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ABSTRACT

The emphases of the reading center proposed in this study are on the assessment of reading strengths, the isolation of reading deficiencies, and--in an instructor-learner environment--diagnosis and the prescription of action which will enable students to master the reading skills necessary for independent reading in their high school careers. This study focuses on an operational philosophy and the goals for the center, diagnostic and assessment techniques, prescriptive teaching strategies and performance objectives, a means of evaluating the center and its services, a plan for program implementation, and the specialized services offered by the center in cooperation with agencies located within the Educational Park facility. Included are a list of references and six appendixes containing material related to the activities of the center. (JM)

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A PROPOSAL FOR A DIAGNOSTIC AND REMEDIAL READING CENTER
FOR THE EDUCATIONAL PARK COMPLEX
OF THE ESUHSD

A Research Paper
Presented to
the Faculty of the School of Education
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
Plan B

801 800 108

by
Barbara Gillespie

May 1975

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Chapter 1

INTRODUCTION

The Proposal

The purpose of this paper is to introduce the idea of establishing a Diagnostic and Remedial Reading Center at the Educational Park in the East Side Union High School District, San Jose, California.

Emphasis will be upon the philosophy and criteria for such a center as a vehicle for clinician, tutors and students to assess reading strengths, isolate reading deficiencies, and in a combined instructor-learner environment diagnose and prescribe a course of action which will enable the student to master successfully the reading skills necessary for independent reading ability in his high school career.

Components of the Study

Components of this study will include the following:

1. An operational philosophy for the Center
2. Goals of the Center
3. Diagnostic and assessment techniques
4. Prescriptive teaching strategies and performance objectives
5. A means of evaluation of the Center and its services
6. A plan for program implementation

7. Specialized services of the Center through cooperation with agencies located within the Educational Park facility.

BACKGROUND

According to an August, 1974 "Education Briefing Paper" from the U.S. Office of Education, Washington, D.C., nineteen million adults and seven million children in the United States are functionally illiterate. The report states, "Twenty-six million Americans lack the single most important skill for coping with life in a technological society. Furthermore, in comparison with other countries, American high school graduates read less well than graduates in twelve other countries." Indeed, the rate of adult illiteracy as well as the problem of non-readers in high school classes has created such concern that national programs have been established to bring reading to all; individual states have added an obligatory course in reading to teacher certification requirements and county and district programs have attempted to bring meaning to the phrase, "Every teacher is a teacher of reading." While most teachers would probably agree that educators must be responsible for teaching those reading skills necessary for mastery in their subject or content areas, still others would recognize even today what Cushenbery documented in 1972, "Too many educators have terminated the teaching and reteaching of reading skills at the sixth or eighth grade

levels." In a similar study, "Subject Teachers" Awareness of Reading Skills," Braam and Walker (1973) concluded that high school teachers, "...are unaware of the majority of reading skills needed by students to read successfully in the various disciplines." Furthermore, by the time a student reaches high school age, most teachers would lament that reading is all too often an isolated skill that is "caught" by the academically perceptive student and remains un-taught to the majority.

In an effort to find the answer to the reading "crisis", many would perhaps find a common cause for the disabled reader in our secondary schools. None, however, exists. For as the Disabled Reader Committee of the International Reading Association (IRA) stated in a 1974 report, "There is no single cause for reading disabilities. Reading problems can be caused by a multiplicity of factors...We deplore the action of individuals and institutions who suggest their methods are infallible, appropriate, and optimal for every child and universally efficacious."

With the emphasis placed upon reading as being the single most important skill in dealing with academic subjects in school as well as a vital skill for one's future, educators must look to our own system to provide means for correction of reading difficulties. We are dealing with not only the "today" of our students, but are shaping "tomorrows." In a 1970 study, "The Relevance of Reading to the Technological Revolution," Phillip J. Rutledge spoke to the world of

work and the non-reader:

Too many workers--hampered by lack of skill, inadequate schooling, and poor work history--are coming to the job market unprepared; and far too many more, after a series of brief, unsuccessful encounters in the world of work, are dropping out altogether. Those failing to acquire skill in reading are destined to become casualties of the technological revolution (p. 10).

Robert D. Johnson of the Westinghouse Learning Corporation responded to the drop-out question in a 1970 work, "Reading: A Case Study:"

To attack the question, 'Why do kids drop out of school?' would serve only to deepen the sell-worn rut so many have trod. The education market is glutted with definitive studies of the deprived, the slow learner, and the culturally disadvantaged, ad infinitum. The probing instruments of research have laid bare the cancer in public education; the diagnosis is clear. Yet the problem of treatment remains. And that problem, the problem of salvaging the 800,000 young men and women who are each year thrown into humanity's scrap heap, is the real crisis in education (p. 39).

In spite of the staggering statistics there are still miles to go in bringing forces together to meet the problem. Cutts (1975) quotes an item from The Education Daily:

Ninety percent of the nation's 83,000 elementary and secondary schools have children with reading problems. ...Nearly one-fourth of these schools have no special instruction for those who need help. The data are from a study reported by the National Center for Educational Studies (p. 451).

Chapter 2

STATEMENT OF THE PROBLEM

Presently the East Side Union High School District consists of nine comprehensive and one continuation high school (grades 9-12) and serves a district enrollment of 18,000 students. Each of the ten schools has a reading program tailored to meet the needs of its students while remaining part of the district-wide, coordinated program of reading improvement. Individual programs are justifiably proud of students' progress in reading, and many schools, as reported in both the 1974 and 1975 summaries, Reading: Report to the Board of Trustees, point to the significance of pre-post test measurements on standardized reading tests as partial indicators of improvement in reading skills.

Current planning in the district calls for the opening of an Educational Park in the fall of 1976. Such a facility will present the problem of coordinating aspects of proven, successful reading programs while providing for needed expansion and new services that will be available in a large, multi-agency educational complex which will eventually serve more than 5,000 students. By combining the services of a skilled reading diagnostician and effective usage of tutors (both para-professional and volunteer) with the coordinated services offered by agencies located within

the Park (Health Services, Metropolitan Adult Education, Public Library, Teacher Education-Joint Venture of SJSU-ESUHSD as examples) a unified, coordinated, clinical approach to correcting reading difficulties will be offered students served by this facility.

Objectives of the Study

The problem will be met by accomplishing three tasks:

1. To define in operational terms the clinical aspects of the program and establish the instruments and means of diagnosing reading deficiencies
2. To outline the techniques and materials proposed for implementation of prescriptive teaching strategies
3. To establish a means of evaluation that will provide both objective and subjective data to measure the Center's effectiveness as well as provide for continuous program refinement.

Chapter 3

REVIEW OF THE LITERATURE

A Diagnostic and Remedial Reading Center should be both philosophically and physically in the center of education for a secondary school system. Philosophically it must be a Center that belongs to those using its services. Winkeljohann (1974) underscores the role of self-assessment that must be at the heart of the diagnostic services available in such a Reading Center: "The success of any secondary reading program depends on each student's understanding his own particular reading problem and realizing that something can be done." (p. 113.)

Physically the Center must be a clearly visible facility, located in an area that is easily accessible to a variety of students; it should serve a diversity of needs ranging from the student who is of normal intelligence but is more than four years below grade level performance in reading skills to those high school students who are advanced in reading ability and have come to the Center for perhaps a speed reading brush-up or an intensified review of vocabulary before a major examination such as the SAT.

Philosophically and physically the Center should be neither a "catch-all" nor a place of swinging doors with no control over admissions. Rather, the Center should be a combination clinic-classroom providing a reading program for

small groups of students, while maintaining an adult-pupil ratio of 1-10 depending upon severity of reading deficiency and student capability of independent study. Axelrod (1972) thusly based his conclusions upon considerable experience with inner-city youths in a Philadelphia reading clinic:

Whatever the reading teacher's decisions are on the qualifications issue, the decisions should be made before the Center opens. Maintain these decisions long enough to see if they are correct or in need of change. The teacher should change them if necessary and should be aware that his staff must have a hand in making the decisions.

The teacher should view decision making with an eye on his own particular situation and not on policies of reading centers per se and not those of other schools, unless he can profit from them.

The teacher should compromise, if necessary, on these qualifications, depending on his own situation. Accepting as many types of students into the reading program as is possible without destroying the program is an arguable but seemingly sound possibility. The choice is not necessarily between open admissions or closed door (p. 596).

The teaching approach taken in the Center should be one of eclecticism. That is, both in teaching strategy and materials and equipment the emphasis should be one of providing for a wide, diverse range of abilities and skills' deficiencies. Eclecticism here is used as Cutts (1975) has cautioned; it is not a flitting from one technique to another, but is a consideration of the modality best suited to the individual learner.

Goals of the Center

While the teaching approach is to be eclectic, the goals must be encompassing yet written in terms that students and all participants can readily understand and accept. Crowder of Purdue University (1975) speaks of goals in terms

of "motivational techniques" or "guidelines of high school students" and includes the following: (1) diagnosis of the students' reading level by achievement tests and informal observation techniques such as giving several passages to be read in order to ascertain general reading ability, (2) assessment of individual learning styles, which means the teacher should determine by which methods students learn, viz., singly, in a group of two, small groups of from four to five, with an adult, etc., (3) analysis and study of the students' reading difficulties as found by tests and consideration of learning styles, (4) provision for alternative reading activities such as specific assignments, contracts, and (5) sharing of success by students with their peer group.

Such guidelines lead to formalization of the goals or aims for the proposed Reading Center of the Educational Park:

- (1) To help the student diagnose his reading strengths and deficiencies
- (2) To cooperatively plan with a student those activities which will promote reading remediation and skills' mastery
- (3) To provide the student with a series of self-help or system-strategies for word recognition skills and comprehension techniques that he may use in content area reading

- (4) To assist the student in the development of a positive self-concept and independence in directing his high school curricular life
- (5) To direct the student in ways of continuous self-evaluation of reading competency and provide him with a large variety of materials and strategies by which he may direct his own course of improvement, being responsible for his actions.

