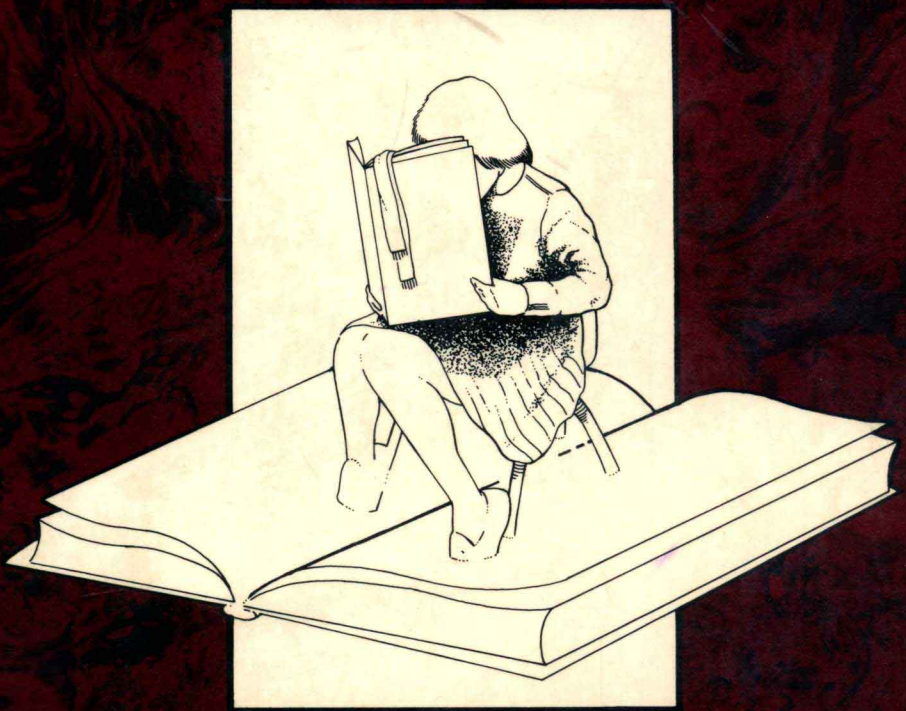
SECOND EDITION

READING DIAGNOSIS FOR TEACHERS

• An Instructional Approach •



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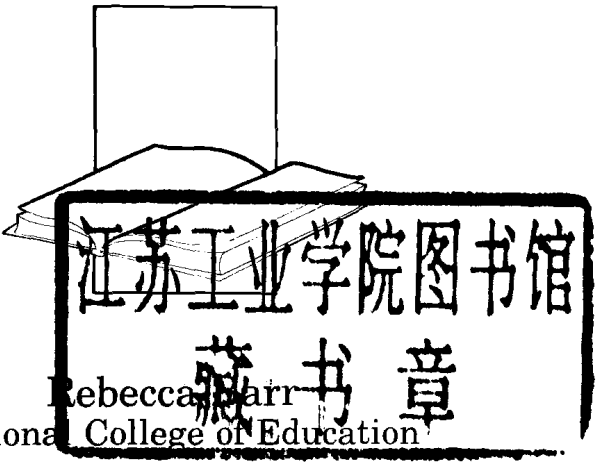

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Longman
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Dedicated to
MARILYN W. SADOW
A valued friend and colleague
(1925–1987)

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Preface

The goal of this book is to help classroom teachers acquire the knowledge and skill that is necessary for classroom-based reading diagnosis and instructional planning. In planning a text to accomplish this purpose, we have been influenced by many considerations. Most important among these are our views on the nature of reading and learning and the role of assessment within classroom instruction.

Reading is an active process in which readers interact with text to reconstruct the message of the author. Research in recent years emphasizes the extent to which reading depends on the background knowledge of readers. Printed symbols are signs which lead an active mind to reflect on alternatives during the process of constructing knowledge.

Learning to read must similarly be an interactive process in which students and teacher examine the alternative ways in which they make sense of text. Some constructions, however, may be limited because children have difficulty dealing with printed words; others may reflect inadequate knowledge of concepts that are central to the message of an author; still others may have structured the message in plausible ways which differ from the original intent of the author.

