专业英语教程

English For Education

（教育类）

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专业英语教程(教育类)
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使 用 说 明

《专业英语教程》(教育类)是华东师范大学"211 工程"专门立项和组织编写的教材之一,可供师范院校高年级学生和研究生使用,也可供教育战线上的科研工作者、教师、教育行政人员和自学者使用。

一、编写原则

● 体现专业英语的特点。英语通常包括基础英语和专业英语两个组成部分。《专业英语教程》(教育类)是一本专业英语教材。在编写过程中,本人在框架设计、材料取舍、词语解释、举例说明、语言表达等方面,努力体现专业英语教材的特点,注意与基础英语教材区别开来。

● 从实际出发,针对学生目前在阅读专业英语文献、长句翻译等方面普遍存在的主要困难,着重培养和提高他们的英语阅读水平和翻译能力。

● 坚持学以致用的原则,努力促进学生从语言学习阶段向语言应用阶段的过渡。

● 融语言知识与学科知识于一体。

二、教材框架

本教材共分为十四个单元,主要内容包括:

1. 阅读理解

这本教材总共选编了十四篇课文(UNIT)和七篇补充阅读(SUPPLEMENTARY READING),涉及的主题包括教育制度、师范教育、教师评价、教育经济、特殊教育、教学方法、学业评定、教育心理、课程理论、教育目的、职业教育、教育报告、教育未来等。

编者为每一篇课文和每一篇补充阅读列出了生词(WORD LIST)、专业术语(TERMINOLOGY)和注释(NOTES)。教师在教学实践中,可以根据学生的实际情况,对课文和补充阅读的使用有所侧重。譬如,课文以课堂学习为主,以提高学生的英语语言水平为目的;补充阅读以学生自学为主,以形成学生获取信息的能力为目的。这样做的根本目的在于,帮助学生从语言学习性阅读理解顺利过渡到语言应用性阅读理解。为了帮助学生顺利完成这一过渡,编者在补充阅读的注释中有意省略了难句的参考译文。

本教材选取的课文和补充阅读大多源于英国、美国、澳大利亚等国以及联合国教科文组织、世界银行等国际组织 20 世纪 90 年代以来正式出版的教育文献。这些"原汁原味"的选文不仅体现了英语语言的最新发展动态,而且展示了教育学科的最新研究方向。

2. 长句翻译技巧讲座

这本教材分别开设了七次有关英语长句翻译技巧的讲座。众所周知,汉语和英语两种语言在词法、句法、语法、文章结构、思维方式等方面存在着明显的差异。譬如,汉语句子较短,较少使用从句和关联词,而英语句子较长,且较多使用从句和关联词。在专业英语文献中,多种从句(主语从句、定语从句、状语从句、表语从句或同位语从句)并存的长句比比皆是,这给学生理解和翻译带来了极大的困难。为了克服这个长期困扰学生的问题,本人集多

年的翻译和教学经验，分别介绍和探讨了顺流而下、逆水而上、重重叠叠、化整为零、先里后外、由外向内、先总后分等七种英语长句翻译的技巧。

3. 词汇表和专业术语表

为了便于集中复习和集中记忆，在教材最后的词汇表和专业术语表中，编者按照英语字母的顺序，汇总了课文（不包括补充阅读）中出现过的全部词汇和专业术语。

三、教学目标

本人希望学生通过这本教材的学习实现下列目标：

● 掌握教育学科的常用专业词汇和词组，具备熟练地和准确地阅读教育学科专著、教材、论文、文摘等专业英语文献和资料的能力，速度达到每分钟80—100个单词，总阅读量不少于15—20万英文单词。

● 巩固和掌握所学的语法知识。语法是语言的组织规律，是关于词形变化和组词成句的规则。只有熟练掌握及运用语法知识，才能进一步提高阅读理解的能力。

● 拓宽专业知识。

● 辩证地看待理解与速度的关系。首先保证阅读理解的准确性，然后提高阅读的速度。阅读速度只有在准确理解的基础上才有意义，防止一味追求速度、不求甚解的不良阅读习惯。

● 在阅读的过程中，利用语言信号词提高理解的准确性，譬如，表示转折或相反意义的词（如 but, on the contrary, however），表示进一步或附加信息的词（如 moreover, furthermore, likewise, besides, again），表示举例的词（如 such as, for instance, that can be seen in），表示目的的词（如 to this end, for this purpose, with this objective），表示结果的词（如 thus, consequently, eventually）。