It is realized that the aims here cited may take on additions, re-arrangement of priorities, and even deletions as each student who enters the instructional life of the Center comes with his own unique problems and desires. Consequently, no goal can be or should be superimposed upon the student. Heilman (1967) speaks to the benefit of teacher-pupil planning of goals as the center of a healthy teacher-pupil relationship. "If the child is resentful of authority, his setting his own goals will have therapeutic value, especially if, with guidance, he can make these goals realistic.

Diagnosis

Diagnosis must be conducted openly, based upon complete, honest explanation. The examiner must explain exactly who she is, and what title, role, limitations, etc. are part of the situation. It is not uncommon for a student to be suspicious about a testing situation and wonder who

initiated the test, whether a program change will be the end result, or if the test is really some type of device other than a reading test--an I.Q. test, for example. Therefore, the test instruments to be used, the evaluation sheet for note taking, who will see the test results, and how and when the results will be interpreted with the student, must all be discussed with the student prior to the actual testing. (See Appendix A and B.) Strang (1967) lists eight components in the process of assisting the student, clinician and counselor in understanding the student's reading: (1) why the student reads, (2) when and where he reads, (3) what he can read, (4) what he does read, (5) how he reads, (6) what his strengths and difficulties are, (7) what his reading potentiality or capacity for learning to read is, and (8) what, if anything, is preventing him from attaining it.

If the student knows precisely why he's being tested, if the purposes of the test are discussed with him, often the secondary student is mature enough to provide meaningful, insightful, and introspective data regarding developmental history of reading problems of even medically related problems. By adapting Wheeler's (1952) list of "Behavioral Clues to Reading Disability" into an instrument by which the input of many persons may help diagnose reading, the student himself becomes a participatory member of the assessment team. (See Appendix C.)

Most importantly, during the testing and post-testing situation, "awareness" sets in. That is, the student begins

to see the taxonomy of sub-skills connected with the "reading" act; he begins to see what specific, tangible information is available to him, sees options for problem solution and comes to recognize that with personalized instruction, assistance and direction, he will be able to solve his reading problems.

The testing situation itself will probably last between 30-50 minutes depending upon student interest, performance level, fatigue and/or other emotionally related stress indicators. As Farr (1969) indicates in an analysis of diagnostic instruments, significant differences are to be found when testing depending upon the time of day of test administration, the content of the reading material and even reaction to the examiner administering the test.

Testing Instruments

Just as no one method of teaching reading will solve all deficiencies, neither will any one instrument, or any one testing situation produce an unchangeable appraisal. Diagnosis must be continuous and sequential; not all information necessary in working with remedial readers can be obtained in one test sitting. Testing will include diagnostic reading tests, informal inventories, survey tests, review of information in the cumulative folder including estimated capacity, vision and hearing, and past performance in content areas, interview with teachers, parents, and most importantly-- with the student.

Although many standardized test instruments are available for individual or clinical reading diagnosis, not

all instruments are applicable to the secondary level student. Buros's (1968) lists of reading tests contain several which would be applicable for use in the Educational Park Center. "Diagnostic Reading Tests: Pupil Progress Series," by George Spache, is but one. This test was reviewed in Buros (1968) by N. Dale Bryant, Executive Director, Study Center for Learning Disabilities, State University of New York at Albany and Albany Medical College, Albany, New York. He concluded that in spite of minor difficulties, the standardized test accompanied by a clinical analysis of errors, provides the diagnostician with a meaningful, reliable, efficient system in assessing a student's reading difficulties.

In addition to the many reviews of tests in Buros, the summations and listings by clinicians in other works would have merit in test selection. Wilson (1972) lists the following instruments for oral reading diagnosis: Gilmore Oral Reading Test, Gray Oral Reading Test, Diagnostic Reading Scales, Durrell Analysis of Reading Difficulties, and Gates-Mc Killop Reading Test. He further lists the following tests for clinical diagnosis of silent reading skills: The California Reading Tests, The Diagnostic Reading Tests, Durrell-Sullivan Reading Achievement Tests, The Gates Mac Ginitie Reading Survey, The Iowa Test of Basic Skills, The Metropolitan Achievement Tests, and The Stanford Achievement Test.

Wilma Miller (1974) presents a Reading Diagnosis Kit in which many of the major diagnostic devices for locating

reading difficulties are listed, directions for administration given, and lists of tests and publishers included. Of the diagnostic tests listed which would be applicable for the Educational Park Reading Center these might best be included: Durrell Analysis of Reading Difficulty, New Edition, and Spache Diagnostic Reading Scales.

Two additional standardized diagnostic tests which have proven extremely useful at Oak Grove High School in the ESUHSD, are Individual Reading Placement Inventory, Follett Educational Corporation (1969) and Woodcock Reading Mastery Tests (1973), American Guidance Service, Inc.

In addition to standardized, diagnostic tests, the clinician may obtain much valuable information from an "Informal Reading Inventory." As Pikulski (1974) Supervisor of Diagnostic Service at the Reading Study Center of the University of Delaware points out, the informal reading inventory based on instructional materials seems to provide a close match between testing and teaching. William Powell (1970) also acknowledges the value of the IRI when used not as a test instrument, but as a strategy for studying the behavior of the student during the actual reading situation.

S. Alan Cohen (1969) provides a format from which one may write an IRI for the secondary student; such an instrument is here proposed for use at the Educational Park Reading Center. (See Appendix D.)

No one test can be considered the end-all in diagnosis. The individual test merely consists of a series of sub-skills of the reading process and as Hill (1974) states these

sub-tests provide vital information but must be interpreted by the professional in order to establish and interpret a diagnosis to prescription.

Together with Hill's admonishment should be given the advice of Hogan (1974) who responded to the question of which test is really the best by saying that all tests are quite intercorrelated in the areas of vocabulary and comprehension. Therefore, from a point of view of test validity, the clinician will not be in error of test selection if one sticks to the major reading tests. The key words for a diagnostician to note are "major reading tests." It is true that the publishing market seems to produce more tests each year than can possibly be examined and reviewed by the individual teacher. However, the International Reading Association reviews many current tests and programs in many of its journals. The diagnostician would be wise to look well to the services of this professional organization in an attempt to keep abreast of current materials for a reading testing program.

Dialectal Interference

Once the test instruments are selected, however, the testing situation is not to be undertaken without necessary caution regarding the interpretation of dialectal differences as "errors". Both the study of psycholinguistic "miscues" by Goodman and the research regarding dialectal interference in reading should be considered prior to establishing diagnostic hypotheses of reading disability.

Goodman (1974) defines those errors made when reading aloud as "miscues" and cautions that analyzing oral reading is much more than counting these miscues as errors or assuming that accurate reading is the only acceptable reading. His advice is to use the miscue as a diagnostic tool in searching for psycholinguistic meaning as the reader uses the printed language to get through to his own language competency. "Miscues," says Goodman (1974) "are not simply errors. They show more about the learner's strengths than about his weaknesses. In reading, they are the best possible indications of how efficiently and effectively the reader is using the reading process." If the diagnostician, then, listens to what miscues the reader makes and interprets the effect such have on meaning and whether the student corrects himself when the meaning is lost or disrupted, we have the purpose before us in diagnosis.

Ruby Martin (1975) indicates the over-emphasis, but paucity of research, on 'dialectal interference,' in teaching reading to Black high school students. She cites work done by linguist Richard Long in 1973 that indicated that during testing of minorities who might have a different dialectal background, the diagnostician's interpretation should not confuse "reading competence" with "reading style." "For instance," Martin explains, (1975) "a child reads something and reads it well, but he does not report it in the dialect in which the teacher is accustomed to hearing it. The teacher in turn tells the child, 'That's not correct.'"

According to Long (1973) confusion between reading style and competence--certainly in the area of comprehension --is widespread and generic and is part of any testing in which dialect interference will be evident.

Rose-Marie Weber (1973) of Mc Gill University provides criteria most common to diagnostic interpretation: substitution of one word for another, omission of a printed word without pausing, insertion of a word that is not printed in the text, and reversal of the order of words on the page. Weber indicates that it is not always clear as to which language deviations are to be considered misreadings or errors and which are differences based upon dialect.

When a reader says 'after' for the written word away or 'coat' for cat, there is no doubt that these responses should be scored as errors. They are clear substitutions of one lexical term for another, resulting in a change of text meaning. On the other hand, when a reader's oral language is ambiguous relative to the language of the text, e.g., he says what sounds like 'feels' for fields or 'dragon' for dragging, it may be difficult to decide whether or not these should be scored as errors. Such difficulties arose in the analysis of the black children's responses in this study, (her own research) e.g., some said 'den' for then and 'look' for looked...It is reasonable to conclude that saying 'den' for then does not change the meaning of the sentence (p. 50).

Weber indicates two other changes that occur in testing students of dialectal difference:

A couple of other minor problems came up in the passage. First, there is the reading 'do not' for don't. It does not make for a significant change of meaning. Here the writer has made a stylistic choice; he could have written do not if he had cared to. The response may be considered irrelevant to young readers, a failure to recognize the writer's choice, or the reader's rightful choice to set the style in his oral reading. The other problem concerns several instances of /luktid/ for looked and of /raent/ for ran in the reading of the

black children. In these cases the past is marked twice. Like the pronunciation of 'den' for then, they are not part of standard English, but they do not change the meaning of the sentence (p. 51).

Therefore, it can be concluded that there is a definite need for clarification of a dialectal interference from a language interference which indicates only the presence of a linguistic difference. If the diagnostician for the Reading Center of the Educational Park is to be effective in identifying reading deficiencies and prescribing corrective teaching strategies, attention must be directed to strategies for interpretation of oral reading tests. A separate evaluative instrument providing input regarding the degree of interference between dialect and reading processing should be used as an adjunct during oral testing and diagnosis. (See Appendix B.) This instrument is based upon conclusions reached from the works of Welty (1971) and Olguin (1969).

