Teacher accountability: early identification of learning disabilities

Carla M. Allison

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TEACHER ACCOUNTABILITY:
EARLY IDENTIFICATION
OF
LEARNING DISABILITIES

by
CARLA M. ALLISON

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A RESEARCH PAPER
SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF ARTS IN EDUCATION
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Cardinal Stritch College
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1974
This research paper has been approved for the Graduate Committee of the Cardinal Stritch College by:

[Signature]

(Advisor)

Date: May 16, 1974
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CHAPTER I
Introduction

Perhaps one of the most controversial, if not frightening, trends in education today is that of mainstreaming. Controversial because some (parents, teachers, administrators, etc.) are for mainstreaming and others (parents, teachers, administrators, etc.) are against it. Frightening (to the same category of people) because it is not fully or clearly understood. It is not unusual to fear or resist the unknown.

The concept of mainstreaming is aimed at integrating the student of exceptional education into the regular classroom. This presents a challenge that the regular classroom teacher can be trained/taught to deal with successfully. It is a challenge that will require a sweeping away of old ideas and a realization/understanding of new trends, concepts and procedures in today's education. It is a challenge that will allow/require the classroom teacher to become actively involved in the evaluation, diagnosis, and educational planning process of children. It is also a challenge that will demand a change in attitude (of those resisting) towards the role of the regular classroom teacher.

In integrating the learning disabled child into the regular classroom, the classroom teacher will observe that children with learning disabilities are a heterogeneous group. Realizing that this group of children varies widely in both type of learning disorders and degree, the classroom teacher will need a wide range of approaches and techniques

for diagnosis and teaching procedures. The presence of the learning disabled child in the regular can provide the classroom teacher with opportunities as well as challenges. The most significant development to result from mainstreaming is that it provides the classroom teacher with the opportunity to take his/her rightful place on the diagnostic/evaluation team in planning for the educational needs of children.
When is it decided that a child has a learning problem? Who is involved in making the decision? What role, if any, does the classroom teacher play in the decision-making process? Finally, what is the basis of that decision? These are some of the basic questions that this paper was concerned with. The purpose of this paper was to review the research studies and related articles relative to the importance of the classroom teacher's role in identifying the learning disabled child at an early stage.

Early identification of a learning disability has been urged for some years. It is an old saying that, "an ounce of prevention is worth a pound of cure." If a learning problem cannot be prevented, the most important step in remediation is to identify (diagnose) at an early stage. Frustration, boredom, and behavior problems often result from not identifying learning problems.

1Helmer Myklebust, Psychoneurological Learning Disorders In Children S. Kirk and W. Becker (Eds.), Conference On Children With Minimal Brain Impairment, Chicago: Easter Seal Society, 1963
It is generally agreed that early identification of a learning disability is of prime importance. The question seems to be who has the responsibility of bringing the matter to the attention of someone in the field of special education. Considering the number of people involved in a child's life, a referral for diagnosis or placement in a special education class could come from a variety of people. Besides the parents, Lerner\(^1\) has suggested these five categories of disciplines who could contribute in identifying potential learning problems at an early stage:

1. Medicine
2. Language
3. Education
4. Psychology
5. Other Professions: Optometry, Audiology, Social Services, etc.

The basic problem lies in obtaining a correct early diagnosis of the learning disability. However, there are contributing factors which may obscure, retard, delay, or interfere with an early diagnosis. Some of these contributing elements are:

1. Teacher attitude in terms of pupil performance.
2. Teacher attitude relative to his/her role as an active observer and diagnostician.

\(^1\)J.W. Lerner, *Children With Learning Disabilities*
Statement of Problem
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(3) Tests

(4) Administration and Interpretation of tests.

(5) Parent attitude.

This particular listing of factors is not meant to suggest any order of importance. No one factor is in itself of greater importance than any other. Any one of these factors can seriously interfere with an early diagnosis. The problem is usually compounded by the fact that at some point in the diagnosing procedure, the diagnostician will be confronted with all of these factors.

While it has been stated that no one of these problems is more important than the other, there is one factor which seems to carry its own bundle of problems - specifically testing and the use of test scores. Traditionally, too much emphasis has been placed on test scores and too little credence on teacher observation and input. The writer suggests that the classroom teacher is in the most favorable position to give critical evidence as to those kinds of behaviors which should bring a student to the attention of special educators. It is to this end, that initial attention is herein focused on tests and teacher attitudes relative to playing an active role in identifying learning problems at an early stage.
Dyer states that a test score points in two directions at once.¹ "First, it points outward to the population with which the student can be compared and to situations in which his level of performance can be predicted or estimated. Second, it also points inward to the processes that lie behind it, that is the specific mental operations that have generated that score."