The role of teachers in this process is extremely complicated. For those students who are unable to make use of the signs provided by authors because of inadequate knowledge of print, teachers must find ways to develop this knowledge. Similarly, for students who lack basic concepts, this knowledge must be developed through experience, discussion, and explanation. Finally, some students with good knowledge of print and underlying concepts need

help to weave the meaning of authors from sentence to sentence and across paragraphs.

We believe that teachers must know certain things in order to help students develop the background, skills, and strategies for effective reading. First, teachers must understand the nature of reading development. They must know how students develop knowledge of print, vocabulary concepts, and reading comprehension strategies. Second, they must be able to determine the nature of student problems when they encounter difficulty. Teachers must become good observers who also know how to make sense of what they observe. Third, and finally, they must know what to do to help students when they identify problems. They must know how to plan instruction that will help students solve their problems with reading. In other words, teachers must know about reading development, diagnosis, and instructional planning. Accordingly, we have organized our chapters in this text around these three major topics.

Just as we believe that learning is an active process for students, we also believe that it should be an active process for teachers. Thus we have planned a series of activities to promote thinking and problem solving. We have done this in several ways. First, we believe that an understanding of reading disability, diagnosis, and instruction, can be achieved only through consideration of a variety of cases exemplifying different sorts of problems. Accordingly, most chapters in the book include several cases which are the focus of study and instructional planning. We have also been guided by our belief that skill can be acquired only through guided practice. Thus we have included procedures to help teachers develop basic observational skills and a sequence of tasks of increasing complexity that involve practice of previously acquired skills.

This is a time when many in the field of reading are inquiring about the nature and function of reading assessment (see, for example, *The Reading Teacher,* April 1987). For classroom teachers, we believe that diagnosis and other forms of assessment should occur as a part of ongoing instruction, that it should be based on normally occurring instructional assignments, and that it should serve as the basis for developing appropriate instruction. Accordingly, for this textbook we have selected diagnostic and instructional procedures that are appropriate for classroom use. While many of the suggested procedures will need to be practiced with individual students initially, once they are well learned, they will be incorporated into a teacher's repertoire to be used more informally during the active give and take of instruction.

Like all projects that involve the development of ideas over an extended period of time, this one has depended on the support and critical insight of many people. We owe a great debt to a number of students in the Graduate School at National College of Education, the Reading Department at Chicago State University, and the Department of Education at the University of Chicago. These students contributed the case studies that we have modified for

inclusion in the text, provided important insights into the diagnostic process, and helped us evaluate the manuscript in its many stages. Some students went beyond these requirements of the courses we taught in order to provide us with additional case materials and help us refine the text; we are especially indebted to Pam Guastafeste, Katherine Morsbach, Nancy Lamia, Bobbie Johnson, Carol Cain, Alice Heiman, Kenneth Bryant, and Diana Kent. We also gratefully acknowledge the help of Naomi Silverman and Marie-Josée Schorp from Longman.

Our efforts were encouraged by our colleagues at National College of Education, Chicago State University, and those in the reading education community. In particular, Darrell Morris, Laurie Nelson, Diane Sullivan, Nikki Zarefsky, Pam Guastafeste, and Noreen Winningham provided instructive comments on earlier drafts. In addition we benefited from the clinical experiences and insights that Judith Daskal shared with us, as well as from the many comments and suggestions of James Cunningham, Peter DeWitz, Linda Gambrell, Catherine Hatcher, Peter Johnston, and Michael Kibby.

Contents

CHAPTER 1

Model for Reading Diagnosis and Instructional Planning

GOALS OF READING INSTRUCTION

Reading enables us to enrich our lives. All of us have experienced the thrill of reading a good story and the satisfaction of locating needed information. As teachers, we are committed to helping our students use and appreciate the experiences afforded through reading. Our goals must be to support children as they develop skill in reading and to instill in them a love for reading.