Black Dialect

Welty (1971) of Berkeley, California summarizes the research of Labov in New York, Wolfram in Detroit, Pederson and Mc David, Jr. in Chicago, and Stewart and Shuy in Washington, D. C., with regard to the sociolinguistic and phonological features of Black Dialect or Black English. These phonological features must be recognized as dialectal interference with implications for teaching strategies, but should not be scored as reading errors in establishing reading grade level placement. The following are examples of phonological distinctions of Black English:

- (1) r-lessness is defined as the absence of the r.
 Examples: guard=god; fort=fought; court=caught
 The r is never pronounced or heard in four or
 in four o'clock.
- (2) l-lessness is defined as dropping the liquid l
 and replacing with a back unrounded glide (u).
 Examples: toll=toe; help=hep; all-awe;
 fault=fought
- (3) Simplification of consonant clusters at the ends
 of words is interpreted as a general tendency to
 reduce end-consonant clusters to single consonants.
 Examples: past=pass; rift=riff; meant=men;
 mend=men; wind=wine; hold=hole
- (4) Weakening of final consonants is defined as a
 general tendency to produce less information
 after stressed vowels so that the endings of
 words are devoiced or dropped entirely.
 Examples: boot=bo; road=row; feed=feet

Perhaps the most important principle to remember when testing a student of a Black Dialect is that the dialect represented is not "inferior" or one that will necessarily cause interference in reading processing; rather, in terms of linguistic interpretation the Black Dialect is a well-ordered, highly-structured language system.

Deletion of certain sounds, or difficulty in producing sounds is not peculiar to the Black Dialect; Russian, Hebrew, Hungarian, Arabic, and Chinese also contain optional

systems (Welty, 1971).

Spanish Language Differences

Similarly, the Spanish language has identifiable differences which may impede the student in the acquisition of English as a language system. Without the phonological background for English language production, the student cannot read what he cannot hear (Olguin, 1969). According to Olguin, the limitations or impediments in the Spanish-English language interference are identifiable, predictable, testable and therefore vulnerable to skillful teaching.

The following characteristics of the Spanish language system should be considered when testing a student of a Spanish surname:

- (1) The Spanish language contains no schwa sound; words with this sound will not reproduce for the student.

Examples: above, upon, republic, justice

- (2) The endings of most common English words will cause trouble for the Spanish-oriented ear.

Examples: /b/ as in crab, grab, jab, nab, tub

- (3) Words which begin with /s/ are always followed by a vowel in Spanish (sal, sed, sin, sol, and su). As examples, students would experience difficulty with these words: president becomes pressident and roses becomes rosses.

- (4) The digraph /sh/ represents a sound that does not exist in the Spanish sound system. Small,

school, and state will neither be heard nor reproduced clearly. They will be received and transmitted as esmall, estate, and eschool.

Correct identification of dialectal interference is a viable instrumentation providing information for prescriptive instruction. Information obtained from a student of a specific ethnic group is as valuable as is information regarding "errors" in word attack, phonics background, or difficulties in comprehension. During the diagnostic testing situation the diagnostician-clinician must be aware of the presence of dialect and judiciously analyze its impact upon the reading process. To do otherwise would be to overlook the richness inherent in ethnic background and language acquisition patterns.

If the ethnic representation in the Educational Park is to be very similar to the figures obtained in a March, 1975 survey of the entire district: Spanish surname, 31.7%; Black, 8.9%; Asian, 3.4%; American Indian, .3%; and other, 55.8%, these statistics must be translated into the daily reality of the Center; teachers, tutors, students and all personnel in the Center must be consciously aware and appreciative of the differences in language, dialects, and cultural background. Gladney (1973) focuses upon the positive relationships that can be fostered by recognizing differences:

Some teachers may insist that they are color blind and class blind, but the teacher/researcher realizes that is highly improbable that such blindness exists in the classroom when it does not exist anywhere outside of

the classroom in human dealings in this society. He may also question whether such blindness might be, in fact, a cop out at a time when black people, Indian people, and Mexican-American people are saying, 'Recognize us as we are. Deal with us as we are. Put our problems at the top of your priorities for progress toward a better world' (pp. 41, 42).

Figure 1, "Diagnostic Strategy," summarizes the plan for diagnosing and interpreting reading difficulties in the Educational Park Reading Center.

Prescriptive Teaching Strategies

Many of the materials and strategies herein proposed for use at the Educational Park Reading Center have been piloted during the past three-five years at Oak Grove High School in the ESUHSD. Results from a 1973-1974 study of students involved in that school's specialized reading program indicate both statistical and educational significance in reading skills improvement. (See Appendix E.)

Prescriptive teaching may be defined as the application and conversion of interpretative data gained from diagnosis; the value of that diagnosis is measured in terms of the effectiveness of decisions for instructional action, prescriptive teaching.

While instruction might take place in a variety of modes such as whole group, small group or independently as in independent study, it is through individual assessment of competency that students will become totally involved in the Center. Beginning with the diagnosis and continuing throughout the process of interpretation, the student must come to see "reading" as a sequential mastery of skills

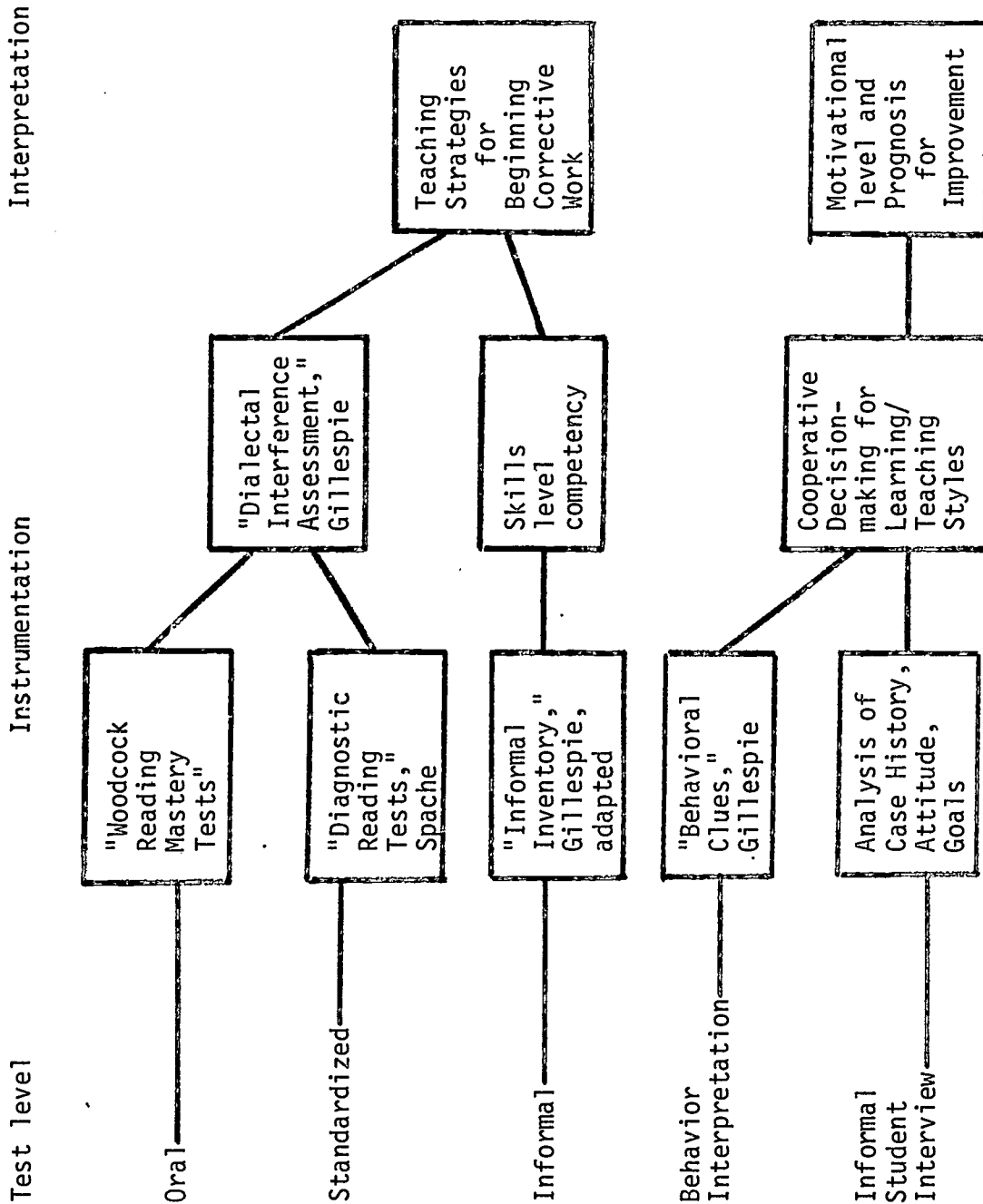


Figure 1. DIAGNOSTIC STRATEGY

rather than a remote, intangible subject that he has never mastered. Often students will react with surprise when first learning of reading in terms of "Finding the Main Idea," "Understanding Cause and Effect," or "Determining Sequence." Competency must be evaluated in terms of strengths, weaknesses, percentiles, and grade equivalents with the student being part of the language and actions of "diagnosis to prescription." Cooperative, participatory evaluation tends to remove the stigma often associated with remediation. It should be remembered that while secondary students might be deficient in reading skills they are not deficient in sensitivity. Many are very much aware of their difficulties and are concerned with correction and learning to read. Individual conferences demonstrating respect combined with honest appraisal of deficiencies conveys mutual confidence and trust rather than compounding distrust and additional alienation.

Use of a diagnostic evaluation sheet should be employed as part of the student's bookkeeping of his progress. (See Appendix F.) While the clinician will need to keep detailed, anecdotal, daily notes, the student should also maintain a record of progress. The majority of students who have experienced this type of cooperative, diagnostic-prescriptive teaching have indicated satisfaction in being aware of progress and part of instructional decision making. (See Appendix G.) By becoming part of the diagnosis, the self-assessment, and progress reporting of his program, the student controls his own life in this academic area. He is

being treated maturely, independence is fostered, and reading instruction (the reading process) becomes an activity that he directs mentally just as surely as he directs his own daily experiences.