● 掌握英译汉的长句翻译技巧，能够借助工具书将本学科的英文资料译成汉语，做到理解正确，译文通畅。

这本教材可能是我国第一部正式出版的同类教材。多年来，由于缺乏合适的教材，许多高等院校的专业英语教学形同虚设，这严重影响了学生的教学质量和语言水平。本人希望，这本《专业英语教程》（教育类）出版以后，能够对我国教育学科的专业英语教学以及广大自学者有所裨益。

错误和不足之处敬请斧正。

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CONTENTS

UNIT ONE

Students With Communication Problems

It has been estimated that approximately 10 percent of our population experiences problems in communicating. In fact, communication problems are probably the most pervasive of those discussed because they often affect all types of sudents. Some forms of communication problems are relatively mild and disappear as a result of maturation and learning. Others are much more severe and may require the services of a speech-language pathologist for remediation.

Causes of communication problems vary widely. Some children, such as those with cleft palate, are born with deformed articulation mechanisms that cause their speech to be distorted. Children born with cerebral palsy may lack the muscle control and coordination needed to make the rapid muscle movements required for speech. Some children who have hearing problems cannot hear the sounds that they are making. Consequently, they produce speech sounds that are distorted. Other children may have suffered brain damage impairing their ability to understand others or to express themselves. Some children have simply developed faulty speaking habits as a result of poor speech learning or exposure to poor speech models. Finally, there are some communication problems that exist for no apparent or readily identifiable reasons.

Regardless of the reason for a particular communication problem, it is important for teachers to understand a basic fact about communication: Speech and language are not synonymous. This differentiation has important implications for teaching and also for the type of treatment or therapy a person with a communication problem might receive. Language is an arbitrary system of symbols that we use to convey meaning about things and events in our environment. The symbols that we typically use to convey this meaning are words and word combinations. Language has a receptive component and an expressive component. It can be expressed visually (as in sign language) or tactilely (as in braille). Speech is the oral production of the sounds of the language.

It is possible for a student to have good language skills (understanding) and very poor speech. Similarly, it is possible for another student to be able to articulate various speech sounds but have poor language skills. If a student has poor speech, teachers should not infer that the child also has poor language skills. This is often one of the mistaken assumptions made by teachers when they first encounter a child with cerebral palsy.

Language Problems

There are three primary types of language problems that are encountered in school-age children. Receptive language problems are those related to the understanding of language. If a student does not understand spoken language that is appropriate for the particular age or intellectual ability level of similar students, then a receptive language problem is present. For example, a normal first grader should be able to understand the command: Take off your coat and put it in the closet. If the student does not respond to this request, the teacher should investigate further to see if the child does not seem to understand other spoken information or whether something else might be causing the child not to respond.

Expressive language problems are those related to the production of language. All of us understand more than we can express. We have all had the experience of being able to read a word without difficulty, but not being sure how to pronounce it. This illustrates that our receptive language is greater and more sophisticated than our expressive language. In fact, receptive language must be developed first in young children before they can develop expressive language. It is when the gap between receptive and expressive language becomes great that the student has an expressive language problem.

The third type of language problem exists when a child has a mixed receptive and expressive language difficulty. This occurs when the child's receptive language is below intellectual ability level and the expressive language is lower still.

Language problems are far more severe than speech problems. Although we are more aware of speech problems because they are typically more noticeable, language problems create greater difficulty in school because we are dependent upon language for virtually all of our learning. Can you image what it is like to learn how to read when you cannot understand the teacher's instructions? Teachers should be particularly alert for potential language problems and identify them before their effects become so serious that the students are hopelessly behind in their education.

Speech Problems

There are three primary types of speech problems exhibited by school children. These are problems of articulation, voice, and fluency. Students with articulation problems may substitute, omit, distort, or add sounds to words. A substitution is indicated when a child pronounces *rabbit* as "wabbit." Omissions are pronunciations such as "ireman" for *fireman*. Saying "shell" for *sell* is indicative of a distortion; while "warsh" for *wash* signals the addition of a sound.

In looking at these symptoms of articulation problems, it should be remembered that all of us occasionally make articulation errors. Such errors are particularly evident in preschool children who are learning to speak and children who are in the primary grades. In order for an articulation problem to be severe enough to create concern, the misarticulation must be frequent and recurring. It must also not be part of the child's particular culture.

For example, people with regional dialects may sound like they have an articulation problem to people from other parts of the country (e. g. , the New Englander's "yahd" and the Appalachian child's "y'all"). These articulation differences are not generally considered to be articulation problems unless they meet criteria specified in the following section.

A number of voice problems can be identified. Some children have pitch problems in which their voices may be too high, too low, or monotone. While these may not seem too troublesome on the surface, some girls with very low voices and boys with very high voices may be teased by other students, causing emotional problems. Remember that adolescent boys frequently have trouble with pitch breaks, and this should not ordinarily be cause for concern.

