Role of the remedial reading teacher in the elementary school and her accountability to the faculty

Jeanne Marie Holtz
THE ROLE OF THE REMEDIAL READING TEACHER
IN THE ELEMENTARY SCHOOL
AND HER ACCOUNTABILITY TO THE FACULTY

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CHAPTER I

THE NEED FOR READING

Introduction

The ability to read is most vital in our culture today. Seldom has public concern and criticism of methods been so wholesale as it has been on the subject of reading in recent times. In discussing the principles of reading, Heilman states:

During the past decade reading instruction in American schools has attracted the attention of a broad cross-section of our citizens. While there are differences of opinion as to what should be done, there was general agreement that existing instruction was not adequate for the educational goals of our schools.¹

The inability to read is one of the most frequent causes of school failure. This incapacity to read is not just a problem for the disabled reader. The problem is evident in all phases of his life and thereby causes problems for others who come into contact with the disabled reader. Teachers must come to the aid of these disabled readers.

Teachers, whatever the subject or the grade they teach, are involved in the improvement of reading. Elementary, secondary, and postsecondary teachers can develop reading skills in various subject matter areas to the end that each individual may become a proficient reader.²


Most children of average intelligence, or above, can learn the skills necessary to read well. Some children lack the innate ability to become proficient readers. But, more importantly, many who have the ability to become skilled readers never attain the skills. These are the non-readers that arouse the condemnation of parents, teachers, and the public in general.

Some critics contend that poor readers are more numerous today than ever before. This is probably true. Chronological promotion and advances in the school leaving age tend to keep poor readers in school longer. The rapid increase in school population has further augmented this number.

Even before the recent furor, many teachers realized that not all boys and girls worked up to their capacity. Of course, there are many reasons for this failure to achieve. In some it is laziness; in others the lack of interest. Poor teaching is to blame for much poor learning; poor attitudes, both in school and in the home negate good teaching.

**Purpose**

Due to the concern over the inability of so many children to learn to read, the writer set about to investigate one phase of the situation. It was the purpose of the writer of this paper to investigate the role of the remedial reading teacher in the elementary school and her accountability to the faculty.

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1. Ibid., p. 5.
2. Ibid., p. 6.
CHAPTER II
REVIEW OF THE LITERATURE

Introduction

Reading disabilities have existed since the dawn of literacy. No other educational problem has been so persistent, so frustrating, and so prone to investigation. These retarded readers are the students who show a marked difficulty in grasping the skills necessary to become proficient readers. Although these readers have been so numerous remedial reading has just recently become important in the schools.

The concept of remedial readings was launched from its small island of study during this period (1920-1930) and sent out over unexplored seas in quest of answers to disability problems. The movement was spurred on by the use of standardized tests. These tests revealed that thousands of boys and girls were failing each year to make normal progress in reading. Published reports of work in the reading disability field indicate that the chief interest at this time was in diagnosing individual cases. As for method, it was during this period that Fernald evolved her kinesthetic method, and that Orton expounded his theory of mixed dominance and the treatment that accompanied it. Remedial reading did get under way during this period.¹

During the late twenties and the early thirties the concept of remedial reading was sometimes a popular subject and sometimes an unpopular subject. Then in the latter part of the

¹Nila Banton Smith, "What Have We Accomplished in Reading?--a Review of the Past Fifty Years," Elementary English, XXXVIII (March, 1961), p. 144.
thirties remedial reading came into its own in the field of education.

Remedial reading, which had experienced a touch-and-go recognition during the preceding period, now became established and gained stature. Many significant studies were conducted in the remedial reading areas: causes of difficulties, diagnosis, and corrective procedures. Professional books devoted exclusively to remedial reading were first published. Remedial reading, which had started in laboratories, now became a topic for practical experimentation in the public schools themselves.¹

The extreme need to do something for the problem readers was strongly exhibited in the forties. The country was shocked by the number of non-readers in the military services.

The other major effect of the war was the shocking discovery that at this day and age thousands of young men in the military service could not read well enough to read the simple printed instructions for camp life. Coupled with this discovery was the revelation that reading could be taught to these young men in army camps in amazingly short time. Concurrently, several new reading investigations discovered reading deficiencies in large numbers of high school and college students. These several influences combined to produce a spurt in attention to reading at these higher levels. The actual teaching of reading at these levels had not progressed far at this time but the idea was vigorously expanding.²

During the fifties there was much research done on the psychological reasons for students being non-readers. The researchers were looking to the psychologists for answers to the problems of reading disability.