The works of Jean Piaget (1971) support the concept of student-controlled experiences in learning. Piaget affirms "to understand is to discover, or reconstruct by rediscovery." This philosophy and psychology transfers to the remedial reading situation in that the student must be returned to the level at which he is capable of functioning. The secondary student who "can't read" is often one who has become so helplessly lost in the increasing complexities of the reading process that indeed it would appear to many that he can't read at all. In actuality, the student who is returned or allowed to rediscover at his independent level (a level at which he is capable of performing independently and free of errors) will make tremendous, almost "sudden", strides in reading progress. Perhaps this explosive acquisition of reading skill is actually the rediscovery process that is spoken of by Piaget. Piagetian theory as translated by Gaudia (1974) would best be summarized, "Let the student learn for himself." If the student's concept of his world is based upon experimentation, then it would appear logical that remedial instruction must offer a variety of experiences and opportunities for the student to rediscover areas that were once only "blanks" or areas in which failure and frustration resulted. Exploration on the part of

the student is to be encouraged but only as exploration that will be personalized and directed by a trained clinician to assure that the rediscovery will be a positive experience manifested in increased reading skills' competency.

Exploration will involve many kinds of media as well as the traditional books. Norman and Margaret Silberberg, educational psychologists (1975), advocate the use of media to teach concepts in every curriculum unit. They emphasize the transfer of learning that is possible if the student becomes efficient at "reading" with a variety of media such as tape recorders, controlled readers, books on records, films, music, field trips and discussion with guest lecturers. Such transfer, according to the Silberbergs, to the conventional curriculum or reading will be done with confidence after the student has experienced success with a variety of seemingly "bookless" curriculum.

Based upon the works of Piaget and the Silberbergs, eight prescriptive teaching strategies are here proposed as the major curriculum of the Educational Park Reading Center:

- (1) Materials designed for individual, independent study,
- (2) Small group work and instruction,
- (3) Impress reading,
- (4) Oral reading and role playing,
- (5) Extensive use of mechanical devices such as the Controlled Reader, Tachistoscope, Tape Recorder and Reading Pacer,

- (6) Major use of typewriters for remediation of spelling and reading,
- (7) Extensive use of a wireless listening system, and
- (8) Individual recreational reading.

Strategy 1: individual, independent study. Countless commercially prepared programs are available for remediation of reading skills through programmed materials. While many of these programs have merit, and still others may be adapted or re-written by the individual clinician, there is a vital point to be made. That is, the material designed for students to use independently does not mean that the student will not need assistance. Not only will the student need careful attention and monitoring when working "independently," but as Virginia Rapport (1969) indicates, by using individualized materials the teacher is able to relate individually to students. Contacts and displays of interest toward the student do exact toil and demand much energy, but only through such contacts is the clinician able to change teaching strategy and foster positive student self-image.

Strategy 2: small group work, small group instruction.

Heller and Kiraly (1974) speak of the estrangement, indifference, and depersonalization that has eroded the relationships between human beings. This estrangement is often seen in classes which stress remedial instruction; such detachment need not be accepted and allowed to continue as part of the status quo of technological ills. Working in groups is one

means by which alienation and loss of identity can be affected. The clinician is able to direct growth in interpersonal relationships and is also able to direct instruction by observing the ways in which students group themselves or ways in which the clinician may encourage groups. Elliott and Woodfin (1969) describe a system by which information about children may be obtained and evaluated as students work in a Learning Center. Consequentially, the way students group themselves or may be grouped promotes an evaluative teaching strategy:

- (a) Might students group themselves by interest or choice patterns including materials or media with which to learn?
- (b) Might students group themselves on the basis of ability levels in their choice of materials or hardware usage or reading scores?
- (c) Might students group themselves by socio-metric measures such as choosing a team leader to get them through within a time module?
- (d) Might students group themselves by their choice of whom they wish to teach them for the period? (Aide, clinician, volunteer, etc.)
- (e) Might students group themselves by choice of students the teacher wishes to work with as in rotation for oral reading or additional clarification for absentees, etc.?

- (f) Might students group themselves by learning styles, including different sensory patterns (visual, auditory, etc.)?
- (g) Might students group themselves by problem-solving styles such as straight-line thinking, multi-level, or multi-dimensional thinking styles?
- (h) Might students group themselves by wish for longer or shorter work times, or blocks of activities?
- (i) Might students group themselves by those who wish to work alone?
- (j) Might students group themselves by choosing who among them will lead their group that period?

Strategy 3: impress reading. Impress reading (Heckelman, 1953) is a system of unison reading whereby the student and teacher read aloud, simultaneously, at a fairly rapid rate. Reading with the student, the teacher makes no attempt to ensure word recognition and asks no questions afterward. According to Heckelman's history, the method was first attempted in 1952 by a psychologist who had a young ninth grade student come to him with a stuttering problem. He recalled reading in professional literature that stuttering would stop if the sound of the stutterer's voice fed back simultaneously into the stutterer's ears. It seemed logical

that this process of feedback would be imitated in a reading situation effecting some neurological change. Quite successful results were obtained after twelve hours of such unison reading with a student who had been reading three levels below her grade level.

The actual process according to Heckelman of Merced County California schools is given thusly:

The disabled reader is placed slightly to the front of the teacher with the student and the teacher holding the book jointly. As the student and teacher read the same material in unison, the voice of the teacher is directed into the ear of the student at close range. In most instances the student has his finger as a locator. He slides his finger along the line following the words that are being spoken. The finger must be at the location of the spoken word. At times the instructor may be louder and faster than the student and at other times he may read softer than the reading voice of the student and lag slightly behind. No preliminary preparation is done regarding the reading material before the student sees it. The approach to the reading is spontaneous and as few pauses are made in this reading process as possible. The goal is to cover as many pages of reading material as can be done in the time available and without causing physical discomfort on the part of the student (Heckelman, 1953).

Strategy 4: oral reading. Oral reading is a major key to comprehension. Students who lack intonation, ignore all marks of punctuation so as to lose meaning, and repeatedly lose their place from line to line are probably doing the same things when they read silently. Therefore, oral reading is not only a diagnostic-prescriptive teaching strategy but is a cornerstone to the student's independent reading ability. It should also be noted that hearing language read properly and well is a very important part of reading improvement. It

is in this domain that the clinician provides the necessary model. Use of an article of current interest, a short story, an amusing incident, or a cartoon might be the basis for model oral reading.

Students who are reluctant to read aloud will usually read when called upon by a peer. Therefore, the clinician in the Educational Park Center will again assume a less dominant role than perhaps is seen in other classrooms as the students themselves operate and function independently as much as possible.

Oral reading sessions, reading plays aloud, choral reading or responsive reading sessions will also provide opportunity for prescriptive teaching (Gillespie, 1974). The following are ways to help students help themselves in unlocking or attacking words:

- (a) Use rhyming clues. If the student stops and can't pronounce pace, tell him it rhymes with face. This not only clues him to the initial consonant but also allows him to discover the word and experience success.
- (b) Call attention to the prefix or suffix. If the student blocks on the word calmness, for example, give direction for removing the suffix, ness. Or, give him the word calm and let him see the ness as the addition. The same concept can be applied in dealing with words with prefixes added.

(c) Provide recognition of blends. Sometimes giving the sound of the first two letters of a word such as blend (bluh) will cue the reader to the remainder of the word. The sound is given--not the name of the letters b and l.

(d) Finally, context clues may be offered.

That is, the student is asked to look at the remainder of the words in the sentence for clues and cues. There is a "danger" in this method in that eye regressions are involved. The clinician would not use this method with a student who was already experiencing difficulties with such a problem.

Strategy 5: mechanical devices. The use of reading machines for instruction in specific reading skills is an area that is open to much debate and research. Kennedy (1971) indicates the lack of research data available giving undisputed answers to questions regarding machine usage. Karlin (1972) indicates the benefits derived from the use of teaching machines in terms of individualization of instruction. However, both Karlin and Kennedy speak of the machine as a motivational tool. As is true of any method, strategy or material, judicious use of any one instrument should be employed. The proposal for the Educational Park Reading Center would involve a variety of machines for individual use, motivational

force and small group skills reinforcement. The following are ways in which these instruments might be used:

- (a) **Controlled Readers:** used to promote increased eye-span, decreased fixations and regressions per line. Also used in small groups for choral reading to foster expression in oral reading.
- (b) **Tachistoscope:** used to promote increased word recognition, spelling and visual memory.
- (c) **Tape Recorder:** used for Language Experience, Impress Reading and Model Reading. Also used for diagnostic and evaluative purposes by both clinician and student.
- (d) **Reading Pacers:** used to eliminate regressions and increase uniformity in rate. Used primarily with the student who needs to be independent and direct his own actions; provides self-competition rather than group pressures often felt by remedial reading students.

Strategy 6: typewriting for remediation. The use of Typing Keys: For Remediation of Reading and Spelling by Maetta Davis (1971) is proposed for use in the Educational Park Reading Center based upon observation of students using this program at Oak Grove High School. Students have expressed the desire to type for a variety of reasons; some of these are as

follows: (a) desire to overcome the stigma of poor handwriting and poor grades in content area classes, (b) desire to have time and reduction of pressure to practice the skill other than in an organized typing class, and (c) desire to participate in a skills lesson that is not associated with remediation.

Clinical benefits of the program are evidenced in letter recognition, left-right relationship and eye-hand coordination. Concentration for longer periods of time seems to be one of the side-benefits manifested in this program and analysis of this new area might provide additional input for decision regarding the program's implementation at the Educational Park.

Strategy 7: listening system for instruction. Several wireless listening systems are available on the commercial market. The system itself is only important in the prescriptive strategy employed. That is, through the use of the programs available which stress comprehension techniques, the materials that may be teacher prepared for individual student need, and the motivational aspect of "read and be read to," the system has its merit. For students who are hyper-active and have difficulty maintaining control in a regular classroom situation, the listening system is a personal "instructor." The student is able to focus directly on task as the voice comes into him and cannot be shut out. By observation, students who use the listening system for

instruction cease movement, and do not talk to others or engage in extraneous behavior. Indeed, the instruction is personalized because it enters a student's very listening system.

Strategy 8: recreational reading. Heilman (1961) indicates a type of therapy available through reading materials themselves: reading provides vicarious experiences by which students may often work out problems. Such reading experiences are cited by Russell and Shrodes (1950) as Bibliotherapy or the process of dynamic interaction between the personality of the reader and literature--interaction which may be utilized for personality assessment, adjustment and growth.