If testing is an integral part of teaching - and it is - then the classroom teacher who is working with a suspected learning disabled child will be interested in a test score only in terms of the second reason mentioned. Working towards a diagnosis of a learning disability, the classroom teacher, being an active observer, will need to go behind the numbers on a test to try to understand in detail how pupils are thinking and what in detail might be done to help them better understand.

¹Henry S. Dyer, What Intelligence Test Don't Test, University Princeton Magazine, 1964 (No. 20), Pgs. 4-5.
The test score, in itself, tells nothing at all about the nature of the performance on the test. If test results are to be considered of importance, they must be related to other behaviors. The classroom teacher has the greatest opportunity - and therefore, a responsibility - to be cognizant of student behavior. Specifically, he/she will need to be aware of signals that point in the direction of learning problems.

Because of the responsibility inherent in the role of the "total-teacher" the classroom teacher should be encouraged to enhance his/her observational skills so as to give concrete evidence of behaviors as they relate or do not relate to a test score.

Research has demonstrated that teachers are better than tests in predicting success or failure to their students. In comparing reliability of teacher prediction and tests, Feriden, Jacobson, and Linden found that, "Test profiles indicated that teachers' observations were useful (80%) in the selection of potential learning problems." Of the four tests used to compare the teachers' observations, the Metropolitan Reading Test was found to be an effective predictor of potential learning problems only if the total test scores fell below the 30th percentile. The Wide Range Achievement Test and The Evanston Early Identification Scale were found to be reliable instruments for predicting which kindergarten children would not experience success in reading in the first grade. The Bender Gestalt Visual Motor

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Test was not a reliable instrument for prediction at this level.

In a study conducted by the Educational Testing Service, its staff consulted 75 teachers in 25 New York City elementary schools and asked them to observe and write comments, both positive and negative, about behavioral signs of intelligence they could see in their students.\(^1\) The purpose of the study was to obtain and compare a "teacher-list" of student behaviors which could provide insights into the students' intellectual development. The students observed were six-year-olds. The results were compared with a "researchers list" of behavioral clues to intellectual development. It was found that most of the clues suggested by the teachers fitted into the researchers list at least once. The combined list of clues have been developed and printed into the booklet, *Let's Look at First Graders: An Observational Guide for Teachers.*

In comparing which diagnostic measures best identify children with learning difficulties the Pupil Behavior Rating Scale\(^2\) (PBRS) was developed. The authors of this scale, Bryan, and McGrady, concluded that, "Teachers do make reliable judgements regarding the behavior of children."

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\(^1\)Joseph O. Loretan, *The Decline And Fall Of Group Intelligence Testing.* Teachers College Record, Vol. 67, Pgs. 10-17, October, 1965.

In a five-year study conducted by Myklebust and Boshes, teachers were asked to judge behavioral characteristics of children by rating them on a five point scale. A rating level of one indicated that the teacher judged the child as being unable to follow directions, while a rating at level five indicated the child as skillful at following directions. Categories judged were: Auditory Comprehension; Spoken Language; Orientation; Behavior; and Motor. Teachers' ratings were then compared with tests used to measure the student: neurological; electroencephalographic; ophthalmological; and psychological. The findings of this study indicated that teachers' judgment of certain behavioral characteristics of children was a more reliable technique for identifying children with learning disabilities than any of the other measures used.

Since the publication of Pygmalion in the Classroom, research has been done and numerous articles written on both sides of the issue of the effects of teacher expectancy. Rosenthal and Jacobson conclude that teacher expectancy plays a definite part in the achievement and attitude of students. In a similar study which focused on the teacher-expectancy effect on the slow-learner, Fleming and Anttonen concluded that there was, "No evidence that slow learners are more susceptible to teacher-
expectancy effect than children within the normal range of intelligence."

Eaves, Kendall and Crichton\(^1\) used a battery of tests to distinguish kindergarteners into three groups: (1) normal; (2) children clinically diagnosed as having minimal brain dysfunction (MBD); and (3) children thought to be immature. The purpose of the study was to devise a reliable screening technique to identify those kindergarten children who can be expected to fail in school because of minimal brain dysfunction.

The battery of tests was initially administered to 228 children representing all social classes in Vancouver, B.C. The authors of the study used a Modified Predictive Index. (The battery was labeled because the Draw-A-Person Test, and Name Printing were added to the original Predictive Index). All tests were administered by a psychologist or a public health nurse specially trained to give the tests. Scoring of the tests was done by a psychologist according to norms established by de Hirsch.\(^2\) The Draw-A-Person Test (DAP) was scored by the Goodenough-Harris\(^3\) system, and the Name Printing (NP) was scored on a five-point scale. One point each for clear printing, letters on a straight line, correct letters, correct spelling and letters proportioned within one inch.