Remedial reading is not so much concerned now with the study of gadgets and specific teaching

¹Ibid., p. 144.

²Ibid., p. 147.
remedies as it is with organismic and personality factors. Parental personality, attitudes, and interactions with the child as related to reading entered the research scene for the first time during this period, and many reading investigations concerned with parents and their children are now being reported. 1

Reading Teachers

In the mid-sixties reading instruction ceased to be a matter of only local school concern. It was viewed broadly as being related to the national welfare. The federal government began to support research and teacher-training in reading.

Each new approach, the public was assured, was destined to revolutionize reading instruction in our schools while solving the problems which had plagued our schools for decades...An affluent society such as ours should never permit the effects of good teaching to be diluted through the use of inadequate materials. 2

Any teacher who could teach school was considered a reading teacher and often a remedial reading teacher. The teacher qualifications seemed to be by assignment rather than educational background.

In 1962, for example, one state department reported on the professional preparation of special reading teachers. Only fifty percent of these specialists has as much as one course on the foundations of reading instruction. About half of them had studied corrective and/or remedial reading. From these and other data in the report it appears that special reading teachers "get that way" by appointment rather than meeting special requirements. 3

Experts in the field of reading tried to remedy the situation.

1 Ibid., p. 149
2 Heilman, Principles, p. 2
3 Emmett Albert Betts, "Who Shall Teach Reading," Reading Teacher, XV (March 1962), p. 409
Many worked toward improving reading instruction. Others worked toward improving the quality of reading teachers. Some attempted to describe the work to be done by the reading teacher.

A special reading teacher is a therapist only; although pupils may have a number of problems, the special reading teacher should handle only those problems related to reading.¹

Chall also emphasized the importance of the teacher and what she can do in the school to help the child.

The teacher should make use of all the available tools to identify pupils who are below par in reading, and to use the best techniques for helping them overcome their handicaps...If the child's emotional problems are serious, they need treatment as such, and the proper referral should be made...Probably one of the most important factors overlooked in helping children with reading difficulties is the teacher. With recent emphasis on psychological factors in learning, many teachers have underestimated their role as teachers, and have, in fact, been almost afraid to teach. Yet, they can contribute most, not by delving into the child's deeper problems, but by teaching him to read.²

Qualifications

As a result of arduous effort by the leaders in the field of reading, a list of the minimum requirements for reading teachers was drawn up. Dietrich refers to these requirements when discussing the qualifications of the special reading teachers.


Minimum standards for the professional training of reading specialists were developed by the Professional Standards and Ethics Committee, were approved by the Board of Directors of the International Reading Association in 1961, and were revised in 1965. The reading specialist may be designated as that person who works directly or indirectly with those pupils who have failed to benefit from regular classroom instruction in reading, and/or who works with teachers and administrators to improve and coordinate the total reading program of the school. For these persons, spending the majority of their time in the developmental or remedial reading activities, the standards should be considered minimal. It is recognized that many positions, such as those of consultant, supervisor, director and clinical worker, necessitate experience beyond the minimum standards set herein.1

The minimum standards are listed in the appendix of this paper.2 These standards refer to educational qualifications for teaching reading. However, while not legislated, there are personal qualifications necessary if a teacher is to be successful.

It has always been my opinion that people employed as reading specialists in all categories must possess certain abilities that are difficult to assess in terms of courses taken or years of experience. These personal qualifications include the ability to work with children of all intellectual levels; to establish rapport with students, teachers, and administrators and parents; to think through carefully various aspects of a problem and to offer a workable solution. They need to be aware of new materials, approaches and ideas concerning reading and to be open-minded about experimenting or trying innovations. They must have learned to listen carefully to the child's, teacher's, parent's, or administrator's problems or explanation before making comment or passing judgment; to permit teacher to teach reading in a variety of ways with different emphases, all


2Appendix p. 35.
of which will achieve the same overall goal. They must be able to help teachers to improve the teaching of reading without antagonizing, frustrating, and frightening them.