One of the resources available at the Educational Park will be a Public Library on the Park site; this facility, combined with the resources available in the Reading Center, should provide a rich and varied reading opportunity for the student.

Performance Objectives

Parents, administrators, teachers and students involved with the Educational Park's Reading Center will want to hear more than, "This student has a reading problem." All will want results in terms of performance improvement. The question put directly might be: "How much improvement is possible through the program identified for the Reading Center?" The answer should be just as direct in terms of

measurable growth and performance improvement. Based upon the pilot program during the last five years at Oak Grove High School (see Appendix E), the performance results shown in Figure 2, "A Systems Approach for Performance Results," would have statistical and educational validity.

A Plan of Evaluation

Evaluation of the Educational Park Reading Center should include (1) a system for over-all program evaluation and change as needed, (2) assessment of student growth in reading skills, (3) program impact upon content area instruction, and (4) effectiveness of personnel involved in the operation of the clinic.

The system of evaluation should be a continuous one; formative evaluation should not end with the initial planning of the Reading Center as proposed in this paper, but should be an outgrowth of summative evaluation producing a cyclical process. Saylor and Alexander (1974) define formative evaluation as that which is concerned with a plan's merits while summative evaluation measures the effectiveness of the curriculum plan in terms of instructional output. The two roles are interwoven and distinguished primarily according to timing and uses of evaluation. If the clinical approach to correction of reading difficulties is to be effective, the evaluation of the program should be continuous and consist of a cycle of planning, implementing, evaluating, and re-planning. The Center for the Advanced Study of Educational

| TIME MODULE | INSTRUCTIONAL STRATEGY | PERSONNEL NEEDED | PERFORMANCE RESULTS (G.E. = Grade level equivalency) |
|---|--|--|---|
| 20 hours or 110 consecutive min. daily for 10 school days | Small groups of 5-10 students depending on severity of reading problem | 1 Diagnostician-Instructor 1 Full time Para-professional | 6 months gain in G.E. |
| 1 Semester | One hour daily of prescriptive teaching | Ratio of 1 adult to 5-8 students; obtained by 1 Diagnostician-Instructor 1 Full time Para-pro 1 Semi-trained adult on a volunteer basis at least 3 days per week | 1 year in G.E. |
| 2 Semesters | One hour daily of prescriptive teaching | Same as above plus 2 student aides daily | 2 years in G.E. |
| 2 Semesters | Same as above plus reinforcement of Teaching Reading in the Content Area | Same as above plus a student aide in the content class | 2 to 3 years G.E. |

Figure 2. A Systems Approach for Performance Results.

Administration (1971) presents a system of program planning and evaluation which may well serve the evaluation component for the Educational Park Reading Center. (See Figure 3.)

Student growth in reading skills is the ultimate, single most important goal of the program. Farr (1969) acknowledges that while student growth should not be the sole basis for evaluating a reading program, it is the most important variable to consider in assessing a reading program's effectiveness. Evaluation of the reading program should be both objective and subjective. That is, individual growth should be assessed both on standardized tests and skills' mastery tests; specific titles have been mentioned in this paper under Diagnosis. Subjective evaluation might best be obtained by means of a student questionnaire presented as a semantic differential for reaction to the program.

For purposes of comparison of program effectiveness, a research design such as the "Randomized Solomon Four-Group Research Design" as outlined by Isaac and Michael (1971) might be employed. (See Figure 4.)

Another means of evaluation might be to construct a local school norm and evaluate individual student growth in terms of percentiles on the normed group. Fry (1974) presents a norming device which could be employed by the Center as an aid for clinician, students and administration in interpreting reading test scores for both standardized tests and criterion referenced tests.

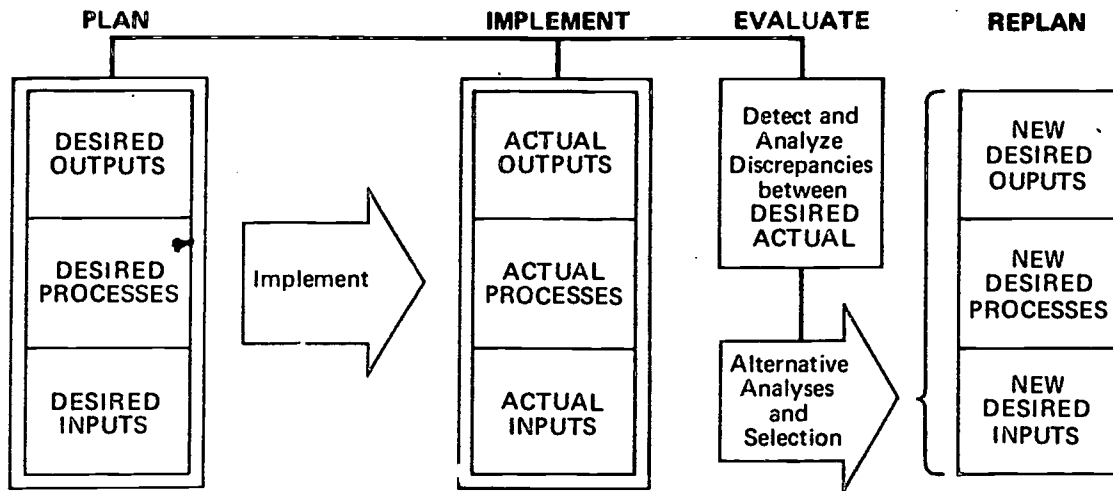


Figure 3. The SPECS model for program planning and evaluation.

RANDOMIZED SOLOMON FOUR-GROUP DESIGN

| Group | Pretest | Treatment | Posttest | Difference* |
|-------------------|---------|-----------|----------|---------------------|
| 1—Pretested (R)** | T_1 | X | T_2 | $1D = T_1, X, M, H$ |
| 2—Pretested (R) | T_1 | . | T_2 | $2D = T_1, M, H$ |
| 3—Unpretested (R) | . | X | T_2 | $3D = X, M, H$ |
| 4—Unpretested (R) | . | . | T_2 | $4D = M, H$ |

* D —The difference between T_1 and T_2 mean scores represents the effects of various combinations of variables, such as: pretesting T_1 , independent variable X , history H , maturation M . To find the effect of X alone, subtract $4D$ from $3D$. To find the effect of pretesting alone, subtract $4D$ from $2D$. To find the effect of the interaction of pretesting and X , add $2D$ and $3D$ and subtract the sum for $1D$.

Figure 4. Randomized Solomon Four-Group Design.

Because the majority of students in the Center will be below grade level on most standardized tests, means of evaluation which removes the regression to the mean effect found in usual interpretation should be employed. Tracy and Rankin (1967) have applied what is called a "residual gain statistic" in assessing reading improvement of remedial reading students. Such a procedure might also be used in interpreting the scores of students from the Educational Park Reading Center.

Individual student evaluation should include areas for self-evaluation if the student is to achieve the goals of the program as outlined in this paper. The system might be elaborate with feedback loops or programmed instructional devices (Day and Allen, 1969). Whatever the device or instrument, it is just as essential for the student to be part of the evaluation as it was for him to be part of the diagnosis; the separation of the two areas is not sharp but overlapping.

The impact of the Reading Center must be seen in increased student performance in the content areas. One means of assessing progress is by a periodic progress report from the content teachers of the students in the Reading Center. (See Appendix H.) Another means of evaluating student capabilities would be through a follow-up study of grades, attendance and attitude towards reading in the content areas--pre and post reading treatment.

Finally, the personnel involved in the operation of the Reading Center should evaluate role not only by a system

of formal evaluation connected with job specifications and observations by administrative superiors but should also be evaluated by student input. Such student appraisal might be through a questionnaire or rating scale. On-going, cooperative evaluation by all personnel in the Reading Center should result in continuous professional up-dating and promote growth for program and students being served by the Reading Center.

Chapter 4

DISCUSSION: PROGRAM IMPLEMENTATION

If the goals of the Center are to be met in terms of most effect upon student learning, several basic considerations should be met regarding class size, time modules of instruction and effective use of both human and physical resources.

Class Size and Personnel

The number of students enrolled should be based upon the general adult-pupil ratio of 1-10; use of a full-time para-professional in the Center working with the diagnostician-clinician would then suggest a student enrollment of twenty. This number could again be augmented to twenty-two or twenty-five if additional aides such as student aides or adult volunteers were scheduled into the daily operation of the program. (See Figure 2, Chapter 3.) The key would be the pre-planning and establishing of written guidelines regarding size and personnel utilization prior to the opening of the Center.

Physical Resources

Physical resources for the Reading Center would involve the floor plan, furniture selection and equipment purchase. The formation of a committee composed of personnel and students who would use the Center would offer

another avenue for shared decision making while promoting a spirit of enthusiasm and pride in the Center itself. A systems approach for task identification and solution could be employed (see Appendix J).

Budget

A projected budget for the Educational Park Reading Center would be possible by extension of figures used for existing reading programs within the district. The reading program at Oak Grove High School might offer information necessary for such budgeting projection. Special funding would not be necessary; budgeting and financing within existing district guidelines would provide for an adequate opening program. Basic materials would be selected from district approved course outlines; materials required to implement prescriptive teaching through typing and use of a listening system would be two areas requiring consideration beyond existing guidelines.

Diagnostician's Administrative Role

The essential for program implementation of the Educational Park Reading Center is the degree of administrative control designated to the Center's diagnostician. The diagnostician will be the key to the Center's effectiveness, having the responsibility of direct-line action (1) with students and parents in enrollment, scheduling, test interpretation and designation of graduation credits obtainable in the Center, (2) with other agencies within

the Park, (3) with feeder schools, adult education, and community college administration in the enrollment of students for specified periods of instruction, (4) with inter-villa decisions and articulation regarding the Center's student population, (5) with supervision of personnel in the Center, (6) with colleges and universities in supervision and instruction given teacher-training candidates, and (7) with staff in central administration.

