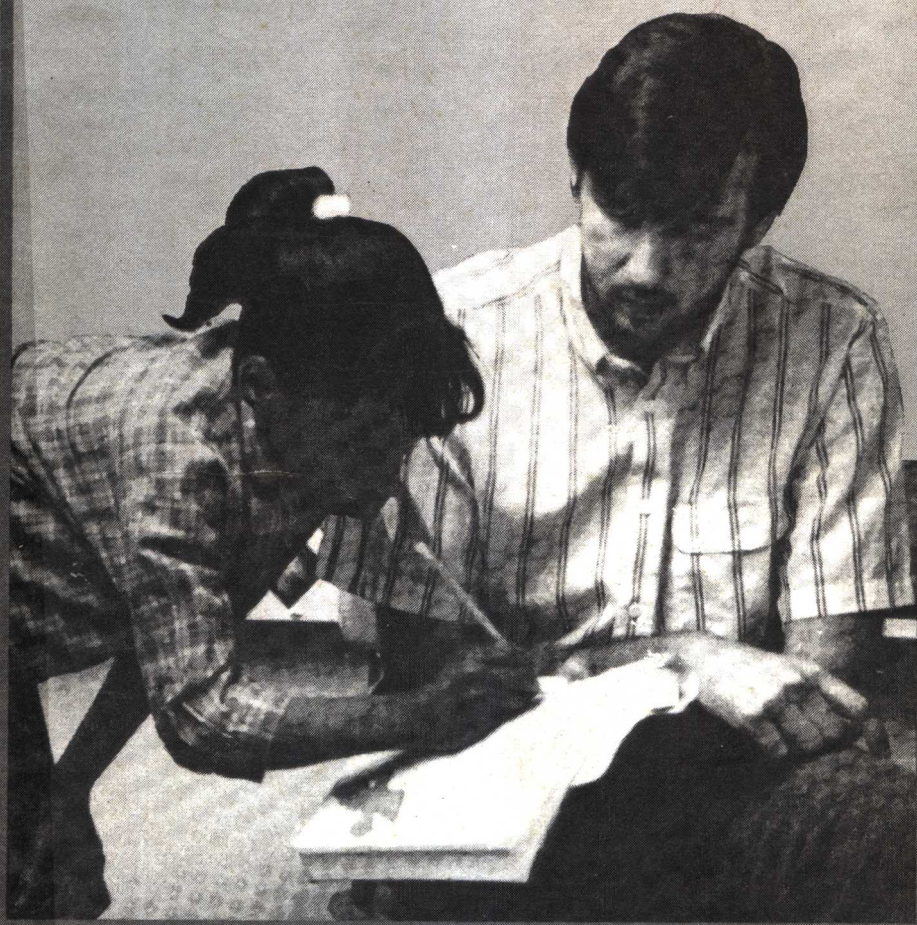# Teaching Reading

Diagnosis, Direct Instruction, and Practice

RUPLEY & BLAIR

SECOND EDITION

TEACHING READING: DIAGNOSIS, DIRECT INSTRUCTION, AND PRACTICE

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To our parents
Wanda and Roger
Jane and John

Preface

AUDIENCE AND PURPOSE

Teaching Reading: Diagnosis, Direct Instruction, and Practice, Second Edition, is designed to be a supplementary text to accompany the basic textbooks used in developmental reading and in reading diagnosis and remediation courses. The book is intended for use in both pre-service and inservice settings; it should prove valuable as a resource or handbook for actual teaching situations in both regular and special education.

The major purpose of this book is to present in a no-nonsense, practical manner the knowledge and attitudes needed to successfully and diagnostically teach reading skills and abilities. Both the content of the book and its organization stem directly from recent teacher effectiveness research. The two dominant characteristics of an effective teacher of reading that were discovered are (1) the ability to diagnose students' strengths and weaknesses, and (2) the ability to teach reading skills and abilities in a direct-instruction format; *Teaching Reading: Diagnosis, Direct Instruction, and Practice* is geared to address both these characteristics.

COVERAGE AND FORMAT

This book is divided into three distinct but strongly related parts. The

first part discusses the essential components of diagnosing students' reading abilities. Because effective teaching requires that students' strengths and weaknesses be determined before instructional lessons and activities can be designed and carried out, assessment is an important part of the diagnostic teaching process. Thus, both standardized and informal diagnostic procedures in the areas of word recognition, comprehension, and study skills are discussed.