Loudness is another voice problem existing in some children. Although this is typically not too great a concern, some children can develop "screamer's nodes" on their vocal cords which will result in a harsh sounding voice. Those who speak too softly may create social problems for themselves. Problems in voice quality are also identified in some children. These may include voices that sound excessively nasal, breathy, harsh, or hoarse. In many cases, when these voice qualities are severe, they can be diminished through speech therapy.

The third major type of speech problem is disfluency, the preferred term for stuttering. Most children go through a period where they are somewhat disfluent in their speech production. This is when they are learning the rules of grammar and have to stop and "edit" their speech production. This development disfluency almost always disappears as children become more proficient with their speech production. Many of us exhibit normal disfluencies as we speak, inserting "uhs" into our conversation as a means of pausing to decide what to say next. Disfluencies that present problems occur when there is a repetition of words, syllables, or sound. This may be illustrated by the child who asks, Can-can-can-can I g-g-g-g-go t-t-t-to the b-b-bathroom?

Severe disfluencies that exist over long periods of time are very troublesome to children and are quite difficult to cure. These generally require the services of a speech-language pathologist. However, it is important for teachers to assist in the therapy program. This can best be done by attempting to treat the child just like the other students. Particular efforts should be made not to call attention to the child's disfluency. Do not encourage the child to "slow down" or to "try that sentence over. "

Referral Indicators

Keeping in mind that young children may exhibit some speech and language difficulties as part of their normal maturational and learning process, there are a number of clues that classroom teachers can look for in making a decision about whether to refer a child to a speech-language pathologist for a suspected speech or language problem. These are phrased in the form of questions that teachers can ask about their students.

- *Can I understand the student?* Obviously, if speech is very difficult to understand or language is nonsensical, then the student has a problem.
- *Does the student sound strange compared to others in the class?* Speech mannerisms that are so different from other class members that they call attention to the speaker could cause problems. This is particularly the case when the speech characteristics cause the other students to tease the speaker.
- *Does the student engage in peculiar physical gyrations when speaking?* Some students move their mouths, tongues, noses, hands, arms, heads, and other parts of their bodies in unusual ways when they talk. Such mannerisms are distracting and call negative attention to the students; consequently, these should serve as the basis for a referral.
- *Do I enjoy listening to the student?* Here reference is not to the message that the student is communicating. Rather, we are referring to the actual quality of the voice. Some of the characteristics that might be included here are hoarseness, breathiness, nasality, harshness, and whining.
- *Is the student damaging the communication mechanisms?* This is a judgment that is difficult for a teacher to make. However, if it sounds like the student is straining the voice or if straining brings on extended coughing or clearing of the throat, a problem in this area might be present.
- *Does the student suffer when attempting to communicate?* Again, this is a difficult decision to make. There may be indicators, however, that would tend to confirm such judgment. For example, teachers should be on the alert for signs of embarrassment and/or physical discomfort on the part of the speaker. Reluctance of some children to participate in oral discussion may also be due in part to communication problems.

If the answer to one or more of the above questions is, yes, then you might have the basis for a referral. In a number of cases, subsequent diagnosis may indicate that a problem really does not exist. However, it is better to be on the safe side and refer a problem before it becomes too severe. In many cases, informal discussions with the speech-language pathologist and brief observations in the classroom by that person can verify whether a formal referral is warranted.

Implications for Teaching

In cases where a student is accepted for speech or language therapy, the majority of treatment occurs in therapy sessions conducted by the speech-language pathologist. In some instances, this person will enlist the teacher's help in following up on activities in the classroom. When this happens, it usually requires very little extra effort or modification of classroom practice on the part of the teacher. For example, the teacher may be asked to structure situations where the student can use skills gained in the therapy sessions. Reinforcement can also be provided by the teacher when the child exhibits appropriate speech or

language behavior.

It is important to avoid calling attention to children with speech problems in the classroom. This is particularly the case with children who are disfluent. When one calls attention to speech problems, it has a tendency to reinforce the problems and make them worse. For example, don't encourage disfluent students to "slow down" or "try that sentence over again."

Perhaps the major contribution that classroom teachers can make in overcoming communication problems is in the area of language development. This is particularly the case in the primary grades. There are currently available some very useful instructional materials, such as the Peabody Language Development Kits, that provide instruction in expressive and receptive language. Interestingly, these materials are equally beneficial for those students who are progressing normally in the development of their language skills.