Chapter 5

CONCLUSIONS: INTERAGENCY COOPERATION

In 1968 after a period of fifteen months, the Blue Ribbon Advisory Committee, in presenting its Report to the Board of Trustees, spoke to the necessity of inter-agency cooperation in the proposed Educational Park:

If the proposed educational park is to be more than just a large secondary school with an enlightened curriculum, the community must be involved through its many agencies, both governmental and non-governmental. Twenty-one community agencies have reviewed their programs and have indicated the extent of their interest in being included in the educational park multi-agency complex (p. 5).

The Reading Center would be able to provide specialized services in concert with agencies which will be located within the facility in several ways. For example, (1) increased reading interest and continuation of the reading process through positive home-school relationships might be promoted via a combined program with the city library, (2) additional diagnostic information would be available from pupils who choose to use the services of the nearby Health Clinic, (3) an on-going program of re-entry into education and reading as a literacy act for all ages would be possible through articulation with the Metropolitan Adult Education Program to be on-campus in 1976, and (4) provision for multi-cultural experiences would be part of an articulated program with San Jose City College's ethnic studies program to be located at the nearby Evergreen Campus.

The teaching of reading may well begin in the Reading Center but will not be restricted to it; the home, businesses in the community and other agencies in the Park's educational complex will each contribute to the whole.

The sole catalyst for learning may or may not be the clinician; the importance of para-professional assistance, volunteers and tutors will be magnified by the range of resources available in the Park. Opportunity and personnel will be the energizers for learning rather than the only source.

In addition to human resources available to aid the student, learning opportunities through inter-agency cooperation will meet students' unique, individual learning styles.

The success of the Educational Park's Reading Center will be measured by its most important evaluator--its client, the student. If the student who completes the program evaluates his experience not only in terms of increased reading skills but also in increased self-confidence, then the program will have met its challenge.

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APPENDIXES

APPENDIX A

DIAGNOSIS OF ORAL READING

NAME _____ GRADE _____

COUNSELOR _____

REFERRED BY _____

TEST _____

DATE _____

53

INADEQUATE WORD "ATTACK" SKILL

ERRORS ON SMALL WORDS

INSERTIONS AND OMISSIONS

INACCURATE GUESSING

SPEECH DIFFICULTIES

INADEQUATE PHRASING

WORD-BY-WORD READING

IGNORING PUNCTUATION

DEFICIENCY

STRENGTH

EXAMPLES OF MIS-CUES

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| | <u>DEFICIENCY</u> | <u>STRENGTH</u> | <u>EXAMPLES OF MIS-CUES</u> |
|--|-------------------|-----------------|-----------------------------|
| LACK OF EXPRESSION | _____ | _____ | _____ |
| HABITUAL REPETITION | _____ | _____ | _____ |
| MUCH HESITATION | _____ | _____ | _____ |
| INTERFERENCE BY HEAD MOVEMENTS | _____ | _____ | _____ |
| POOR POSTURE | _____ | _____ | _____ |
| IMPROPER POSITION OF BOOK | _____ | _____ | _____ |
| USES FINGERS AS POINTER | _____ | _____ | _____ |
| TENSE WHILE READING | _____ | _____ | _____ |
| VOLUME TOO LOUD OR SOFT | _____ | _____ | _____ |
| LOSES PLACE | _____ | _____ | _____ |
| SUSPECTED VISUAL DEFICIENCY | _____ | _____ | _____ |
| VOLUNTEERS TO READ ORALLY | _____ | _____ | _____ |
| WORDS MISSED | _____ | _____ | _____ |
| PRESENT INSTRUCTIONAL LEVEL | _____ | _____ | _____ |
| DIALECTAL INTERFERENCE (See separate sheet) | _____ | _____ | _____ |

APPENDIX B

DIAGNOSIS OF DIALECTAL RELATIONSHIP
TO READING PROCESSING

NAME _____ GRADE _____ DATE _____

COUNSELOR _____

DIAGNOSIS OF DIALECTAL RELATIONSHIP TO READING PROCESSING

IDENTIFICATION OF DIALECT _____

(BE or Black English; Sp or Spanish Language; Asian or Chinese, Japanese or other Asian as identified; other as identified by regional area or ethnic background if interference is identifiable.)

Degree
of
Interference

BE Dialect

Word Attack

- | | | | | | |
|------------------------------------|---|---|---|---|---|
| 1. r-lessness (guard=god) | 1 | 2 | 3 | 4 | 5 |
| Examples _____ | | | | | |
| 2. l-lessness (help=hep) | 1 | 2 | 3 | 4 | 5 |
| Examples _____ | | | | | |
| 3. Consonant reduction (past=pass) | 1 | 2 | 3 | 4 | 5 |
| Examples _____ | | | | | |

Grammatical Variables

- | | | | | | |
|--|---|---|---|---|---|
| 1. Possessive deletion (John's cousin=John cousin) | 1 | 2 | 3 | 4 | 5 |
| Examples _____ | | | | | |
| 2. Verb suffix shift (He's gots to be mean) | 1 | 2 | 3 | 4 | 5 |
| Examples _____ | | | | | |
| 3. Habitual repetition (He be sad, or She always be happy) | 1 | 2 | 3 | 4 | 5 |
| Examples _____ | | | | | |
| 4. Deletion (He going or She real tired) | 1 | 2 | 3 | 4 | 5 |
| Examples _____ | | | | | |

Degree
of
Interference

5. Person-number agreement
(He don't or He do) 1 2 3 4 5

Examples _____

6. Future tense
(gonna or Ima or Imo gwine) 1 2 3 4 5

Examples _____

Comprehension Interference

1. Degree of /ed/ omission
interference with past tense
recognition: (He wanted ,
He want) 1 2 3 4 5

Examples _____

2. Degree of interference with
negative formations (Down
there nobody don't know about
no club) 1 2 3 4 5

Examples _____

Spanish Oriented Language Pattern

Word Attack

1. Initial /s/ (small-esmall) 1 2 3 4 5

Examples _____

2. Vowel production
Schwa production (above, upon) 1 2 3 4 5

Examples of words not pronounced _____

3. Final consonant production 1 2 3 4 5
(tub, club)

Examples of words with final consonant omissions _____

Items 4 and 5: examples of interchange

4. /sh/ production 1 2 3 4 5

Examples _____

5. /ch/ production 1 2 3 4 5

Examples _____

| | | Degree of <u>Interference</u> | | | | |
|----|---|-------------------------------------|---|---|---|---|
| 6. | Voiceless /th/ as in <u>think</u> Examples _____ | 1 | 2 | 3 | 4 | 5 |
| 7. | Voiced /th/ as in these, produced /d/ Examples of interchanged consonants _____ | 1 | 2 | 3 | 4 | 5 |
| 8. | Interchange of /b/ and /v/ Examples _____ | 1 | 2 | 3 | 4 | 5 |

Linguistic Variables

1. Degree of comprehension confusion 1 2 3 4 5
 English word order interchanged
 for Spanish (It was a big,
 brown, strong horse)
 Spanish word order (It was a
 horse, big, brown and strong)
 Examples of patterns _____

Spanish Summary of Dialect Interference:

1. Is word attack hindered by language pattern or is it associated with "accent" pattern which does not affect understanding? _____
2. What is the student's attitude and degree of comfortability with written English? _____

Dialectal Summary

1. According to the student, what is his/her attitude and degree of comfortability with standard English as used in classroom?

2. Has the student experienced any difficulties with reading which may be due to dialectal differences?

3. Is the student aware of different (not correct or incorrect, but "different") dialectal patterns of language?



4. Does the student see any possibility of a person being able to use more than one dialect? Are there any similarities between ability to use a dialect and ability to speak another language?

5. What is the student's desire for future instruction with regard to dialectal interference in the reading process?

APPENDIX C

BEHAVIORAL CLUES TO READING DISABILITY

SCALE OF INTENSITY: 1=infrequent, somewhat
5=high frequency and intensity

| BEHAVIOR | IDENTIFIED BY | | | CUMULATIVE RECORDS |
|---|---------------|---------|---------------|--------------------|
| | PUPIL | TEACHER | DIAGNOSTICIAN | |
| 1. Lacks interest in reading tasks | _____ | _____ | _____ | _____ |
| 2. Lacks independent study habits | _____ | _____ | _____ | _____ |
| 3. Learns more readily through discussion and listening than through silent reading assignments | _____ | _____ | _____ | _____ |
| 4. Is unable to read materials that are on his grade level | _____ | _____ | _____ | _____ |
| 5. Achieves much better in nonreading than in language subjects | _____ | _____ | _____ | _____ |
| 6. Takes too long to complete reading tasks | _____ | _____ | _____ | _____ |
| 7. Complains that reading is too difficult | _____ | _____ | _____ | _____ |
| 8. Poor in spelling | _____ | _____ | _____ | _____ |
| 9. Shows symptoms of visual or hearing difficulties | _____ | _____ | _____ | _____ |



BEHAVIOR

IDENTIFIED BY

CUMULATIVE
RECORDS

PUPIL TEACHER DIAGNOSTICIAN

- | | | | |
|--|-------|-------|-------|
| 10. Has difficulty remembering what was read | _____ | _____ | _____ |
| 11. Is unable to make practical applications of what was read | _____ | _____ | _____ |
| 12. Shows emotional disturbances and nervous tensions when reading materials on normal grade level | _____ | _____ | _____ |
| 13. Dislikes school, is socially maladjusted, or has a behavior problem | _____ | _____ | _____ |
| 14. Shows reading difficulties on standard reading tests and/or informal checks | _____ | _____ | _____ |
| 15. Makes academic progress below that expected in relation to general mental alertness and the results of psychological tests | _____ | _____ | _____ |

APPENDIX D

A DIAGNOSTIC READING TEST--Adapted by Barbara Gillespie from a format by S. Alan Cohen

NOTE: In addition to obtaining diagnostic information, this test can be used to teach or review the concepts and skills involved.

I. ALPHABET

Write the letters of the alphabet in proper sequence in 30 seconds.