The second part of the book presents sample instructional lessons designed to correct students' diagnosed needs in basic reading areas. Correcting a child's difficulties in reading requires more than having him or her complete a handful of games and activities, as teacher effectiveness research has shown repeatedly, the best way to maximize students' reading development in basic skill areas is to teach in a direct-instruction format. Accordingly, field-tested lessons (which include, but are not limited to, activities and games) are presented in a direct-instruction format in this text. Each lesson is organized under the following headings:

Area of Needed Reading Instruction
Intended Learning Outcome
Past Learning
Building Background
Teacher-Directed Instruction
Ongoing Diagnosis
Modifying Instruction

The third part of *Teaching Reading: Diagnosis, Direct Instruction, and Practice* focuses on supplementary practice activities that complement and extend those areas of reading instruction presented in part two. The underlying purpose for presenting representative practice activities is to assist teachers in promoting students' mastery and application of reading skills and abilities. The practice and application activities are developed around three major areas of concern: planning for practice, delivering effective practice, and evaluating practice and application activities. The activities presented are examples for the reading areas of word recognition, comprehension, and study skills. Many of the activities designed for one reading area can be easily modified to be used effectively in other areas.

It should be stressed that the activities found in parts two and three are of secondary importance; of primary importance is the direct-instruction lesson outline. We encourage readers to use the lessons with the activities only if they are appropriate to the needs of their students. More important, we hope readers will use the direct-instruction lesson outline to modify the lessons presented or to design their own lessons to teach the basic reading skills and abilities needed by their students.

ACKNOWLEDGMENTS

Last, it is our sincere hope that this book will actually benefit teachers in planning and carrying out effective reading instruction. It can be safely stated that only by improving instructional practices can we ensure quality experiences in reading for our children.
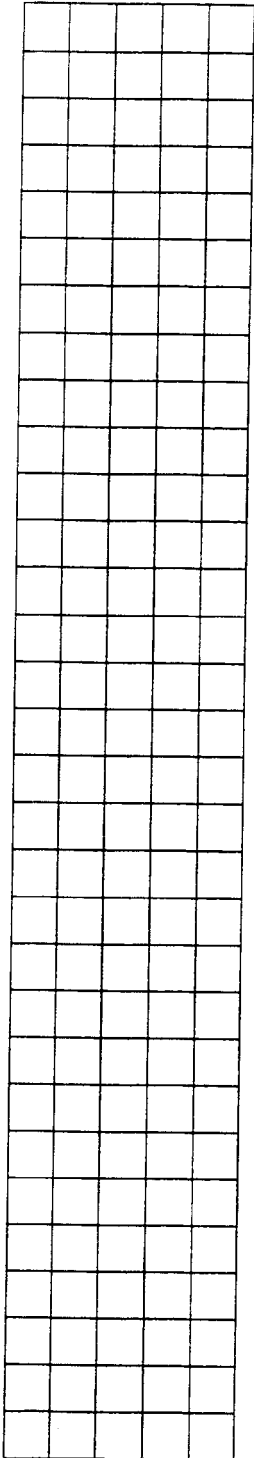
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Contents

PART ONE

CLASSROOM READING DIAGNOSIS

Classroom Reading Diagnosis

INTRODUCTION

You probably already know the purpose of classroom reading instruction—to bring about positive growth in students' reading development. Knowing this, you may realize just how important you are to your students' reading development. We believe that *you* are the most important part of your reading instructional program. None of the materials, methods, approaches, or evaluation procedures is more important than the teacher. Such things do not teach, but they are important tools in the hands of a competent teacher of reading.

Diagnosis is one of the most important tools a teacher can use when planning and teaching reading. Reading diagnosis enables a teacher to gain insights into students' strengths and weaknesses in various areas of reading development—word recognition, comprehension, and content reading. Regardless of how such information is gathered (see Chapters 2, 3, and 4), diagnosis is an analytical process. Any reading test, written activity, or instructional session can provide diagnostic information if you analyze it in relation to a student's performance. For example, if Mark—who is in the third grade—obtains a score on a norm-referenced reading test at a 2.4 grade level, you have some idea of what he has learned: He has learned as much as most second-year, fourth-month students taking this test. If you know that his 2.4 grade-level score was an average of two portions of the test (such as vocabulary 2.8, plus comprehension 1.6), then you have some diagnostic information.

You can say that he is stronger in knowing word meanings than in understanding what he reads. Although this information is global in nature, it is diagnostic because it focuses on strengths and weaknesses.