It should be emphasized that your best resource is the speech-language pathologist. Any questions about particular children or specific instructional procedures should be directed to that person.

WORD LIST

1. pervasive [pə'veisiv]	*adj.*	普遍的
2. maturation [ˌmætju'reiʃən]	*n.*	成熟
3. pathologist [pə'θɔlədʒist]	*n.*	病理学家
4. cleft [kleft]	*adj.*	裂开的
5. palate ['pælit]	*n.*	腭
6. deform [di'fɔ:m]	*vt.*	使……畸形
7. cerebral ['seribrəl]	*adj.*	大脑的
8. palsy ['pɔ:lzi]	*n.*	麻痹
9. arbitrary ['ɑ:bitrəri]	*adj.*	任意的,反复无常的
10. tactilely ['tæktailli]	*adv.*	在触觉方面的,触觉地
11. braille ['breil]	*n.*	布莱叶盲字,点字法
12. Appalachian [ˌæpə'leitʃiən]	*adj.*	阿巴拉契亚山脉地区的
13. pitch [pitʃ]	*n.*	声音的高低度,音高
14. adolescent [ˌædəu'lesənt]	*adj.*	青春期的,青少年的
	n.	青少年
15. monotone ['mɔnətəun]	*n.*	声音单调,单音调
16. node [nəud]	*n.*	节
17. nasal ['neizəl]	*adj.*	带鼻音的
18. breathy ['breθi]	*adj.*	带喘息声的
19. harsh [hɑ:ʃ]	*adj.*	刺耳的,嘈杂的
20. hoarse [hɔ:s]	*adj.*	嘶哑的
21. stuttering ['stʌtəriŋ]	*n.*	结巴,口吃

22.	referral [ri'fə:rəl]	*n.*	转诊
23.	nonsensical [nɔn'sensikəl]	*adj.*	无意义的
24.	gyration [ˌdʒai'reiʃən]	*n.*	旋转，摇摆
25.	distracting [dis'træktiŋ]	*adj.*	使人分心的
26.	nasality [nei'zæliti]	*n.*	鼻音
27.	whining ['wainiŋ]	*n.*	哼哼唧唧，嘀咕
28.	strain [strein]	*vt.*	尽力使用
29.	bring on		导致，引起
30.	on the part of		就……而言
31.	warrant ['wɔrənt]	*vt.*	使……有理由
32.	enlist [in'list]	*vt.*	谋取，赢得
33.	reinforcement [ˌri:in'fɔ:smənt]	*n.*	强化，加强

TERMINOLOGY

1.	communication problem	交流问题
2.	speech-language pathologist	言语-语言病理学家
3.	remediation	纠正，弥补
4.	cleft palate	腭裂
5.	cerebral palsy	大脑性麻痹
6.	articulation mechanism	发音结构，发音机制
7.	muscle control	肌肉控制
8.	muscle movement	肌肉运动
9.	hearing problem	听力问题
10.	brain damage	大脑伤害
11.	therapy	治疗，疗法
12.	system of symbols	符号系统
13.	sign language	手语
14.	language skill	语言技能
15.	school-age children	学龄儿童
16.	spoken language	口头语言
17.	receptive language	接受的语言
18.	spoken information	口头信息
19.	expressive language	表达的语言
20.	articulation	发音
21.	preschool children	学前儿童
22.	emotional problem	情感问题
23.	vocal cord	声带
24.	voice quality	音质
25.	speech therapy	言语治疗

26. referral indicator	转诊指标
27. speech mannerism	说话习惯，言语习性
28. physical gyration	身体摆动
29. communication mechanism	交流机制
30. language behavior	语言行为

NOTES

1. mild, moderate, severe, multiple 轻度的，中度的，重度的，多重的

在特殊教育领域，mild, moderate, severe (serious 或 profound)和 multiple 常常作“轻度的，中度的，重度的和多重的”解。例如：