II. AUDITORY DISCRIMINATION

A. Beginning Consonants: write the first letter of each word.

- | | |
|----------------|---------------|
| 1. nourishment | 5. bungalow |
| 2. marquee | 6. fastidious |
| 3. gaiter | 7. vanguard |
| 4. pantomime | 8. rondo |

B. Ending Consonants: write the ending sound only.

- | | |
|-------------|------------|
| 1. beckon | 4. anxious |
| 2. sprocket | 5. film |
| 3. bicker | 6. respond |

C. Initial Consonant Blends: write the letter that makes the sound you hear at the beginning of each word.

- | | |
|-----------|-------------|
| 1. snake | 5. great |
| 2. splint | 6. cracker |
| 3. twig | 7. brag |
| 4. flag | 8. squirrel |

D. Final Consonant Blends: write the letter that makes the sound you hear at the end of the word.

- | | |
|---------|----------|
| 1. raft | 5. heart |
| 2. melt | 6. wasp |
| 3. curb | 7. shelf |
| 4. park | 8. child |

E. Medial Short Vowels: write the letter you hear in the middle of each word.

- | | |
|--------|--------|
| 1. mid | 4. hot |
| 2. pan | 5. bun |
| 3. hen | |

III. SYLLABICATION

A. Write the number of syllables you hear.

Example: LISTEN has two syllables, so 2 is the answer.

- | | |
|----------------|-----------|
| 1. hummingbird | 5. actor |
| 2. anesthetic | 6. once |
| 3. physicist | 7. sudden |
| 4. professor | 8. whoa |

IV. SPELLING

Kottmeyer Diagnostic Spelling Test - List I.

| <u>WORD</u> | <u>ILLUSTRATIVE SENTENCE</u> by B. Gillespie |
|-------------|---|
| 1. NOT | He is NOT here. |
| 2. BUT | John is tall, BUT his brother is not. |
| 3. GET | GET your things together, please. |
| 4. SIT | SIT down, please, and let's talk. |
| 5. TALL | He certainly is a TALL man. |
| 6. BOAT | We took the BOAT and went water skiing. |
| 7. TRAIN | The TRAIN might replace the car. |
| 8. TIME | Now's the TIME to start. |
| 9. LIKE | You'll find something to LIKE about school. |
| 10. FOUND | The lost dog was FOUND by its owner. |
| 11. DOWN | Don't let your spirits go DOWN. |
| 12. SOON | You'll SOON be doing <u>A</u> work! |
| 13. GOOD | What a GOOD feeling. |
| 14. VERY | We're VERY glad to see old friends. |
| 15. HAPPY | What a HAPPY surprise. |
| 16. KEPT | He KEPT his promise. |
| 17. COME | Please COME to our party. |
| 18. WHAT | WHAT is your name? |
| 19. THOSE | THOSE are good looking shoes. |
| 20. SHOW | SHOW me that dance step again. |
| 21. MUCH | I feel MUCH better. |
| 22. WILL | WILL you join our group? |
| 23. SING | Have you ever heard me SING? |
| 24. DOLL | The little girl asked for a beautiful DOLL for Christmas. |

- | | |
|------------|--|
| 25. AFTER | AFTER we finish this test we'll go over the results. |
| 26. OLDER | Do you have an OLDER sister? |
| 27. TOY | A car going 95 MPH is not a TOY but a weapon. |
| 28. SAY | SAY each word to yourself. |
| 29. LITTLE | A LITTLE fun makes life easier. |
| 30. ONE | This is a ONE way street. |
| 31. WOULD | WOULD you try your best? |
| 32. PRETTY | She certainly is PRETTY. |

Analysis of Spelling Errors--List I:

Since many pupils memorize the sequence of letters in spelling words and do not apply phonetic and structural generalizations to spelling, no spelling test of this kind can ever be accurately diagnostic. However, some clues to the pupil's familiarity with these generalizations can be observed by noting how he spells the common elements indicated on the following list:

| <u>WORD</u> | <u>ELEMENT TESTED</u> |
|-------------|---|
| 1. not | Short vowels |
| 2. but | " |
| 3. get | " |
| 4. sit | " |
| 5. man | " |
| 6. boat | Two vowels together |
| 7. train | Two vowels together |
| 8. time | Vowel-consonant-e |
| 9. like | Vowel-consonant-e |
| 10. found | ou-ow spelling of |
| 11. down | <u>ou</u> sound |
| 12. soon | Long and short <u>oo</u> |
| 13. good | Long and short <u>oo</u> |
| 14. very | Final <u>y</u> as short <u>i</u> |
| 15. happy | Final <u>y</u> as short <u>i</u> |
| 16. kept | <u>c</u> and <u>k</u> spellings of <u>k</u> sound |
| 17. come | <u>c</u> and <u>f</u> spellings of <u>k</u> sound |
| 18. what | <u>wh</u> , <u>th</u> , <u>sh</u> , <u>ch</u> , and <u>ng</u> |
| 19. those | Spellings and <u>ow</u> spelling of long <u>o</u> |
| 20. show | " |
| 21. much | " |
| 22. sing | " |
| 23. will | Doubled final consonants |
| 24. doll | Doubled final consonants |
| 25. after | <u>er</u> spelling |
| 26. sister | <u>er</u> spelling |
| 27. toy | <u>oy</u> spelling of <u>oi</u> sound |
| 28. say | <u>ay</u> spelling of <u>ai</u> sound |
| 29. little | <u>le</u> ending |
| 30. one | Non-phonetic spellings |
| 31. would | " |
| 32. pretty | " |

V. VISUAL MEMORY

- | | |
|-----------|-------------|
| 1. oyster | 6. spar |
| 2. toxic | 7. pose |
| 3. ebony | 8. weld |
| 4. part | 9. loyal |
| 5. humid | 10. eclipse |

VI. STRUCTURAL ANALYSIS

- | | |
|----------------|-------------|
| 1. anticlimax | 4. abnormal |
| 2. predominate | 5. adjust |
| 3. prehistoric | 6. bisect |

VII. CONCRETE MAIN IDEAS: read each paragraph and underline the main idea.

- A. Men who have hunted whales have found that an angry whale will sometimes turn on them and charge their ship. The story of a whale's attack on the Essex is both well-known and true. A huge whale headed right at the ship and struck it a thunderous blow. The whale smashed in the ship's bow with his second charge. The ship floated for a while and then sank. The whale wasn't seen again.
- B. At a site called the La Brea tar pits, fossil collectors have uncovered over 1,000 skulls of saber-toothed tigers and over 100,000 bones of many different kinds of birds. Over 14,000 years ago, bisons, mammoths, wolves, and many other animals were trapped in the sticky pitch. An unbelievable number of Ice Age animals have been found in the Los Angeles La Brea tar pits.
- C. Time goes in only one direction--forward. It moves from the past to the present, from the present to the future. People live in today, reflect about yesterday, and anticipate the tomorrow that is about to come. Wouldn't it be marvelous if we could reverse the flow of time? Wouldn't it be exciting? The future would be the past. The past would be the future. Life would be somewhat like a movie run backwards. We would see what is about to be and head into the world of what has been. A time reversal would be an exciting journey.

APPENDIX E

SUMMARY OF "LEVEL OF CONSISTENCY IN READING ABILITY"
by Barbara Gillespie
Oak Grove High School Reading Consultant
December, 1974

The purpose of this study was to study a group of students by comparing their reading abilities and attitudes immediately after a specialized reading improvement program with their abilities and attitudes approximately a year later. The students involved were those who had been part of the school's freshman Interdisciplinary Reading, English and Social Science Program. Included in the plan was an intensive twenty hour block of instruction in a clinic setting. Each of the one hundred students involved in the "maintenance study" had participated in the clinical instruction during his freshman year. The attempt was to see if his skills were still meeting expectation in the sophomore year.

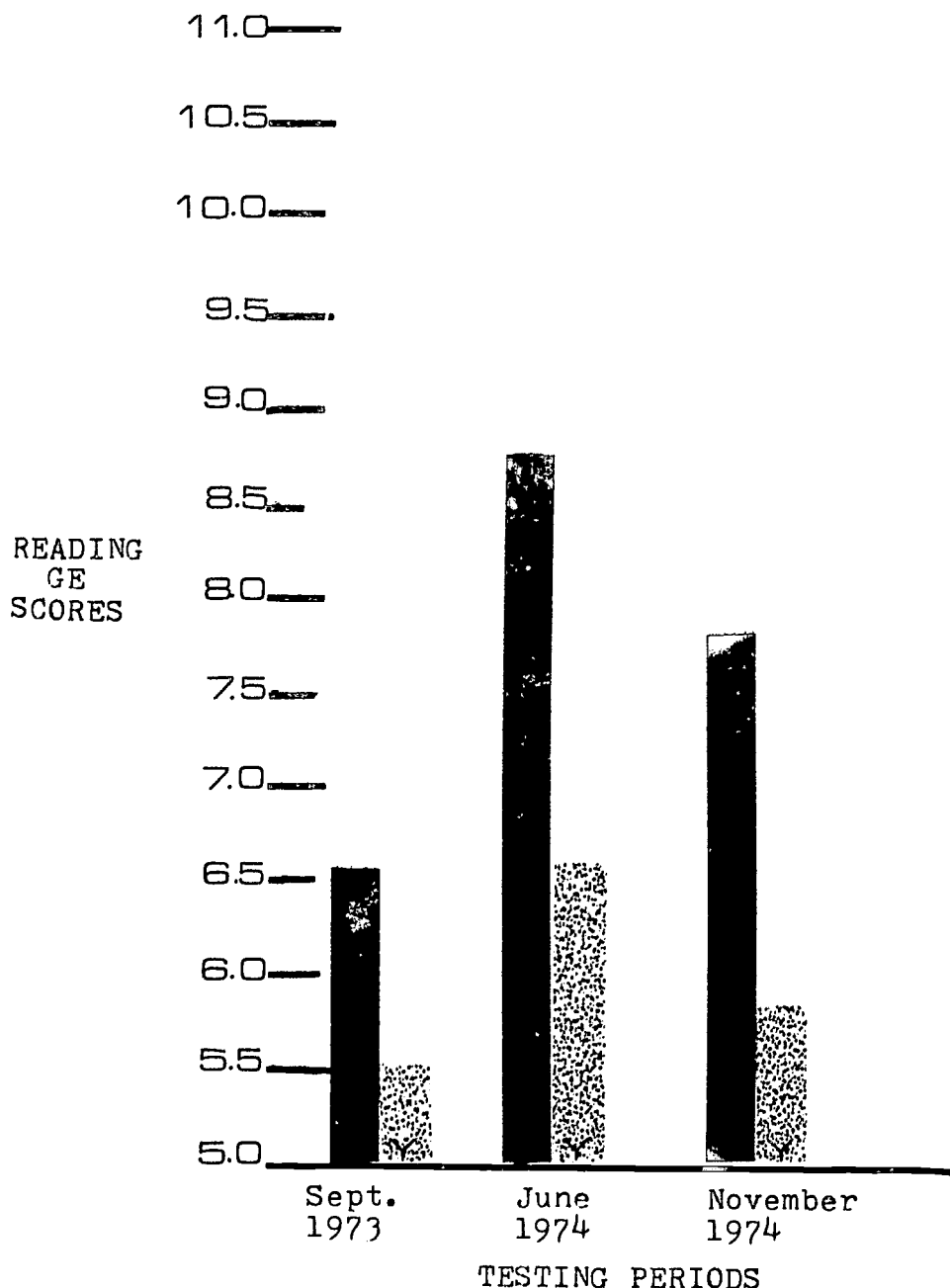
Tables One and Two present the results of the study in graphic form. The Experimental group scored 6.5 (sixth-grade, fifth month) in reading score grade equivalent in September, 1973. As a group, their reading average in June was 8.9. Tested again in November, 1974 the group average was 7.5 or exactly one year more in reading ability as measured on the Nelson Reading Test.