Achieving these goals is easy with some children. They learn to read easily, and the satisfaction they experience leads them to read often and to love reading. Unfortunately, there are other children who experience considerable difficulty reading. As a consequence, they see reading as unpleasant and grow to dislike it. These are children whom teachers worry about a great deal. It is the purpose of this book to provide teachers with the understandings needed to help these children. We believe that if teachers understand the needs of their students, they can help them to avoid extremely frustrating experiences while learning how to read. In turn, as these children acquire greater proficiency in reading, they will begin to appreciate the power reading gives them to enrich their own lives.

What do teachers need to know in order to diagnose the nature of these children's reading difficulty and to provide appropriate instructional support? This is not an easy question. Much is known about reading difficulty that would be useful to teachers in meeting the needs of their students. Yet we argue that this knowledge needs to be presented in such a way that it can be used by teachers during the active give-and-take of everyday instruction. Thus we have examined the body of knowledge about reading difficulties, derived mainly

from clinical studies, and translated this knowledge into a format that we believe is useful to teachers. In the remainder of this chapter, we will briefly discuss what is known about reading diagnosis and the treatment of reading difficulties from a historical perspective, then consider how this knowledge must be framed to be directly useful to teachers, and finally describe a model for reading diagnosis and instructional planning in classrooms.

HISTORY OF READING DIAGNOSIS

Much of what we know about reading disability and its diagnosis comes from clinical studies of the 1920s and 1930s. Although earlier studies by physicians had described certain extreme cases (Fisher, 1905; Jackson, 1906; Morgan, 1896; Thomas, 1905), two developments in the field of education converged to support the scientific study of reading disability: (1) investigations into the psychological processes of reading (Dearborn, 1906; Dodge, 1905, 1907; Huey, 1898, 1900, 1908; Quantz, 1897) and (2) advancements in psychometric theory, which laid the foundation for the development of instruments to measure human traits.

Considerable testing of school populations had occurred between 1910 and 1915. In 1916, Uhl published a report describing the use of test results to diagnose the reading needs of individuals (see also Zirbes, 1918). It may surprise some readers to find that the earliest diagnostic work was conducted in the school setting by teachers and other school personnel. The first professional book on reading diagnosis, *Deficiencies in Reading Ability: Their Diagnosis and Remedies,* written by Clarence T. Gray in 1922, relied in large part on what had been learned from school-based studies of reading difficulty.

Concurrently, it became apparent to educators that more detailed study of students experiencing difficulty with reading would provide insight into reading processes and how they become disrupted. Further, detailed case studies would promote the design of appropriate testing procedures and the development of effective remedial instruction. Special educational laboratories and reading clinics were established, mainly in university settings (Clowes, 1930; Dougherty, 1929; Fernald & Keller, 1926; Monroe, 1928, 1932). In order to appreciate the knowledge acquired during this early period, the reader should examine the classic study conducted by William S. Gray and his associates at the University of Chicago Educational Laboratory (Gray, Kibbe, Lucas, & Miller, 1922). The purpose of the investigation was threefold: to diagnose the nature and causes of reading difficulty, to classify types of poor readers, and to test experimentally the efficacy of remedies.

Other research in the 1920s and 1930s served to expand and develop the knowledge gained through clinical case studies. Pelosi (1977) notes several developments during this period that contributed to the refinement of reading diagnosis. First, case study investigation, which continued to be the dominant method of research, became more elaborate and sophisticated (see, e.g., Baer,

1926; Gates, 1927; Hincks, 1926; Monroe, 1928, 1932). Second, precise diagnostic instruments and procedures were developed (see, e.g., Betts, 1934; Dolch, 1936; Durrell, 1936; Ford, 1928; Gates, 1926, 1935; Monroe, 1932). Finally, there was an ever-increasing interest in the nature of reading processes and the causes of reading disability (see, e.g., Bond, 1935; Dearborn, 1933; Jastak, 1934; Orton, 1928; Robinson, 1937, 1946; Tinker, 1934).