Once the right teacher has been chosen for the job, it is important to have specific job descriptions within the school. Dietrich describes some of the duties in this way.

The clinician generally aids teachers in diagnosing remedial cases and in planning and carrying out remedial work for persistently difficult reading disability cases. Additionally, clinicians take an active part in the practicum phase of pre-service or in-service training of other reading personnel.

Diagnosis

The first duty mentioned above is diagnosis. This means that the clinician must find out who the retarded reader is. The retarded readers are known as students who show marked difficulty in learning, in spite of the fact that they are the correct age and have the normal intelligence that is needed to benefit from instruction. These students come from all areas of the country, all kinds of families, and all types of schools or school systems. No matter what their personal differences, these students soon find themselves lumped together under the label "non-reader" in their classrooms. Cohn discusses the situation in his book concerning the teaching of the retarded reader.

Whether they are boys or girls, however, the children with reading disabilities are generally characterized by failure to respond well to beginning reading in the first grade. Their individual histories show that they have an undue number of unhappy experiences in the period preceding and during

\[\text{1} \text{Dietrich, "Standards," p. 485.}\]

\[\text{2} \text{Ibid., p. 4.}\]
attendance in the first grade. Most of these disturbing events did not originate at school, though they often led to interruptions to school attendance (as from prolonged or frequent illnesses or from accidents) and to change of schools. Many other experiences were traumatic in an emotional sense having to do with change in the home situation, or with disturbed relationships severe enough to result in "school phobias" or other evidences of maladjustment at school.\(^1\)

It is important for the reading teacher to determine the degree and depth of service needed by each of the retarded readers. Such an understanding is necessary if the teacher is going to plan a program that is going to meet the needs of each individual pupil.

Knowing the details of the problem is not enough. Equally important is the understanding of the specific ways in which both the child and the members of the family who are closest to him attempt to effect adjustments. Having insight into the specific mechanism which the pupil is using to try to satisfy his basic needs helps the therapist or the reading teacher to use appropriate methods in dealing with him.\(^2\)

The remedial teacher must also be sure that her terms are clear for herself and for those concerned with the retarded reader. This is important in order to communicate intelligently. Reading disability cannot be looked upon as a failure laid solely at the door of the school. Poor teaching is not generally the basic cause of reading difficulty, although it can contribute to the problem. Researches have long tried to clarify the situation.


\(^2\)Ibid., p. 4.
The correlates of reading disability, i.e., the factors related to the problem are so varied that the non-reader has become the legitimate province of many specialists in behavior. The pediatrician may see him as obese; the optometrist discovers evidences of exophoria; the psychiatrist diagnoses an acute anxiety state; the man of the street detects laziness. When there are so many potential causes, it is difficult to put the problem reader in perspective.

Just as there is a severe misunderstanding of the causes of reading disabilities, there is an equally severe misunderstanding as to just who is the retarded or remedial reader.

Heilman describes him thus:

Unfortunately there is no universal agreement as to the meaning of the terms remedial reading instruction and remedial readers. In its broadest sense, the term remedial reading covers special instruction for those individuals whose reading achievement is X amount lower than their expected achievement based on measured intellectual capacity for learning. There is no universal agreement of X.

While Bryant describes disability differently, he seems to express the same ideas as did Heilman.

Disability refers to an impairment—a lack of normal function—which is severe enough to be a handicap. The term disability does not imply a particular cause or even a particular kind of impairment; it merely indicates a relative inability to learn and retain.

Kolson and Kaluger are more specific. They define and classify the retarded reader. The writer of this paper has chosen to use their classification throughout this paper.

