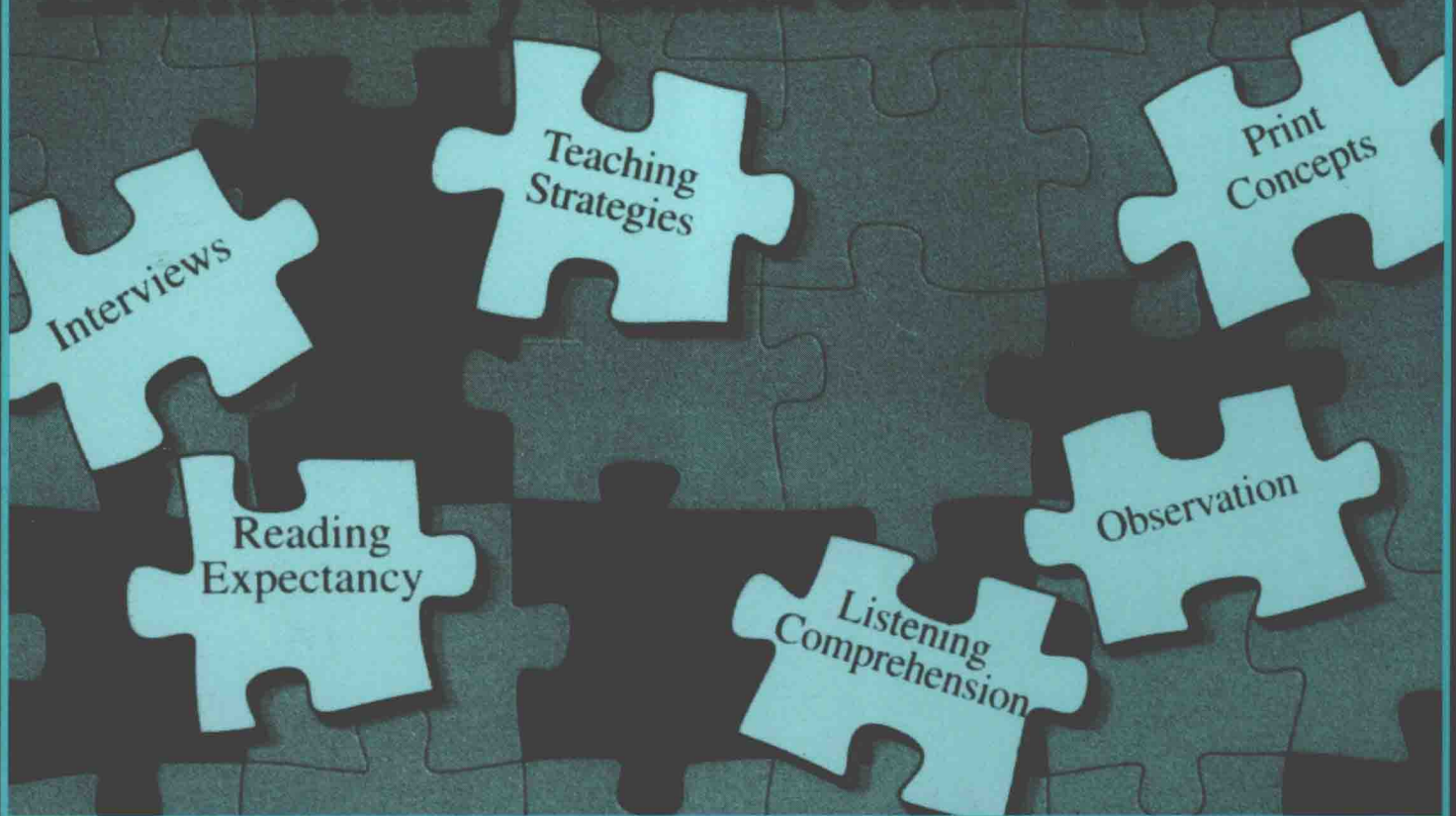



Third Edition

Linking Research to Assessment to Instruction

An Application Worktext for
Elementary Classroom Teachers



Arleen Shearer Mariotti • Susan P. Homan



LINKING READING ASSESSMENT TO INSTRUCTION

AN
APPLICATION
WORKTEXT
FOR
ELEMENTARY
CLASSROOM
TEACHERS

Third Edition

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TEACHERS**

To our families for their continuing love and support.
Thank you,
Mary, Louis, David, Ruth, Murray, Richard, Todd, and Lauren.