The Control group, Y, followed a similar pattern of group average gains in reading scores from September to June--followed by a "drop" in November, 1974 scores,

but did not maintain the year's growth from September, 1973 to November, 1974 as did the X group

The findings were well within the acceptable .05 level of significance which was 2.021 on the t table. The t value for the reading test was .25.

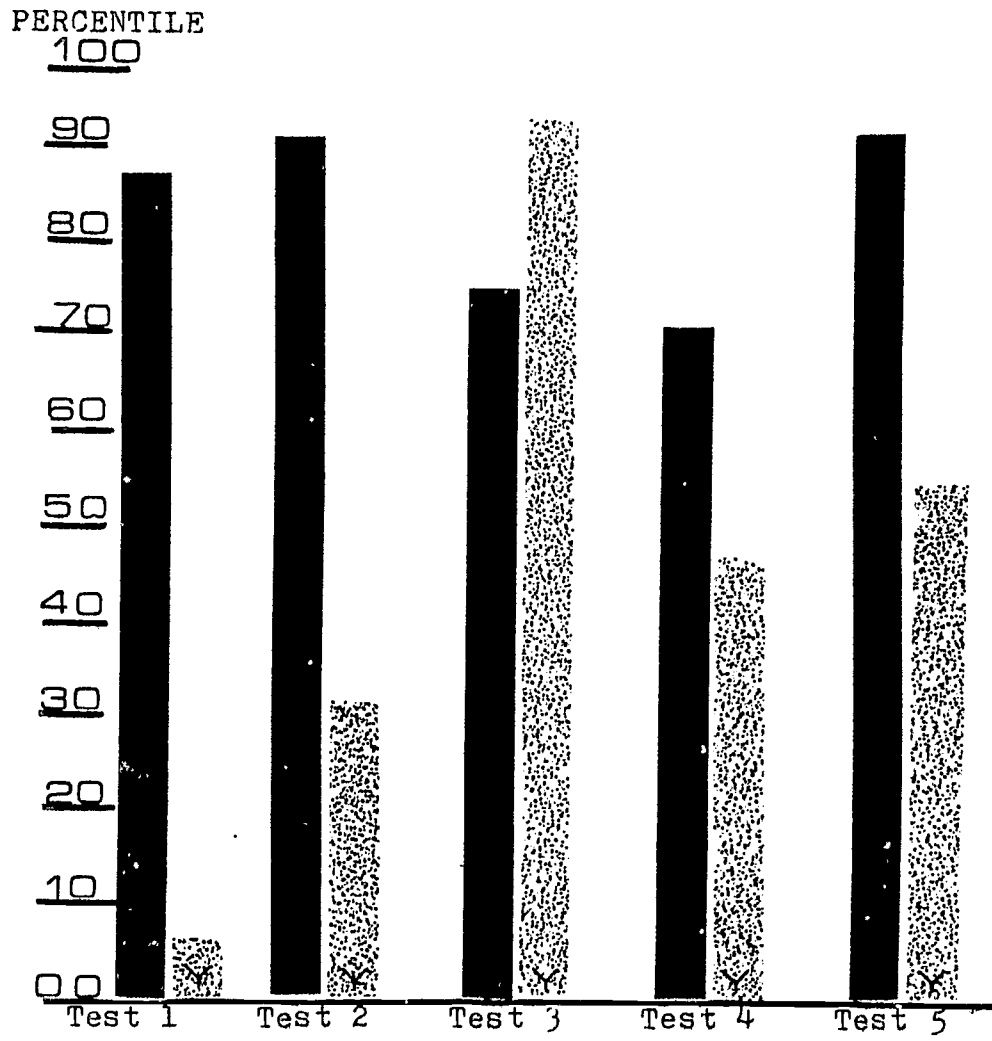
TABLE I
READING GROWTH





Experimental or "High Achievers" who gained more than one Grade-level Equivalent (GE) during the 1973-1974 school year

Control or Students who were in remedial English or IIC English during the first quarter of the 1974-1975 school year

TABLE 2
SURVEY RESULTS



TEST RESULTS

 Experimental
 Control

Test

1. Reading Score Gains (Sept. '73--Nov. '74)
2. Self-concept
3. Understanding of school programs
4. Attitude toward reading
5. Passing all subjects on Quarter Report Card

APPENDIX F

STUDENT RECORD OF READING PROGRESS

NAME _____ DATE _____

ENGLISH TEACHER _____ SCHOOL _____ COUNSELOR _____

BEGINNING PROFILE:

1. Beginning test score _____ on _____, _____
SCORE TEST DATE

2. Informal inventory results:

Strengths _____

Areas needing improvement _____

3. My own opinion or other pertinent information _____

SKILLS MASTERY:

| <u>SKILL</u> | <u>LEVEL OF MASTERY</u> (Rating: 1=low; 5=high) |
|---|---|
| 1. Sight Vocabulary | _____ |
| 2. Consonant Sounds | |
| a. Blends (bl, br, cl, cr, dr, gl, gr, pl, sl, etc.) | _____ |
| 3. Vowel Sounds | |
| a. Short vowels | _____ |
| b. Long vowels | _____ |
| c. Vowels and "final e" | _____ |
| d. Long and short sounds of "y" | _____ |
| e. Vowels (digraphs: ee, ea, oa, ai) | _____ |

SKILL

LEVEL OF MASTERY

(Rating: 1=low;
5=high)

- f. Vowel (diphthongs: oe, oy, ow, ou) _____
- g. Vowel controllers (r, l, w) _____
- 4. Word Analysis
 - a. Prefixes _____
 - b. suffixes _____
 - c. Breaking words into syllables _____
 - d. Plurals (s, es, ies) _____
 - e. Tenses (ing, ed) _____
- 5. Comprehension Skills
 - a. Recall of facts _____
 - b. Awareness of details _____
 - c. Sequence of Events _____
 - d. Main idea _____
 - e. Choosing best title _____
- 6. Vocabulary Improvement
 - a. Have added at least 50 new
graded words to my vocabulary _____
 - b. Dictionary skill _____
- 7. Listening Skills
 - a. Following directions _____
 - b. Recognizing word meanings _____
 - c. Recall _____
 - d. Listening "beyond the words" _____
- 8. Study Skills
 - a. Interpreting ideas and pictures _____
 - b. Use of reference materials
 - (1) Dictionary _____
 - (2) Encyclopedia _____

SKILLS

LEVEL OF MASTERY

(Rating: 1=low;
5=high)

- c. Use of textbooks
 - (1) Table of Contents
 - (2) Index
 - (3) Glossary
 - (4) Appendix
 - (5) Summaries

APPENDIX G

READING STUDY AND ASSIGNMENT SHEET

All work listed is due, with this sheet, at the last date shown on line below. Show scores in the left column; attach papers in order as listed in the sections on this sheet.

NAME _____ DATES _____ TO _____

SCORE DESCRIPTION/ASSIGNMENT COMPLETED (+)

1. BASIC/MINIMUM READING WORK:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. SKILLS; PRACTICES; REVIEW:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3. MAKE-UP WORK (IF ANY ASSIGNED):

4. EXTRA-CREDIT (IF ANY ASSIGNED):

5. OUTSIDE READING ASSIGNMENTS/REFERENCE REPORTS OR ANY OTHER WORK FROM OTHER CLASSES FOR WHICH YOU WILL NEED STUDY TIME.

On the back of this paper list any particular problem you may have had; work which gave you trouble; or anything you want carried over to the next assignment sheet for practice, extra help, or extra-credit.

APPENDIX H

PROGRESS REPORT

TEACHER

STUDENT

DATE

GRADE LEVEL

PERIOD - GRADE TO DATE

With reference to the above-named student please report the following:

ATTITUDE:

ATTENDANCE:

HOMEWORK:

SPECIFIC DEFICIENCIES:

Use back of page if necessary. RUSH reply to the Reading Center.

APPENDIX I

AGENDA: READING CENTER COMMITTEE FOR FURNITURE AND EQUIPMENT

I. Committee Task:

- A. To order furniture and equipment for the Reading Center that is tentatively located in the math/science complex.

Room size: approximately 23' by 31'
entry way 12' by 9'

Student capacity: 28-30

- B. To order furniture and equipment for a regular size reading classroom for each of the other villas.

Room size: 35' by 31'

Student capacity: 32-40

This room will be located in the social science/English complex. The room will have a demountable wall that can be moved five feet.

II. Furniture and Equipment to be selected:

"Furniture" is defined operationally as all teachers' desks, carrels, etc. Several companies have submitted catalogs and are interested in providing layout sketches which detail furniture arrangement and room usage: catalogs are enclosed.

III. Committee Input:

IV. Schedule for Future Meetings:

V. Projected date for completion of committee's task: