we write this, there exists no truly adequate or reliable screening, testing and diagnostic instrument for the detection and evaluation of learning disabilities. We used a wide variety of devices including Valett's Revised Screening Form, Frostigs Visual Motor Test, The Purdue Perceptual Motor Survey, The Detroit Tests of Learning Aptitude, The Illinois Test of Psycholinguistic Abilities, the Wepman test of auditory discrimination, Memory for Design, Durrell's Analysis of Reading Problems, Gilmore's Reading test, Key Math, WISC, PPVT, SIT and the PIAT, etc.

   Yet, when all the results were pulled together we found discrepancies, contridictions, and confusion. When it came down to making the dreadfully important decision as to who should be in the program, and who should be left out, a considerable amount of subjective appraisal had to be exercised in making the decision. And after we had made the decisions, we were not sure we had made the best choices. No doubt the problem was complicated by the fact that we had identified at least three times as many children as we could help in our program. This, at least, the tests were able to accomplish. As far as diagnosis leading to a prescription was concerned, few clearly defined patterns were distinguished for us; we had to work with the children individually, in some cases for some time, in order to find an effective prescription. We had unusual help for a few of our L.D. children; some of them were known personally by our prescriptive teacher who had worked with them earlier.

In summarizing: The points I am trying to make are these for identification and diagnosis:

a. No single truly valid and reliable test for specific learning disabilities exists.

b. In testing there is a point of rapidly diminishing returns.

c. **Personal knowledge of a child by one familiar with the common characteristics of L.D. children is invaluable in screening and choosing target children.**

d. Some subjective considerations are inevitable -- it is difficult, if not impossible to make decisions that are based on purely objective data -- at the present time.

My recommendations to a school beginning a program to identify, screen and diagnose learning disabled children are these:

1. **Become familiar with the common characteristics of learning disabled children.** Learn just as much as you possibly can about them.
2. Use the WISC or SIT for intelligence testing and watch their performance as they take the test (**how** they react as well as what they do) carefully.
3. Use Valett's Screening Form (Revised 1972) and carefully and diligently analyze each section. It is a far more sensitive instrument than appears at first.

4. Use the ITPA with care; it is far from an ideal and infallible test, but it does give some valuable information.
5. The Peabody Individualized Achievement Test is an excellent test that is very revealing to the knowledgeable observant user.
6. Key-Math is helpful for arithmetic diagnosis.
7. Both Spache and Gilmore's Reading diagnostic tests are good reading analysers.
8. **Work individually with the children and observe *how* they work as well as what they know or do. This may be the best method yet devised.**
9. Write your prescriptions in detail being as specific as possible, and then consider **one** aspect or attack **one** problem at a time. A generalized or global approach will be ineffective.