STEPS IN DIAGNOSIS OF STUDENTS' READING

Diagnosis is an organized process teachers use to gather information that helps them make decisions about students' reading strengths and weaknesses. Because it is such an important instructional tool, the basic steps in the process of reading diagnosis are presented in the following section.

Major Features of Reading Diagnosis

1. *Initial diagnosis of students' reading.* It is important to diagnose students' reading early in the school year. Such an approach is essential to developing an effective reading program and planning reading instruction that meets the needs of your students.

   An initial survey of students' needs might involve an analysis of their reading performances in earlier grades. You could analyze past teachers' comments, look for patterns of performance in terms of past test results, and try to identify reading strengths and weaknesses in relation to other available information.

   Based on your survey diagnosis, you can identify actual testing procedures—which could be formal (see Chapter 2), informal (see Chapter 3), or teacher-developed (see Chapters 3 and 4)—for word recognition, comprehension, or content-area reading. Such testing procedures might be appropriate for the whole class, for a group of students, or for an individual student. A key consideration is that you select diagnostic procedures that provide information about students' reading strengths and weaknesses so that you can plan direct instruction to meet their needs, rather than forcing them to meet the demands of the curriculum.

   Analyzing data is a major feature of your initial diagnosis. Data may be analyzed in either a quantitative or qualitative manner. **Quantitative data** describe students' reading performances with numerical scores. If data focus on the total number of correct or incorrect responses, then the procedure is quantitative (see Chapter 2). You are gathering quantitative data when you note, for example, that on a standardized norm-referenced test Sally's grade-level-equivalent score for vocabulary is 4.3, age-level score is 11-5, and percentile is 78. Informal tests of reading in which you count the number of correct or incorrect responses are also quantitative in

nature. If you note on a workbook activity that John's score was 8 correct, again you are gathering quantitative data.

Qualitative data (see Chapters 2, 3, and 4) deal with the "quality" of the students' reading behaviors. You are not interested in numerical scores but in patterns of performance or quality of responses. If you examined each item on a comprehension test or quiz to identify where Charlie had problems and where he had done well, then you would be gathering qualitative data. Such an examination might reveal that Charlie did well with factual questions but had problems with inferential questions.

Students' performances on standardized tests, informal assessment instruments, and teacher-made assessment instruments can be interpreted both qualitatively and quantitatively. If you note that Maggie answered three of five oral questions correctly, you are gathering quantitative data. If you decide that she had problems answering specific oral questions that asked her to identify character traits in stories she read, then you are making an interpretation based on qualitative data.

Interpreting data is the most important part of diagnosis. The quantitative and qualitative information you gather about your students' reading development allows you to make decisions that can improve the effectiveness of your reading instruction. Often the gathered information does not dictate an obvious decision; it provides some insights but does not give a complete answer to a question you have about your instruction or your students' reading. Part One of this guide is devoted to selecting, administering, scoring, and interpreting various measurement instruments. The crucial features of interpreting assessment information are discussed in Chapters 2, 3, and 4.

2. *Plan reading outcomes and set process objectives.* Based on your analysis of students' reading strengths and weaknesses, identify reading outcomes and process objectives. In reading instruction, goals or outcomes specify for you what students' reading behaviors should be as a result of your reading instruction. These goals or outcomes may be called *behavioral objectives, learning outcomes, learning products,* and the like. Such goals specify what reading behaviors are desired as a result of reading instruction. These stated outcomes are the **products** of your reading instruction.

As a reading teacher, you will also need to state goals for yourself about your reading instruction. Generally, these goals do not describe students' reading behaviors. Instead they specify the instructional procedures you will use to teach so that students acquire the desired reading behaviors. Teacher instructional goals are often

called **process objectives** because they specify the process, rather than the product, of instruction.

Stating reading product objectives and instructional process objectives is a major part of diagnosis. These objectives enable teachers to focus on the desired reading behaviors that students are to demonstrate and the features of direct instruction that will maximize their learning.

Reading product objectives may be related to both short- and long-term reading outcomes. An important part of instruction is diagnosing students' progress in achieving short-term reading outcomes as well as assessing the productive value of these toward achieving long-term outcomes that focus on reading comprehension.