During this period researchers in such related fields as medicine and psychology popularized the term *dyslexia* when referring to children with reading difficulties. This term is confusing to some teachers, who wonder what it really means. Literally translated, it means a dysfunction with words (the Latin prefix *dys* means "difficult" or "faulty" and the Greek root *lexia* refers to "words"). Thus the term is simply descriptive; it does not address the underlying nature of the difficulty. We therefore believe that such labeling is not particularly useful, especially since it often carries with it the connotation of a central functioning impairment. Currently, the use and definition of this term are being reconsidered by professionals in reading and related fields. Similarly, we believe that other forms of labeling such as "visual learner," "left-brain dominant," and "perceptually handicapped" are of little help to teachers in planning appropriate instruction, and they may be misleading in that they imply simplistic approaches. As will be shown in the following sections of this chapter, we prefer to identify the nature of the reading difficulty in a way that anticipates appropriate instruction.

READING DIAGNOSIS AS PART OF CLASSROOM INSTRUCTION

In our consideration of what teachers need to know in order to diagnose students' reading problems, several major influences have shaped our thinking. First, we believe that diagnosis undertaken by teachers and by reading specialists in classroom settings should differ in several important respects from the diagnostic procedures developed by clinicians in reading clinics.

Classroom conditions make it difficult for a reading specialist or teacher to undertake certain diagnostic procedures. For example, both extensive work with individual students and the use of testlike tasks are often impractical. Perhaps more important, useful alternative procedures are available. We emphasize the basic differences between the conditions or constraints under which reading clinicians and classroom teachers work because we believe these differences have profound implications for *how* the procedures of reading diagnosis, which were developed originally in the clinical setting, should be modified for use in the classroom.

A clinician typically sees a student for a limited period of time for the specific purpose of evaluating his or her reading skill and identifying appropriate instruction. The evaluation is based on a variety of standardized and informal tests of aptitude and achievement. In order to judge whether a

reading problem exists, the clinician compares the reading achievement of the student with his or her expected level of achievement, the latter based (usually) on measures of verbal and nonverbal ability, with years of schooling and age sometimes taken into account. The clinician then identifies specific areas of reading difficulty by analyzing the student's performance on standardized and informal measures of reading and language skills. Instructional recommendations are generally based on the clinician's tutorial experience with students who experienced similar reading difficulties.

However, it is difficult for a teacher to incorporate these procedures into his or her repertoire of skills. One reason is that formal testing represents a departure from the typical instructional activities and is difficult to undertake on an individual basis along with the responsibilities of managing a class. But more to the point, whereas standardized tests are essential for the clinician because they provide a normative frame of reference, they are much less important for the classroom teacher, who has the performances of other children in the class available as a normative standard.

Further, standardized tests are unnecessary because teachers have access to a wealth of evidence about the reading and language development of their students on a daily basis. They listen to children read orally, note their answers to comprehension questions, and observe how they think and talk about a variety of topics. Nevertheless, teachers' observations tend to be haphazard, partly because they are constantly faced with the job of managing the class as well as instructing students—but also partly because they have had little training in how to observe and interpret students' responses. Most teachers have not been taught to design informal "probe" questions or oral reading tasks in order to clarify the nature of a student's misunderstanding. Typically, teachers are trained to diagnose reading difficulties by interpreting scores and reading behaviors on standardized and informal reading tests. They must then generalize from the results of these tests back to the student's performance on classroom materials. We believe that a more sensible approach is to help teachers acquire the observational and interpretive skills that will enable them to use the wealth of evidence that is available on an ongoing basis in the classroom.

Teachers usually see their students over an entire school year. By contrast, a clinician usually sees a student for a limited number of diagnostic sessions. Accordingly, the clinician is under considerable time pressure to make an accurate diagnosis and does so by the administration of multiple tests. Because teachers work with students for an extended period, "working hypotheses" rather than diagnostic conclusions would seem to be a better goal for classroom diagnosis. That is, teachers have the opportunity to revise and modify their understanding of their students' reading skills on the basis of successive observations interlaced with instructional intervention. This time advantage needs to be capitalized on in the development of an effective diagnostic strategy.