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\(^3\)D.B. Harris: Children's Drawings As Measures of Intellectual Maturity New York, Harcourt, Brace and World, 1963
The subjects selected for the study were 25 children, chosen at random, considered failures (scored 0 or 1 out of a possible 10) matched with 25 children who scored 2 points or more. The controls were matched according to sex and age, and where possible from the same school. When this was not possible, the control student was chosen from a socio-economic group similar with that of the subject.

The 50 students selected were given a neurological and psychological examination. The neurological examination consisted of a complete medical history and physical examination with a neuropediatric emphasis. The psychological examination consisted of the following tests: the Beery Test of Visual-Motor Integration, the Wechsler Preschool and Primary Scale of Intelligence, the Illinois Test of Psycholinguistic Abilities and a behavior rating scale devised for the purposes of the study.

Using the Pearson product-moment correlation method, correlations were computed between each item of the neurological exam, the psychological exam, the MPI and information from the schools. This yielded intercorrelations between 196 variables. A correlation of .40 or higher was established as the significant level (p = .005) to determine a relationship between the variables. T-tests were used to determine whether significant difference existed between means. To eliminate those variables with no discriminating power (the significant) and those whose discriminating information is supplied by other variables (the redundant), the 196 variables were examined by stepwise discriminant
The results of the study indicate that the MPI "clearly distinguishes a group of children who appear in the basis of "clinical experience" to be "high risk" children for school failure. It is less useful in discriminating those children with MBD from those who are immature. The observation was made that poor performance due to immaturity is expected to improve rapidly with time.
Summary

This chapter, has pointed out that the classroom teacher does have a meaningful role to play in evaluating and planning for the educational needs of children. The evaluating and planning ought to be based on the classroom teacher's observations more so than a test score.

Farrald and Schamber make the statement, "Teachers have been led to believe that they are incapable of many of the essential requirements of their profession - that they are not qualified to deal with sophisticated diagnosis and intervention." Unfortunately, this has been true for too long. We all know of some basic questions and problems inherent in testing. Numerous articles and definitions have been offered to defend testing. Whatever the nature of the test and however it was administered, a test still results in a number and that's all. Yet, based on this number, adult lives are shaped because of educational planning (or lack of it) during youth. Teachers have been led to believe that this number is more meaningful than his/her teacher diagnosis. Teachers have been led to believe that the child's performance on the test is valid and indicative of the student's real performance.

These assumptions of the past have to be questioned. "The inaccurate or erroneous administration of a test; the poor choice of an instrument by a diagnostician; any number of personal or social difficulties the child might have at the time the test is administered; insufficient time for a total evaluation; or a false representation of the data through an erroneous interpretation can invalidate the test results."¹

Even if one can assume that none of these very probable events ever happened educators must still face honestly what an intelligence test can and cannot do:

1. Can provide fair predictions of school success assuming we do nothing exceptional to help or hinder certain students and thus, destroy the prediction. Prediction per se' is of little use since we do not use intelligence tests to make selection decisions.
2. Cannot explain performance on the test or intelligent behavior sampled by the test.
3. Cannot reveal the capacity or potential of a student.
4. Cannot assist educators in matching students with educational treatments.

And that is what one of the current trends in education is all about - individulization - providing/matching each student with a educational program according to his needs and changing ability.

¹Ibid.
It is hoped that the reader will keep in mind a statement made by Joseph O. Loretan,¹ "An alternative to intelligence testing is teaching; that we assess progress only of what we teach, after we teach it, and that this progress is not the result of something innate, but of 'external materials' of intervention through teaching."

Like a hurricane sends out signals of its potential severity, the learning disabled child sends out a number of warning signals that he is experiencing difficulty in learning. The classroom teacher in the role of an active observer and diagnostician should be aware of some basic warning signals and their educational implications.

(1) The Child Who Persists In Reversals In Writing

Many children will correct their reversals themselves after being presented with the correct pattern. Particular attention will need to be given to the child who persists beyond the first grade to use reversals in his writing. Frosting\(^1\) states that, reversals in writing carry over to reversals in reading. In writing, the matter of reversals might be motor, while in reading, the problem might be a problem of visual perception. Specific, selected tests will need to be given to make a determination as to what is the cause. If the cause of reversals is a problem of visual perception, the child is likely to experience greater difficulty learning to read.

\(^1\)Marianne Frosting: Visual Modality, Research and Practice; Perception and Reading. Edited by: Helen K. Smith, Newark, Delaware, International Reading Association, 1968
according to Sr. Michaella, these letters are the most difficult to visually discriminate: m and n, U and N, b, d, p and q, E and F, T and F, M and W. The child who cannot consistently identify a particular letter, (W) will not be able to consistently identify a word (Was).