3. *Teach using a direct-instruction model.* Your analysis of diagnostic data and the identification of student outcomes and process objectives form the foundation of the direct-instruction model presented in Part Two. This model is designed to facilitate "putting into action" a plan of instruction based on the diagnosis of students' reading capabilities. Chapter 5 presents each step of the direct-instruction model, giving explanations and examples of each step. Briefly, the features of direct instruction based on the interpretation of diagnostic data are

   a. Identifying the areas of reading instruction appropriate to students' needs. This is called the *area of needed reading instruction.*

   b. Determining the *intended learning outcomes* at appropriate levels (introduction, practice, reinforcement, application).

   c. Specifying areas of *past learning* necessary for new learning.

   d. Determining ways for *building background* related to students' readiness and past learning to enhance their chances for success in new learning.

   e. Planning the *teacher-directed instruction, independent practice,* and *ongoing diagnosis* for assessing learning activities to ensure that students' will acquire desired outcomes.

4. *Students acquire desired reading outcomes.* Essentially, students should demonstrate that they are learning what is necessary to meet their needs. Your instruction is effective to the extent that students are making progress at a level commensurate with their abilities. Even though some children will progress more quickly than others and vice versa, ongoing diagnosis will allow you to assess both student reading growth and the effectiveness of your instruction in maximizing that growth.

5. *Ongoing diagnosis of students' reading.* This is the final step of the direct-instruction model in which you begin to assess the learning

that is taking place and use this information diagnostically, if necessary, to adjust instruction.

This does not mean that you will use diagnostic tests daily with your students. It means, instead, that you think diagnostically about students' performances in instructional tasks. For example, if Mary has problems responding to items on a worksheet when she has to select a response from among four choices, you could analyze her performance with these questions in mind: (1) Is it a quality activity? (2) Is it easy to understand in light of past instruction? (3) Could I simplify the task and yet provide Mary with needed practice? (4) Does she exhibit problems with only some items and is there a similarity among these items? These are a few examples of how a teacher can employ ongoing diagnosis as a way of thinking, rather than frequently administering written tests.

6. *Assessment of whether or not students demonstrate the desired learning outcomes.* This decision can be based on a variety of data. Summarizing your ongoing diagnostic data can allow you to conclude that students have achieved the desired reading outcomes. Standardized reading tests (see Chapter 2), informal reading tests (see Chapter 3), and teacher-made tests (see Chapters 3 and 4) may be used individually or in combination to reach decisions about students' attainment of learning outcomes. However, the main focus is whether or not students demonstrate learning for an area of reading (such as application of word recognition strategies) rather than focusing primarily on strengths and weaknesses for a component of an area (such as consonants).

The previous discussion identified six major steps in reading diagnosis. A key feature of diagnosis is that it is an analytical process. Each of the major steps in the process are represented in Figure 1–1.

DIAGNOSTIC INSTRUMENTS AND PROCEDURES

Diagnosis in reading should help you reach decisions about your students' reading needs and about the effectiveness of your instruction. You should realize by now that diagnosis can do much more than simply provide information about students' reading strengths or weaknesses. A most important consideration when using diagnosis in reading is selecting instruments and procedures that are best for your particular situation. Two major considerations are determining what you need or want to evaluate and selecting instruments or procedures for these identified areas.
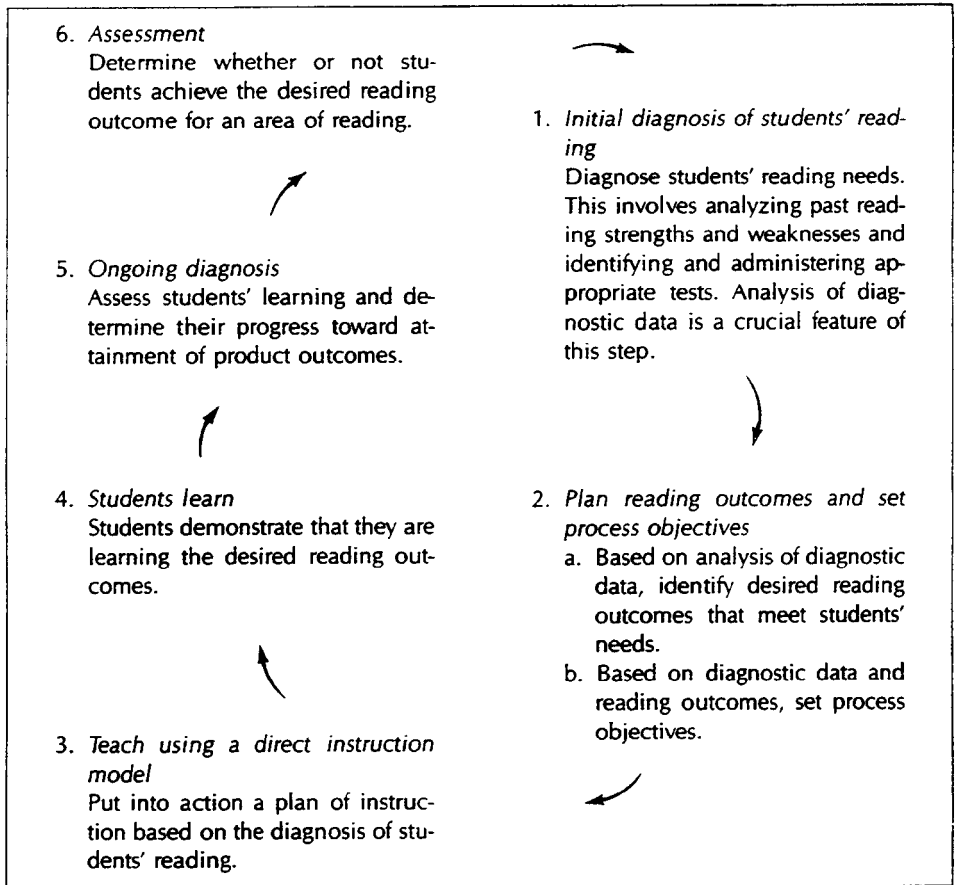
6. *Assessment*
   Determine whether or not students achieve the desired reading outcome for an area of reading.