PREFACE

WHAT THIS BOOK IS ABOUT

Linking Reading Assessment to Instruction—a worktext for individuals who are or intend to be teachers—reflects our cumulative efforts at preparing teachers for the classroom. Over the years we have been teaching reading methods, reading diagnosis, and corrective reading courses, we have found that many of the texts we use with our students provide excellent information on a theoretical level, but few offer adequate practice activities in instructional and assessment techniques appropriate for the elementary classroom. We decided to write this text to make these kinds of application activities widely available. It is intended as a supplement to be used along with the “standard” texts normally used in pre-service or in-service courses.

In deciding to produce a third edition of this worktext, we were guided by our desire to ensure that we were continuing to meet the needs of elementary teachers. Assessment trends today demand that teachers be prepared to use classroom assessments to provide the best and most appropriate instruction for every child. As students go through this book, they will experience the world of decision making in teaching and have many opportunities to engage in making decisions of their own. A major premise of this book is that *instructional decision making is critical to effective teaching practices*—and that classroom teachers must be knowledgeable in various types of formal and informal assessment techniques, appropriate methods for collecting data, and ways to accurately interpret that data in order to make sound decisions. We believe our worktext provides the opportunities needed to prepare teachers for the vitally important work of instructional decision making.

As we searched for ways to support and extend the theory and concepts presented in college-level reading methods and reading diagnosis textbooks, we often discussed with our students and colleagues the different activities we developed. We learned that the most effective activities are those that mirror most closely the realities of the elementary-level classroom.

As with the second edition, we retained activities our colleagues told us were helpful, added a few new ones and deleted those which we considered not as challenging. All of the activities, as in the first and second editions, have been field tested. The assessments have been used with elementary students and most of the data used in the activities come from actual case studies.

We acknowledge that students who complete this worktext will not be experts in assessment and diagnosis. We do hope, however, that it will help them to become more aware of ways to learn about children, the appropriate use of formal and informal assessment techniques in the teaching process, and the steps to take in applying these techniques to instructional decision making.

OUR APPROACH TO THE READING PROCESS

The application activities in this book are grounded in the ideas and work of individuals who have made important contributions to theory and practice in reading instruction, including Clay, Downing, Harris, Betts, Powell, Searfoss, and Gillet and Temple. Although a complete development of reading theories is beyond the scope of this worktext, we strongly recommend that students use the suggested readings cited at the end of each chapter to build a strong conceptual base.

HOW THIS BOOK IS ORGANIZED

Chapter 1 provides detailed definitions of the terms *diagnosis* and *assessment* and explains the differences between them. This chapter also explains the range of variation from skills to strategies, provides information on integrating assessment and instruction, and presents a model of diagnosis.

In **Chapter 2** students engage in self-evaluations of their prior knowledge of reading concepts and theory. An Anticipation Guide, a Self-Assessment of Proficiency in Reading Diagnosis, and a Self-Scoring Cloze Pretest: Reading Instruction are provided for this purpose, along with suggested readings for review of specific information students may need based on their individual self-assessments.

Chapters 3–8 are the core of this worktext. Each chapter includes brief explanations of major reading and assessment concepts, followed by examples and guided- and independent-practice opportunities for gathering information, administering assessment techniques, analyzing and interpreting assessment data, and using this data for instructional decision making. Each chapter ends with a brief summary and a list of suggested readings. These chapters cover structured observations and the interview (Chapter 3), using standardized test scores (Chapter 4), identifying problem readers (Chapter 5), the Informal Reading Inventory, running record (Chapter 6), evaluating comprehension strategies (Chapter 7), and assessment of word recognition knowledge, phonemic awareness, phonics, and spelling stages (Chapter 8).

Chapter 9 covers grouping and instructional decision making; many of the activities in this chapter call on and provide for synthesis of knowledge and information gained throughout the text.

Three appendices at the end of the book enhance its usefulness for students and instructors: Directions for the Directed Listening-Thinking Activity (Appendix A); Directions for the Language Experience Approach (Appendix B); and copies of the Observation Checklists, Oral Reading Behavior Analysis Form, Summary Sheet, and the Cloze Test Applied Error Analysis Sheet (Appendix C).

In addition, an extensive **glossary** is provided. All glossary terms are highlighted in boldface the first time they appear in the text.

An **Instructor's Manual** provides information on how to use this worktext to supplement the most widely used reading methods, reading diagnosis, and

assessment texts; effective teaching strategies; chapter summaries with suggested discussion questions; and additional activities.