(2) The Child Who Is Generally Disorganized

This is probably the easiest of all signals to observe because it presents itself in a variety of ways. The students' paper or he, himself may reflect disorganization. If the teacher has given specific instructions as to paper heading and outline, the disorganized student's paper will reflect that he can't follow the instructions that he received. The child shows disorganization with his materials. He often can't find his books, paper, pencil, etc. He may insist that he finished an assignment, but can't find it. If only two materials are needed to complete a task, the disorganized student will have several other unrelated items on his desk to get in his way. He may come to school with his shoes

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1 Sr. Michaella: Reading Improvement - Cardinal Stritch College, Milwaukee, Wisconsin
on the wrong feet, his shirt on backwards, or he might forget to put a shirt on over his undershirt. He can't find his place in line, his place in the room, or his turn in a game (or a book). Just as disorganization reflects itself in many ways, the implications to the classroom teacher are numerous. This student will need a great deal of help organizing himself, his materials, and his environment.

Other than parent counseling, there is little the school can do to influence the child outside the school. The classroom teacher has an excellent opportunity to direct the child's disorganized thinking and behavior into channels of specific skills. He may need have his paper headed and outlined for him several times. The same procedure should be used as often as possible. Providing the child with an organizer or folder, appropriately labeled, is another aid the teacher could use. The folder will need to be checked at frequent intervals during the day in order to keep the student on the right track and encourage the child to keep up his particular filing system. The teacher might want to keep several of the student's books at his/her desk, giving them to the student only when the child
actually needs it. Giving the student a partner in line or game will serve as a reference point for him. He might find it easier to remember that he should stand next to John or Mike, rather than being directed to stand third or fourth in line. Assigning the disorganized child a place in the room next to some stationary object will serve to help the child locate himself more easily in the room. Disorganization is probably the most annoying characteristic of the learning disabled child. But, if his pattern of disorganization is observed, the teacher can begin to direct the child's scattered efforts into the desired channel.

(3) The Child Who Is The Last To Respond To Verbal Directions

Take a closer look at the student who is the last to respond to verbal directions. He's the student who gets visual clues from his classmates. He might have given up on listening to directions. Instead of hearing the name of a book to bring out or a page number to turn to, he may be associating the name of a book with its color or a particular page with a picture on the page. Imagine
the disruption which could come about by a student continuously looking around the room to pick up visual clues as to what's going on. Imagine the child's confusion and frustration when these visual clues are not available or don't give sufficient information. There are several possible reasons as to why this is happening. Don't overlook the obvious - have his hearing checked. The lack of an appropriate response may have an organic basis. If the child passes an acuity test, information as to threshold for particular frequencies and discrimination ability of the child, is very important information for the classroom teacher. Knowing that conversational speech level is 10-15 dB, the teacher might need to adjust his/her volume considering other background noise. The student's discrimination ability of speech sounds will influence the teachers' phrasing of directions. The teacher will want to avoid sentences containing similar sounding words.

Several authorities in the field of reading believe that the ability to discriminate speech sounds is a required skill to fluent reading.¹

¹Donald Durrell and Helen A. Murphy, "The Auditory Discrimination Factor in Reading Readiness and Reading Disability." Education, May, 1953 - Pgs. 556-560.
The results of having a hearing impaired student mainstreamed into the regular classroom will have a definite impact on the classroom teacher. The attached (#1) chart advises of some of the educational needs of the hearing impaired student.

(4) The Child Who Consistently Asks For An Explanation of Directions

After directions are given verbally, or visually, or both, the learning disabled child is likely to need individualized and personalized directions. Chances are he'll attempt to repeat your directions, confusing the sequence or omitting some important step. This presents the teacher with opportunities to observe which mode of directions the child is best able to process. Does he work better after a verbal explanation or does he respond better to a visual demonstration? It also gives information as to the child's ability to sequence directions as well as how many directions he can comfortably handle.