Teachers possess information about their students' current instructional

program and response to it and they are in a position to evaluate their physical and social well-being. Thus teachers can set goals and expectations that are consistent with the classroom program. The aim of the teacher is to help students who encounter some reading difficulty to acquire the skills necessary to reenter the mainstream of class instruction. By contrast, in the clinical setting, the student's verbal and sometimes nonverbal abilities constitute the main basis for establishing an expected level of reading. As a result, some very able and relatively good readers are identified as disabled reader simply because there is a discrepancy between their reading and their (high) verbal development. Similarly, students with low verbal ability and commensurately low reading skill may be viewed as having no reading problem even though they are unable to cope with the reading materials used by the class.

We recommend that the expected reading level of students—and whether or not they are considered to have reading problems—be established in terms of the levels of materials used by the class or by a subgroup thereof. Accordingly, some children who read in accord with their mental ability but are unable to cope with material read by their reading group will be identified as having reading problems. Further, some proficient readers reading below their verbal ability will not be identified as having reading problems. The comparison for delineating reading problems used in this text lies not within the child's performance per se (reading skill versus verbal ability) but rather in the interaction between student reading proficiency and classroom reading demands. We believe that this recommendation reflects the reality of instructional alternatives in classrooms and the objectives teachers are expected to help their classes achieve. We are not arguing that it is wrong to use aptitude or verbal ability as a standard against which to evaluate reading achievement but, rather, that such measurements are simply less useful in the classroom setting than in the clinic.

In sum, we believe that classroom diagnosis and instructional planning should be based on students' performance with classroom instructional materials, that the existence of a reading problem should be determined on the basis of a discrepancy between a student's reading level and that needed in order for him or her to learn from class materials, that both diagnosis and instruction should be modified on an ongoing basis, and that instructional plans should be formed with the conditions of the classroom and school in mind.

ABOUT THIS BOOK

Goals

The goal of the book is to help reading and classroom teachers acquire the knowledge and skill necessary for reading diagnosis and instructional planning. What must be learned falls into three main categories. First, teachers must

acquire a systematic framework for diagnosis—one that identifies the major decisions that have to be made as well as the evidence that is needed in order to make them. Second, teachers must develop observational skills in the areas of listening to children read and answer questions. Finally, they must learn how to translate diagnostic findings into a plan for instructional support that is realistic in view of the student's needs and the school's resources.

Organization and Content

In writing this book, we were influenced by our belief that teachers need a model to organize their thinking about the problems students encounter as they learn to read, and to guide them as they explore the nature of these difficulties.

Beyond this we believe that skill in reading diagnosis and instruction can best be acquired through guided practice. Thus we provide training procedures for developing skill in observation and also provide a sequence of tasks of increasing complexity for practicing previously acquired skills.

Finally, we believe that an understanding of reading difficulty and its diagnosis and treatment can be achieved only through a consideration of a variety of cases exemplifying different types of problems. Accordingly, most of the chapters include cases, which are the focus of study and instructional planning. The 23 cases presented provide a useful basis from which to derive some understanding of the various forms of reading disability and appropriate instruction.

This book is organized into four main sections. The first one, Chapter 1, discusses the perspective and goals of the book and also presents a framework or model for diagnosis, a model that is used as the organizing perspective in subsequent chapters. The model focuses on three components of reading: skill with print, vocabulary meaning, and reading comprehension.

The second section elaborates on each of these components. Chapters 2, 3, and 4 develop a theoretical perspective about the development of skill with print. Chapter 2 examines how children first develop an awareness of print and describes tasks that teachers can use in classrooms to further explore and support the development of this awareness. Chapter 3 examines how children develop underlying kowledge about print as evidenced in their sight vocabulary and word identification skill. Teachers may wish to use some of the informal tasks to delineate further the nature of reading problems observed during contextual reading. Instructional approaches to help students develop a sight vocabulary and word identification skill are described. Chapter 4 details methods teachers can use to observe children's oral reading of selections, to pinpoint areas of difficulty, and to interpret the results. Instructional procedures for the development of reading integration and fluency are also described.