ACKNOWLEDGMENTS

We would like to extend our thanks to the reviewers who provided revision suggestions for this Third Edition: Patricia A. Shaw, University of Wisconsin, Whitewater, and Susan Bartels, Towson University. We would also like to thank our colleagues who reviewed the First and Second editions at various stages: Arlene Barry, University of Kansas, Lawrence; Wendy Bishop, Florida State University; Bonnie Ericson, California State University, Northridge; Jane Hornberger, Brooklyn College; Jane S. McGraw, California State Polytechnic University, Pomona; and Mark Sadoski, Texas A&M University.

All successful books are the result of positive efforts from a team of people. We would like to thank all of the reviewers for their insights and suggestions. We appreciate the guidance and support of Naomi Silverman.

Arleen Mariotti
Susan Homan



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ASSESSMENT AND DIAGNOSIS DEFINED

In this chapter, a framework is provided for **assessment** and **diagnosis**. Definitions of terms are given, as well as a method of planning classroom assessment and diagnosis.

ASSESSMENT VERSUS DIAGNOSIS

The current emphasis on testing in education includes several levels of assessment. At the national level, the NAEP (National Assessment of Educational Progress) assesses reading and math ability at specific grade levels. These scores allow achievement comparisons to be made geographically and over time. In addition, many states have testing programs with Texas, Florida, and California leading the state test movement. Some school districts have also instituted required testing of benchmarks and skills.

In this worktext, we focus on teacher assessment that immediately provides diagnostic information that teachers can use to inform instruction for students. The further assessment is removed from the child (national, state, and district versus classroom teacher), the less likely it will have an immediate and positive effect on improved instruction for that child.

There can be confusion between the meanings of *assessment* and *diagnosis*, and, in fact, these terms are often used interchangeably. In this worktext, *assessment* is the broader term, defined as the systematic process of gathering information about students. Assessment is ongoing in all classrooms for all children throughout the school year. The results of assessment may identify students who need a more intensive examination of their strengths and abilities. This intensive examination is *diagnosis*.

The purpose of both assessment and diagnosis is to make instructional decisions about how best to help students. Results of assessment and diagnosis help the teacher determine which instructional objectives to teach (or reteach), what methods and strategies to use, and what materials are appropriate. If a teacher engages in assessment and diagnosis and does not use the results, then the measurement activity was unproductive. Just as assessment that does not result in a decision is a useless activity, decisions based on inadequate information may be unfounded.

Reading assessment is the gathering of information to determine a student's developmental reading progress; it answers the question "At what level is this student reading?" In addition, assessment procedures provide information about the student's **comprehension** and **decoding** strategies, interests, attitudes, and communication skills. Teachers are engaged in assessment when they observe student behavior, review **standardized tests**, administer teacher-made tests, and use questioning procedures. Assessment occurs most often informally and in the context of instruction.

If a student is not progressing as expected, then diagnosis is in order. A question posed in diagnosis is, "What are the student's strengths and abilities?" A teacher may also ask, "What does the student need to maximize his or her reading progress?" This type of questioning requires a more in-depth examination of the student's sight vocabulary, comprehension strategies, and word-analysis strategies and skills.

SKILLS VERSUS STRATEGIES

There are several views, or theories, of reading, one of which is the subskills, or **bottom-up model**. This model holds that readers acquire the ability to read by learning a hierarchy of skills in both word recognition and comprehension. In this model, instruction concentrates on the acquisition of separate subskills in decoding and comprehension, such as phonics, context clues, and main idea identification.

A more conceptually driven model of reading is the **top-down model**. In this model, the reader uses what he or she already knows about the reading topic to process the information. This model has created a new way of thinking about reading instruction: Reading is perceived as "sampling, selecting, predicting, comparing, and confirming" what the reader sees and expects to see (Harris & Hodges, 1981). A top-down model of instruction emphasizes the use of prior knowledge to develop hypotheses and make **predictions**.

Yet, an effective reader uses skills as well as appropriate strategies; as Vacca, Vacca, and Gove state, "Reading is rarely totally top-down or bottom-up" (1991, p. 21). The reader who comes across an unfamiliar word may apply a strategy to unlock the pronunciation and/or meaning. However, if the reader has a limited number of skills in word recognition, he or she may be hampered in applying a strategy. Students need to have available many options to assist them in successfully gaining meaning from text. Thus, to hold an "only skills" or "only strategies" view can be limiting in instruction and unfair to students. These two approaches can work in concert to provide maximum success in reading instructional practices. The meshing of these two approaches can be considered an "interactive model" of reading instruction (Vacca, Vacca, & Gove, 1999). The current trend of a balanced approach to literacy reinforces our belief in supporting both reading skills and strategies.