(5) The Child Who Doesn't Seem Interested In Visual Presentations

Again, don't overlook the obvious. Have the student referred for a complete visual examination to rule out any
#1 Educational Needs of the Hearing Impaired Student

<table>
<thead>
<tr>
<th>Degree of Loss</th>
<th>Effect of Hearing Loss on Understanding Language and Speech</th>
<th>Educational Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild 20-25 dB</td>
<td>May have difficulty hearing faint speech at distances.</td>
<td>Speech Reading</td>
</tr>
<tr>
<td></td>
<td>Will experience no appreciable inconvenience in school situations.</td>
<td>Hearing Aid--Possible for selected young children with losses approaching 30 dB.</td>
</tr>
<tr>
<td></td>
<td>Will not have defective speech as a result of hearing loss</td>
<td>Attention to vocabulary development</td>
</tr>
<tr>
<td>30-40 dB</td>
<td>Can understand average conversational speech at distance of 3 feet.</td>
<td>Speech Reading</td>
</tr>
<tr>
<td></td>
<td>Can carry on face to face conversation without difficulty.</td>
<td>Individual hearing aid if prescribed and training in its use.</td>
</tr>
<tr>
<td></td>
<td>May miss as much as 50% of class discussion if voices are faint or not in line of vision.</td>
<td>Speech training, if necessary.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attention to vocabulary development.</td>
</tr>
<tr>
<td>Degree of Loss</td>
<td>Effect of Hearing Loss on Understanding Language and Speech</td>
<td>Educational Needs</td>
</tr>
<tr>
<td>---------------</td>
<td>------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Marginal 30-40 dB</td>
<td>May exhibit slight speech anomalies if loss is of high frequency type. May exhibit limited vocabulary</td>
<td>Favorable seating and possible special class placement for primary or selected children.</td>
</tr>
<tr>
<td>Moderate 40-60 dB</td>
<td>Can understand loud conversation at about 3 feet. Misunderstands unwittingly -- will have increasing difficulty in school situations requiring participation in group discussions. May have defective speech if loss is high frequency type. Difficulty with: s,z,sh, ch,j; Substitution of t &amp; d for k &amp; g, etc. Will likely be deficient in language usage. Will have evidence of limited vocabulary.</td>
<td>Speech training/reading Individual aid, if prescribed and group auditory training. Special help in language arts, vocabulary, development, usage, reading, writing, English, etc. Favorable seating and/or special class placement for more severely handicapped in elementary school.</td>
</tr>
</tbody>
</table>
### Educational Needs of the Hearing Impaired Student

<table>
<thead>
<tr>
<th>Degree of Loss</th>
<th>Effect of Hearing Loss on Understanding Language and Speech</th>
<th>Educational Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe 60-70 dB</td>
<td>May be able to hear moderate voice at several inches from ear.</td>
<td>Speech Reading</td>
</tr>
<tr>
<td></td>
<td>Will hear loud noises at some distance; auto horns, dogs barking</td>
<td>Individual aid, if prescribed and group auditory training.</td>
</tr>
<tr>
<td></td>
<td>Speech and Language do not develop spontaneously. Voice has good quality.</td>
<td>Integrated language development and speech program by special teachers.</td>
</tr>
<tr>
<td></td>
<td>May be able to discriminate between vowels, but not all consonants at close range.</td>
<td>Regular classes for selected high school students.</td>
</tr>
<tr>
<td>Profound 75 dB+</td>
<td>May hear loud shout one inch from ear to no response at all.</td>
<td>Speech reading/training</td>
</tr>
<tr>
<td></td>
<td>Unaware of loud noises, but may respond reflexively to loud sounds close to ear.</td>
<td>Individual and group auditory training</td>
</tr>
<tr>
<td></td>
<td>Speech and language do not develop spontaneously.</td>
<td>Special techniques required to develop language and specialty through visual, auditory, and tactile stimuli.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Regular classes only for selected high school students.</td>
</tr>
</tbody>
</table>
medical basis for his disinterest. If the student's problems are medically based, Glaser, makes a strong and impressive case to show that, "The physician is in a position either to correct the handicap or to initiate measures which may prevent or reduce the effects of the handicap upon the learning process."¹

If the problem is not medical, remediation may be as simple as assigning a more favorable seat for the student in relation to lighting, teacher position, boardwork, etc.

Besides visual and auditory handicaps, Glaser also points out that other factors such as, nutritional deficiencies, anemia, or glandular disturbances and mental efforts.

(6) Behavior

Considering the students' behavior throughout the day, the classroom teacher might look for evidences to answer the following questions:

(a.) Is he hyperactive?
(b.) Is he withdrawn?

¹ Kurt Glaser, M.D., Pre-Conference Medical Seminar: An Overview of Causes of Learning Difficulties
Some Warning Signals and Their Implications to the Classroom Teacher

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(c.) Is he distractible?
(d.) Is he generally clumsy - bumps into things - drops materials?
(e.) Does he perseverate?
(f.) Does he daydream?