Chapter 5 discusses vocabulary knowledge and its role in comprehension

and then shows how this knowledge may be assessed and the results interpreted. Instructional procedures for the development of vocabulary knowledge are discussed. Chapters 6 and 7 provide an overview of the nature of comprehension, introduce procedures for developing comprehension questions that pertain to the text as a whole, and describe useful diagnostic procedures. These two chapters also describe useful instructional procedures for enhancing comprehension and present a framework for choosing among them.

In the third section, Chapter 8, knowledge and skill acquired in the preceding chapters are combined in a comprehensive diagnosis of different types of reading disability. Although necessarily systematic and compressed, the case studies are intended to develop diagnostic, observational, and interpretive skills that the teacher can then use in a more flexible fashion during classroom instruction.

In the final section, the model and way of thinking about student's reading difficulties are applied to standardized assessment procedures. Chapter 9 shows how diagnostic strategies can be used with informal reading inventories to delineate in comprehensive fashion the reading problems that students encounter. Chapter 10 discusses the nature and design of standardized reading tests and shows how they may be used diagnostically to reveal the nature of student reading difficulty.

Characteristics of the Book

Several characteristics distinguish this book from other books on reading diagnosis. As was mentioned, this book discusses many case studies of students with reading problems. Each case study is presented so as to require active teacher participation in some aspect of observation, analysis, and interpretation. Because reading diagnosis is a complex process, we have broken it into component skills for ease of study and practice; at the same time, we have retained the integrity of each case. As a result, teachers become aware of how component processes fit within the whole. In the final chapters, teachers must deal with all phases of the diagnostic process.

Each time a case is considered, the diagnostic model developed later in this chapter is used as an organizing framework. Our interest is not only in developing observational and analytic skills, but in enabling teachers to make comparisons across areas of a student's reading and language functioning in order to identify strengths and weaknesses and, on this basis, to set instructional priorities. Too often teachers learn to interpret results from single standardized or criterion-referenced tests without obtaining a comprehensive view. Because this text repeatedly looks at cases within the framework of the diagnostic model, it facilitates the development of comprehensive diagnostic thinking.

Our case presentations reflect our belief that diagnosis must lead directly

to instructional planning. An elaborate diagnosis is unnecessary if few instructional alternatives exist; the purpose of diagnosis is to provide the basis for deciding among instructional alternatives. Accordingly, case presentations include discussion of how reading evidence is transformed into an instructional plan.

These strengths of a systematic training program have resulted in the omission of many topics that are often developed in traditional texts on reading diagnosis. For example, this book contains no systematic treatment of intelligence testing or perceptual testing, a limited discussion of the nature of standardized tests, and no discussion of school-based remedial reading programs. The omission of these topics stems from the decision to cover a limited number of topics in considerable depth. Moreover, these topics are already amply covered in existing textbooks on reading diagnosis.

MODEL FOR READING DIAGNOSIS

Our view of reading diagnosis and instructional planning assumes that students are active problem solvers. Therefore, the manner in which they develop reading skill is influenced by the instructional tasks they confront from grade to grade. For example, if students are instructed with a systematic phonics program, they learn to solve a somewhat different set of problems than if they are instructed with an eclectic program that emphasizes comprehension and a core vocabulary of reading words. Similarly, if students are given considerable experience reading and answering questions on expository materials, they develop different comprehension skills than if they read mainly narrative materials.

Two implications follow from this view. First, diagnosis must consider how students currently approach the task of reading in relation to the reading tasks they have encountered in the past. Second, subsequent instruction must build on this foundation. Thus, diagnosis by a teacher who is familiar with the instructional history of students and who tests their response to current instructional materials provides an optimal basis for instructional planning.

What must a teacher know in order to diagnose the nature of a student's reading difficulty? A diagnostician is much more than someone who knows how to administer tests. The diagnostician is like an active explorer whose search is guided by a carefully developed conceptual scheme. This scheme identifies the major decision points in the diagnostic process and then, once a particular decision is made, certain subsidiary decision points. Through this sequential decision-making procedure, plausible explanations for the difficulty are progressively evaluated.