As with instruction, assessment and diagnosis should not focus on solely skills or strategies. The evaluation of both are essential in the decision-making process.

Teachers who hold to a strict skills model of reading assess specific skills such as finding the main idea, sequencing, final *e* rule, or syllabication. This approach is common in many schools because of the use of criterion-referenced measures and basal mastery-skill tests.

Assessment that uses both models of reading would also examine the student's strategies in processing print and gaining meaning. The teacher may wish to evaluate **metacognitive skills**; **schema**, or background knowledge; **linguistic strategies** in word analysis, such as the use of **syntactic** and **semantic**

cues; and knowledge of **text structures**. Whatever the teacher's model of reading, once the student's areas of strength and abilities are evaluated, those areas showing greatest need are prioritized and addressed through specific instruction.

In addition to studying the student, the teacher may investigate aspects of the classroom environment. Here the teacher asks, "What factors within the classroom need to be removed, lessened, or added to assist the student in the learning process?" The teacher investigates teacher-learner-task-strategy interaction and infers possible changes in materials, grouping procedures, and feedback and reinforcement techniques.

Thus, assessment is more than the administration of a test or battery of tests and, in fact, can utilize a variety of techniques that include "alternative" or "performance" measures. Diagnosis examines what the child can and cannot do, what skills and strategies are used, and what the child needs to improve reading performance. We concur with Harris and Sipay (1990), who state that the core of diagnosis is not gathering the information but, rather, interpreting the information so as to establish a plan to correct learning problems and/or enhance learning. By questioning and observing, the teacher comes closer to making the appropriate instructional decisions for every child.

The following model presents a visual conception of the diagnosis process.

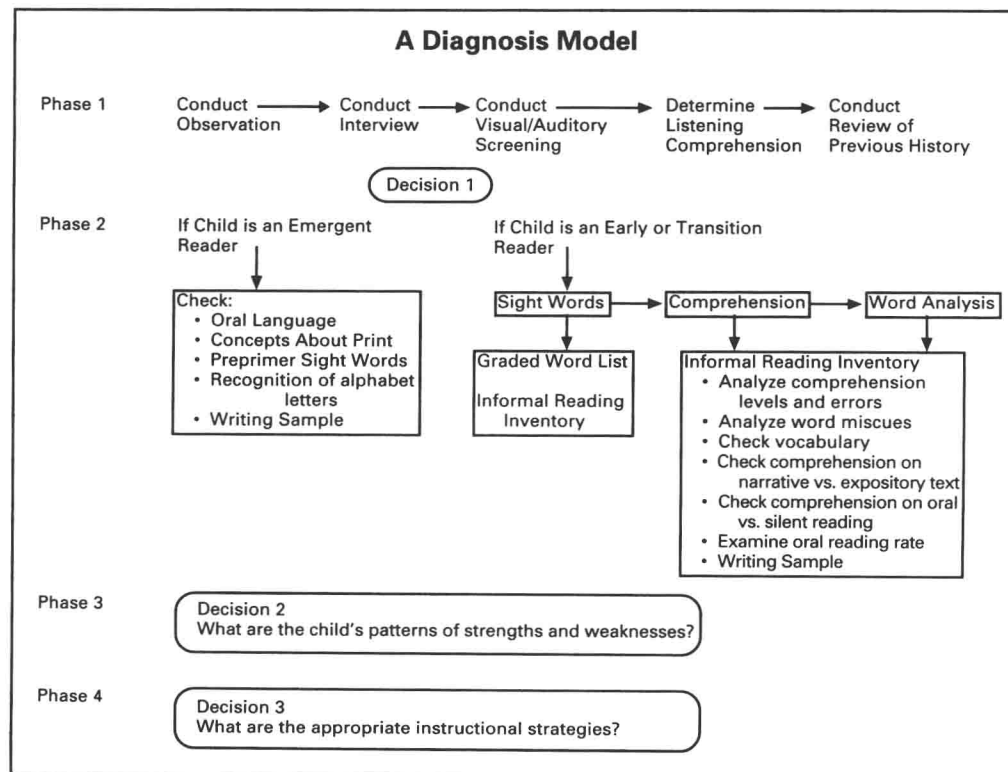
In summary, the questions that guide assessment and diagnosis are the following:

At what reading level is the child functioning?