It is important to mention that these kinds of behavior are not exhibited exclusively by learning disabled students. Research by McCarthy and Paraskevopoulos, 1 concludes that the learning disabled student, the emotionally disturbed student, and the normal student all exhibit the same kinds of behavior at one time or another. Furthermore, "No group of children was completely free of poor academic performance." It would seem that the criteria of evaluating what behavior is maladjusted would be frequency of occurrence and severity. Many schools have devised checklists of behaviors in order to help the classroom teacher's obtain a profile of the students' total observerable behavior. Remembering that all children, at one time or another exhibit the same kinds of behavior, these checklists should more accurately require a response which indicates the frequency of occurrence and severity - rather than a simple

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yes or no that a behavior is or is not present. For example, it would be helpful to know that a particular behavior occurs rarely; occasionally; often; etc.

(7) Language

"Language taps all of the intellectual resources including sensation, perception, cognition, retention and recall; and the child who is learning to communicate is actively involved in the process of conception attainment."¹ How a student does in all school subjects depends a great deal on his receptive and expressive language. Some questions the classroom teacher might keep in mind when observing a student's language behavior are:

1. Does he use non-complete sentences, but uses:
   
   .......... gestures
   .......... phrases
   .......... one word responses
   .......... non-meaningful responses

2. Does the child have difficulty expressing himself?

3. Does the child have difficulty describing objects?

4. Does he fail to use language and vocabulary appropriate to his peer group?

5. Does he seem not to understand what he hears?

6. Does he have difficulty understanding the meaning of words?
CHAPTER IV
Test And Diagnostic Procedures
For The
Classroom Teacher

Now that the area of behaviors and their implications to educational planning has been explored and discussed, it is appropriate to take and diagnostic procedures which can be used by the classroom teacher. Besides knowing which specific traits of behavior need to be observed, there are certain basic guidelines to follow in both formal and informal strategies of observation.

Smith,\(^1\) offers some practical guidelines for collecting behavioral data from informal measures.

1. "Every activity selected for the purpose of evaluation should be part of the on-going program."
2. "Activity/ties should be interesting to the student."
3. "Activities for diagnosis should be selected to measure specific educational dimensions."
4. "Activities should be developed to measure directly a child's performance in each specific skill area."
5. "Every diagnostic activity should be chosen for objectivity."

\(^1\) Robert M. Smith: *Teacher Diagnosis of Educational Difficulties* Charles E. Merrill Publishing Company, Columbus, Ohio, 1969
(6) "Activities should be varied enough that the youngsters do not become too familiar with the tasks.

(7) "Activities selected to diagnose areas of educational relevance should provide valid measurement of the behavioral dimension.

The classroom teacher might ask, "How can this information be used, or is it meaningful? Every act of student behavior is meaningful as it reflects his attitude and ability to cope with a given situation. Student behavior is even more important when it is used to corroborate or refute a test score. One use the classroom teacher might make of information gathered informally, is to decide the kind of instructional program and curriculum needed. Major concepts are formally taught, however, a great number of facts, concepts, etc., are expected to be learned incidentally. Through informed measures of observations, the teacher can diagnose those students who need more structure and formal teaching of concepts. Personal observation, by the classroom teacher, of behaviors mentioned would be a more meaningful criteria for grouping students than grouping based on scores of achievement tests alone.

Another use of information gathered from the teacher's informed evaluations could be to help to decide whether a referral be made to other agencies, professionals, or for further testing or remediation.
Finally, the information can be used by the classroom teacher to evaluate specific classroom objectives. The teacher may observe a general weakness of most of the class in a particular skill area, in which case he/she may want to reconsider focusing on that skill. On the other hand, additional activities and training for a skill may be needed by only a few students in the class. As education moves further in the direction of individualization and personalization, the classroom teacher will need to make full and creative use of informed evaluation techniques so as to prescribe those behavioral/educational objectives applicable to the needs of the individual student.

The author of this paper favors a diagnostic evaluation through use of systematic observational techniques because it offers a dimension not obtainable in formal testing. Both formal and informal testing will tell: (1) what a person is able to do, and (2) what the person is presently doing. However, only by observation of the student actual behavior, can we determine why and in what areas he is not performing.

The following - attached - charts provide information on four kinds of formal, standerized tests: (1) Intelligence; (2) Perceptual (Visual-Motor) (3) Reading; and (4) Screening.¹