1. *Initial diagnosis of students' reading*
   Diagnose students' reading needs. This involves analyzing past reading strengths and weaknesses and identifying and administering appropriate tests. Analysis of diagnostic data is a crucial feature of this step.

5. *Ongoing diagnosis*
   Assess students' learning and determine their progress toward attainment of product outcomes.

4. *Students learn*
   Students demonstrate that they are learning the desired reading outcomes.

2. *Plan reading outcomes and set process objectives*
   a. Based on analysis of diagnostic data, identify desired reading outcomes that meet students' needs.
   b. Based on diagnostic data and reading outcomes, set process objectives.

3. *Teach using a direct instruction model*
   Put into action a plan of instruction based on the diagnosis of students' reading.

FIGURE 1–1   Major Features of Reading Diagnosis

Determining What to Evaluate

Identifying what it is you want to evaluate is the first step, which leads to the selection of instruments or procedures that you will use. In the beginning of the diagnostic cycle, you will be most interested in gathering information about your students' **reading capabilities**, which include specific areas such as word recognition, comprehension, and content reading. You may want to focus on these specific areas, or you may want to gather a general, overall picture of students' reading skills.

At this point, you might also want to gain information about students' **language development** (concept of language as it relates to reading, concept of what it means to read, match between students' language and reading tasks, and so forth). Much of the information

that you are looking for at this time will be geared to your making decisions about **reading products** (i.e., setting objectives for students based on their individual capabilities).

Later in the diagnostic cycle, you will be interested in gathering information about the effectiveness of the **reading instructional procedures** you have been using. (This is part of "ongoing diagnosis.") Ultimately, of course, you will want to assess your students' actual attainment of the specified reading product objectives.

Your selection of a particular diagnostic instrument will be greatly affected by which of the previous situations you are operating within and thus what your evaluation goals or needs are.

Selecting Instruments and Procedures

Once you have decided what your diagnostic needs are, you will be better able to identify appropriate diagnostic instruments and procedures. You must consider how well the instruments or procedures available measure the information. For instance, could you best gather information about a student's reading capabilities in word identification through an informal analysis of the student's daily reading performance, through administration of a published instrument, or by constructing your own instrument?

In addition, you should also consider such factors as administration, scoring, and interpretation. Ask yourself questions such as the following:

1. How *reliable* is the assessment instrument or procedure?
   Reliability addresses the consistency of results and is explained in Chapter 2.
2. How *valid* is the assessment instrument or procedure?
   There are several types of validity. **Content validity** determines whether or not the assessment instrument or procedure focuses on reading skills and abilities that were taught. **Criterion-related validity** tells us how well the assessment instrument or procedure can predict future performance. Both types of validity are described in Chapter 2.
3. How are the *results* to be used?
   Such a consideration is based on what will be measured. For example, if you want to use the results to reach decisions about specific reading strengths and weaknesses in phonics, then choose diagnostic instruments or procedures that relate directly to phonics.
4. How *familiar* am I with the assessment instrument or procedure? Do I understand how to administer, score, and interpret the results?
5. Would a *commercially prepared instrument* or *teacher-prepared assessment instrument or procedure* be best for providing the informa-