What are the child's reading interests?

What is the child's attitude toward reading and/or school?

What are the child's strengths and abilities?



What strategies and skills does the child need to foster his or her reading progress?

INTEGRATING ASSESSMENT AND INSTRUCTION

We need to view assessment not as a separate teaching act but as an integral part of teaching. Balancing the teaching of the regular curriculum and implementing ongoing assessment is, indeed, a challenging task. But assessment and diagnosis can be facilitated by scheduling time for the process and by being aware of the instructional activities that can be used as **informal tests** for assessment.

The major method of collecting classroom assessment data is teacher observation of student behavior. By this, we mean **systematic observation** during which the teacher records observational data by using **anecdotal records** or data-collection forms.

Observation can be greatly simplified if the teacher focuses on one or two students each day. If this plan were employed, a teacher could observe twenty to forty children in a month. In most instances, focused observations are sufficient for the majority of children who are adequately progressing in reading.

Instructional activities provide informal, yet real, opportunities for assessment. For example, children's knowledge of **story elements** can be evaluated by using **story grammar** and **story frames**. During large-group guided-reading instruction, the teacher can focus on one child's comprehension abilities by using questioning. In a group activity, the teacher can employ a data-collection form to record oral reading errors, and strengths and weaknesses in comprehension.

In addition to observing children, one of the best ways to gain information is to interview each child. While this can take up to 10 minutes per child, the information can be invaluable. Time needs to be scheduled for interviews. If the teacher schedules 30 minutes twice a week for interviews, it would be possible to confer with six students per week, or twenty-four children in one month.

When diagnosis is warranted, the teacher will require at least 30 minutes for individual testing. Because not all of the diagnostic information needs to be derived in one sitting, several meetings should be scheduled. Diagnosis may only need to occur twice a year with the child who needs more intensive assistance. The initial diagnosis provides information to plan appropriate instruction. The second diagnostic session provides additional planning information and records the child's progress, which may not be sensitively measured by standardized **norm-referenced tests**. Remember, throughout the year, informal observation and other assessment measures will monitor the child's progress.

RECORD KEEPING

The information gathered in assessment and diagnosis should be permanently recorded. Some observation records, writing samples, and instructional activities used in assessment and which document a child's progress can, and should, be shared with the child and may be included in a **portfolio**.

There is a definite distinction between a child's portfolio and a teacher's file. Diagnostic information should be kept in a confidential teacher file. This data should be shared with the child's parents, other professionals and can be

reviewed with the child (depending on the age) but most of this type of information should *not* be part of a child's portfolio. The reason why lies in the definition and purposes of the portfolio.

The portfolio tells the story of the child's achievement and progress through student selected items and written reflections about those items. The portfolio, by design, is meant to be shared with others. The child, thus, shares his/her story and through reflective responses, answers the questions: Who am I? and Who do I want to be? (Hansen, 1994, p. 27). The portfolio provides other students, teachers and parents an opportunity to know the child over time rather than at a point in time.

One purpose of a portfolio may be to show the student's "best work". For this type of portfolio, clearly, diagnostic test data and test protocols are not appropriate. Another purpose of the portfolio may be to demonstrate progress. As assessment information is often indistinguishable from instruction, many literacy projects may be noted in the progress portfolio as well as in a teacher file. Examples of this type of information include: journal responses, semantic maps, story maps, and story retellings.

A child's literacy development can be described through a variety of assessment formats: standardized test scores, performance assessments, teacher observations, report card grades, portfolios, and diagnostic data. All of these data sources combined give us a complete picture of the child. At the same time, we recognize that the purposes of the data are different and may not meet the purposes of a student portfolio.

Understanding the essential purposes of assessment and diagnosis as well as the different purposes of a portfolio will help you differentiate the material appropriate to include in a portfolio and that which is maintained in a teacher file.

SUMMARY

Even though the terms assessment and diagnosis are often used interchangeably, the terms are delineated in this worktext. *Assessment* is considered to be the broader term, signifying the continuous gathering of information on students, while *diagnosis* refers to the in-depth examination of an individual student's strengths and needs. The purpose of both assessment and diagnosis is to help the teacher make instructional decisions. Teachers will not engage in diagnosis with all children; only those children who are not progressing as expected. Teachers should, however, conduct assessment every school day.

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