Any formal standerized test must be administered according to its

¹ Class handout from Dr. Camille Peck, Cardinal Stritch College, Milwaukee, Wisconsin
particular procedure. Care must be taken in administering and scoring of the test. Generally, the following tests are not administered by the classroom teacher due to lack of training and time. However, the results of any testing should be shared with the classroom teacher so that he/she can contribute to the team's effort, of an early and complete diagnosis by providing information obtained through his/her informal observations.
<table>
<thead>
<tr>
<th>Test</th>
<th>Publisher/Address/Author</th>
<th>Date of Publication</th>
<th>Administering Time</th>
<th>Range of Norms</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Standard-Binet Intelligence Scale             | Psychological Corporation 304 East 45th Street New York 17, New York Terman, L.M./Merrill, M.A. | 1960                | 40--60 Minutes     | 2 Years        | Superior Adult
Individual Test
Suitable for preschool child.
Highly verbal          |
| Combined L-M Form                             |                                                      |                     |                    |                |                                                                          |
| Wechsler Intelligence Scale For Children-Wis. | D. Wechsler                                          | 1949                | 40--60 Minutes     | 5 - 15 Years   | Individual Test
Provides separate verbal and performance scores |
| Peabody Picture Vocabulary Test               | American Guidance Service 2106 Pierce Avenue Nashville 12, Tennessee L.M. Dunn | 1959                | 10--15 Minutes     | 1 - 9 Years    | Individual Test
Designed to provide a well-standardized estimate of a subject's verbal intelligence through measuring his hearing vocabulary; appropriate for non-speaking children correlates highly with auditory and visual decoding. |
| Full Range Picture Vocabulary Test            | R.B. Ammons New Orleans, Louisiana R.B. Ammons Helen S. Ammons | 1948                | 10 Minutes         | 2½ Years to Adult | Individual Test
Nonverbal test of intelligence; useful with nonspeaking children: correlated with auditory and visual decoding |
## Standardized Tests

### Intelligence/Perceptual (Visual-Motor) Reading/Screening

<table>
<thead>
<tr>
<th>Test</th>
<th>Publisher/Address/Author</th>
<th>Date of Publication</th>
<th>Administering Time</th>
<th>Range of Norms</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Leiter International Performance Scale</td>
<td>Western Psychological Services 12035 Wilshire Blvd. Los Angeles, California R.G. Leiter</td>
<td>1948</td>
<td>40-50 Minutes</td>
<td>2 Years</td>
<td>Administered without language; useful with special - handicapped and auditorily handicapped subjects.</td>
</tr>
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</tbody>
</table>
| Frostig Developmental Test of Visual Perception | School of Educational Therapy  
7257 Melrose Avenue  
Los Angeles, California  
Marianne Frostig | 1961 | 3 - 0 | 15-20 Minutes |
|                                          |                                               |                     | to             | 10 +  
|                                          |                                               |                     | Group Test  
Test includes 5 subjects  
eye-motor coordination-figure-ground-form  
constancy-position in space & spatial relations; also available are study materials for  
children having problems in areas of visual perception measured on the test. |
| Bender Visual Motor Gestalt Test for Children | Western Psychological Services  
12035 Wilshire Blvd.  
Los Angeles, California  
Aileen Clausen | 1962 | 5 to 10 Years | 5-10 Minutes |  
Individual Test  
Test includes a geometric figure which the child is asked to copy. Scoring yields both a  
quantitative score and a quality assessment of visual-motor perception; test often used as in-  
dicator of brain injury or psychopathology; numerous forms of this test are available. |
### Standardized Tests