mild communication problems 轻度的交际问题

moderate mentally retarded pupils 中度智力残疾学生

severe (serious 或 profound) behavior disorders 重度行为障碍

multiple handicap 多重残疾

2. language 语言

指人类所特有的用来表达意思、交流思想的工具，由语音、词汇和语法构成一定的系统。

3. speech 言语，说话

当 speech 作“言语”解时，通常指人们在各种活动中应用语言的过程。在这里，speech 作“说话”解。

4. braille 布莱叶盲字

又被称作点字法。它是 19 世纪法国人 Louis Braille 发明的盲字体系，用凸字符号代替字母。

5. substitution 替代音

指说话时把一个音用另外的音来替代。

6. omission 省略音

又称减音。指说话时丢掉一个或某几个音。

7. distortion 歪曲音

指说话时把一个音发成近似的或差别较大的、在该语音系统中没有的音；有时候歪曲音过多，导致整个言语发音含糊。

8. addition 赘音

又称增音或添加音。指说话时增加某一个单音或音节。

9. pitch break 音高的突变

10. Disfluencies that present problems occur when there is a repetition of words, syllables, or sound.

参考译文：当单词、音节或声音重复时，就会发生口吃的问题。

在这里，that present problems 作定语定句，修饰名词 disfluencies。

11. Reluctance of some children to participate in oral discussion may also be due in part to communication problems.

参考译文：某些儿童不愿意参与口头讨论，部分原因归咎于交流问题。

在这里，be due to . . . 作“由于……”解；in part 作“部分”解。

SUPPLEMENTARY READING

Students With Learning Or Behavior Problems

By far, the largest number of students who are mainstreamed into regular classrooms are those who have mild learning or behavior problems. Approximately 7 to 8 percent of our school-age population falls into this category. Translated into numbers, this amounts to somewhere in the vicinity of 4. 5 million students. It should be noted that we have specified that students who would be mainstreamed have *mild* problems in these areas. Those students who have severe learning or behavior problems should be educated in other settings, such as self-contained classes or special programs that provide short-term residential treatment for students with behavior problems and are closely coordinated with services to parents and short-term placements in regular school as the students progress.

Unfortunately, some school officials have misinterpreted the mainstreaming mandates and have closed all special classes and placed all special students in the school in regular classes. In our opinion, this is a mistake when there are students in the regular classroom that have moderate to severe problems. This approach is wrong for at least two reasons. First, regular classroom teachers simply do not have the time to provide the intensive individual attention that many of these students need. Second, it is unfair to both the mainstreamed student and to the others in the class to allow continual disturbances in the class by children who cannot control their behavior. We believe that school officials should provide alternative educational placements for children with severe learning or behavior problems, and that teachers should resist accepting such students in their classrooms until the behavior can be brought under control. Mainstreaming into regular classrooms was designed to accommodate those who have *mild* problems that interfere with learning. Consequently, the emphasis should be placed upon providing services to these students.

Evaluating Students with Learning or Behavior Problems

Students with suspected learning or behavior problems are typically evaluated by a school psychologist and/or an educational diagnostician. The former is qualified to administer tests of intelligence and personality; the latter administers educational diagnostic tests.

As a result of the evaluation, students with mild learning or behavior problems are typically diagnosed as *educable mentally retarded*, *learning disabled*, *emotionally disturbed*,

or *behavioral disordered*. It is unfortunate that such diagnostic labels are applied to these students because the use of the labels immediately suggests negative images and expectations for performance on the part of people who are responsible for their education. At present, it is necessary to place students in diagnostic categories if they are to be eligible for special education services. But this labeling is done primarily for administrative purposes and has virtually no implications for ways in which the students are to be taught. Smith and Neisworth succinctly summarized the issue of labeling and categorizing students this way:

> The categories are educationally irrelevant... Categorical groupings overlap; children do not fit neatly into single categories... Categories label children as "defective" implying that the cause of the educational or developmental deficiency lies only within the child... Special educational instructional materials and strategies are not category specific... Preparation of teachers along traditional categorical lines results in redundancy of course work and barriers within the profession.

The point that should be particularly emphasized is that there are very few teaching strategies or materials that are uniquely useful to a given category of students. Thus, regardless of whether a student might be diagnosed as mentally retarded or learning disabled, teachers would use the same techniques to teach them if their educational needs are the same.

It is for these reasons that we have avoided the use of labels. We believe that it is sufficient to indicate that there are some students who experience difficulties in learning academic materials and there are others who have problems in adjustment. The reasons for these problems are many and varied. For the most part, we cannot pinpoint the reasons for problems in learning and behavior. Some problems might be inherited, some may be due to environmental factors, others may be due to disease or injury, and still others may be due to poor teaching. Regardless of the cause, however, the students are still taught in the same way; consequently, we encourage you not to dwell on causes of a particular student's learning or behavior problem. Your time can be better spent in developing ways to teach the student and in overcoming the problems that the student exhibits.

Referral Indicators

We have grouped learning and behavior problems together because the two are so frequently related. It is quite common, for example, to see students who have difficulty in learning develop behavior problems as a result. Conversely, students who have adjustment or behavior problems can develop learning problems because their behavior problem interferes with their learning. In fact, educators are continually amazed at the similarities in educational performance and behavior that are observed in students who have different diagnostic labels. This does not mean that all children with learning problems are also going to