**Intelligence/Perceptual (Visual-Motor) Reading/Screening**

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<tr>
<td>Durrell Analysis of Reading Difficulty</td>
<td>Harcourt, Brace and World 750 Third Avenue New York 17, New York D.D. Durrell</td>
<td>1955</td>
<td>30-90 Minutes</td>
<td>Grades 1.5 through 6.5</td>
<td>Analysis of how the child reads and where he has difficulty; includes checklist for where he has problems Individual Test</td>
</tr>
<tr>
<td>Spache Diagnostic Reading Scale</td>
<td>California Test Bureau-Delmonte Research Park Monterey, California Spache, G.S.</td>
<td>1963</td>
<td>30-40 Minutes</td>
<td>Grades 1 - 8</td>
<td>Battery of interdependent tests, each of which measures specific components of reading ability including oral and silent reading phonics; Individual Test</td>
</tr>
<tr>
<td>Iota Word Recognition</td>
<td>Diagnostic Reading Examination Institution for Juvenile Residents 907 South Lincoln Chicago, Illinois Marion Monroe</td>
<td>1931</td>
<td>5 Minutes</td>
<td>Grades 1.0 through 5.8</td>
<td>Test of oral reading of individual words; makes possible a subjective analysis of types of errors in word attack; individual test</td>
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<tr>
<td>Gates Primary Reading, 1st and 2nd Grade</td>
<td>Western Psychological Services 12035 Wilshire Blvd. Los Angeles, California A.I. Gates</td>
<td>1958</td>
<td>Grades:</td>
<td>1.20 - 3.30</td>
<td>Type 1: Word Recognition Type 2: Sentence Reading Type 3: Paragraph Reading Group Test</td>
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<tr>
<td></td>
<td></td>
<td>15 Minutes</td>
<td>1.20 - 3.45</td>
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<td></td>
<td></td>
<td>20 Minutes</td>
<td>1.30 - 3.75</td>
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<tr>
<td>Gates Advanced Primary 2nd and 3rd Grade</td>
<td>&quot;&quot;</td>
<td>1958</td>
<td>Grades:</td>
<td>1.7 - 7.0</td>
<td>Type 1: Word Recognition Type 2: Paragraph Reading Group Test</td>
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<td></td>
<td></td>
<td>15 Minutes</td>
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<tr>
<td></td>
<td></td>
<td>15 Minutes</td>
<td>1.7 - 8.2</td>
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<tr>
<td>Gates Reading Survey 3rd - 10th Grades</td>
<td>&quot;&quot;</td>
<td>1958</td>
<td>Grades:</td>
<td>2.5 -12.4</td>
<td>Includes: Work Knowledge Comprehension Speed Group Test</td>
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<tr>
<td></td>
<td></td>
<td>20-30 Minutes</td>
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<tr>
<td></td>
<td></td>
<td>30 Minutes</td>
<td>2.5 -12.0</td>
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<td></td>
<td>7-10 Minutes</td>
<td>1.6 -13+</td>
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<tr>
<td>Meeting Street School Screening Test</td>
<td>Crippled Children and Adults Rhode Island, Inc. Meeting Street School 333 Grotlo Avenue Providence, R.I. 02906</td>
<td>1969</td>
<td>10 - 15 Minutes</td>
<td>Kindergarten through 1st Grade</td>
<td>Test is aimed at identification of language and visual-perceptual-motor and gross-motor deficits that relate to mastery of school curriculum; individual test</td>
</tr>
<tr>
<td>Wide Range Achievement Test (WRAT)</td>
<td>Psychological Corp. 304 E. 45th Street New York 17, New York J. Jastak and S. Bijou</td>
<td>1946</td>
<td>15 Minutes</td>
<td>Kindergarten through College</td>
<td>Short test of oral word reading, spelling and arithmetic achievement; useful as quick estimate of child's level of functioning; individual test</td>
</tr>
<tr>
<td>Illinois Test of Psycholinguistic Abilities (ITPA)</td>
<td>University of Illinois Press Urbana, Illinois S.A. Kirk and J.J. McCarthy</td>
<td>30 - 40 Minutes</td>
<td>Grades 1-4</td>
<td>3 Forms</td>
<td>Includes 12 subtests designed to yield a profile of the child's strengths and weaknesses in linguistic ability; individual test</td>
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# Standardized Tests

## Intelligence/Perceptual (Visual-Motor) Reading/Screening

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<tr>
<td>Singerland Screening Tests for Identifying Children with Specific Language Disability</td>
<td>Educators Publishing Service, Inc. Cambridge, Massachusetts 02138</td>
<td>1972 Revised</td>
<td>66 Minutes</td>
<td>Grades 1-4</td>
<td>8 subtests geared to prelinguistic skills for early identification of language disorders</td>
</tr>
<tr>
<td>UTAH Test of Language Development</td>
<td>Communication Research Associates P.O. Box 11012 Salt Lake City, Utah</td>
<td>1967</td>
<td>30 - 45 Minutes</td>
<td>CA 1-5</td>
<td>51 items arranged according to age levels aimed at screening for receptive and expressive deficits; individual test.</td>
</tr>
</tbody>
</table>
Reflecting back on the original questions with which this paper was concerned, it should be obvious that the classroom teacher does have a role to play in deciding when a child has a learning problem. Hopefully, the contents of this paper have alerted the reader to the importance of the classroom teacher as a member of the diagnostic team in identifying learning problems of students at an early stage.

The position of this paper is that identification of behaviors suspected of being potential learning problems is more relevant for educational planning than a test score. Further, the classroom teacher is in the most desirable situation for observing the entire range of typical student behavior.
BIBLIOGRAPHY


Blissing, Kenneth R., Mathis, Daniel C. and Baribeau, Floyd L. Wisconsin's Public School Services for Retarded Children. Madison, Wisconsin, 1958


Durrell, Donald and Helen Murphy. "The Auditory Discrimination Factor in Reading Readiness and Reading Disability."

Education, May, 1973


Glaser, Kurt, M.D.; Pre-Conference Medical Seminar: *An Overview of Causes of Learning Difficulties*.


Louton, Joseph O. "The Decline and Fall of Group Intelligence Testing." *Teachers College Record*. Vol. 67, 1965


Report of The President's Committee on Mental Retardation. 1972


Smith, Robert M. Teacher Diagnosis of Educational Difficulties. Columbus, Ohio: Charles E. Merrill Publishing Company, 1969