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Generally, reading authorities tend to divide school children into three classifications of readers. First, there are the normal achievers. Secondly, there are the corrective readers. The corrective reader is the child who is not reading up to capacity but has no serious reading difficulty. His problem can be handled in the classroom by the adjustment of the methods and materials, or by concentrated drill on the particular skill on which he is weak. The third classification pertains to one who has a serious disability which cannot be handled in the classroom but which requires the services of the specially trained teachers.\footnote{Clifford J. Kolson and George Kaluger, Clinical Aspects of Remedial Reading, (Springfield, Illinois: Charles C. Thomas, Publisher, 1963), p. 150.}

However, classification is nothing but tagging a child unless it is based on careful diagnosis and aimed toward a remediation program. Harris discusses diagnosis thus:

Taking the word (diagnosis) out of the medical setting and applying it to education, it refers to what is really a straightforward process. When we are diagnosing a difficulty, what we want to do is find out what is wrong, what caused it, and what can be done for it. That is what diagnosis means as applied to reading difficulty.\footnote{Albert J. Harris, "The Diagnosis of Reading Disabilities," in Corrective and Remedial Reading, A Report of the Sixteenth Annual Conference and Course on Reading, (Pittsburgh University of Pittsburgh Press, 1960), p. 31.}

Like Kolson and Kaluger, as quoted above, Harris considers the severely disabled reader as the child who must be taken from the classroom and given special help. The difficulty comes in estimating the mental ability of a retarded reader.

In the primary grades, the group intelligence tests in common use do not require any reading and therefore are less likely to underestimate seriously the intelligence of a poor reader than the test used above the first grade. The majority of the group intelligence test now in use in schools are the fourth grade level and above present most of their questions in printed form, so
that the child who cannot read the questions is automatically low...Individual testing by a trained psychologist is generally much more accurate in indicating what the child is able to do.1

Two of the tests often used by psychologists when testing children individually are the Wechsler Intelligence Scale for Children2 and the Stanford-Binet Intelligence Scale.3 Harris continues with a discussion of procedures after establishing an intelligence quotient.

Assuming that one has a dependable measure of the child's mental age or level of mental development, it is simple to determine his average level of reading performance, express it in terms of an age score, and compare it with his mental age. If the mental age is significantly higher, there is a disability, and the greater the discrepancy, the more serious the disability.

Bond and Tinker carry the diagnosis into more detail. Other authors do the same. They agree with Bond and Tinker that a detailed diagnosis based upon the child's ability, his learning opportunity, his verbal ability, and his capacity to apply himself in the learning situation is needed.

A detailed examination of each child's difficulty is needed to achieve the diagnosis necessary for remedial instruction...Causes of reading disability are numerous...Seldom, if ever, does a single factor cause disability in reading...all but the very mildest cases of reading disability are caused by a composite of related conditions.4

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1Ibid., p. 33


Many authors discuss a variety of physical conditions which may be involved in the reading difficulty. They come to the conclusion that physical problems may be very important as contributory factors in reading disability. One such physical factor may be a vision problem. Bond and Tinker summarize their view this way:

Eye defects appear frequently among both good and poor readers and can be a handicap to the child in either group. Comfortable and efficient vision should be provided for all children whenever possible. Positive evidence indicates that farsightedness, binocular incoordination, fusion difficulties and aniseikonia may contribute to reading disability in certain cases. When a visual defect is present, there are usually other associated contributing causes. Visual examinations are essential in diagnosing causes of reading disability.¹

Another physical impairment sometimes related to a reading problem is hearing impairment. Kottmeyer recommends the use of the audiometer for diagnosis of such a problem.

Gross hearing deficiency will probably not go undetected long by the observant teacher; but a careful inquiry into handicapping factors will include a determination of the range and acuity of hearing in a soundproof room with a pitch-range or a wide-tone audiometer.²

Bond and Tinker in discussing the problem of hearing impairment relate it to the difficulty observed in auditory discrimination.

¹ Ibid., p. 145
Hearing impairment can be a handicap in learning to read. This is particularly true when the hearing loss is severe enough to interfere with the normal auditory discrimination. The evidence indicates that the hearing impairment may be associated with reading disability as a contributing cause when (a) the hearing loss is severe, (2) the child has high tone deafness, and (3) pupils with hearing loss are taught reading by predominantly auditory methods. All pupils who become reading cases should have a hearing test.¹

Motor incoordination is another physical problem often associated with reading disability. Bond and Tinker give this view.

Both the motor incoordination and the reading disability may be due to some basic condition such as minor birth injuries. Defect in articulation which complicate word discrimination and recognition may contribute to reading disability. Any severe emotional involvement created by speech defects tend to inhibit effective progress in learning to read. In certain cases, glandular dysfunction, particularly hypothyroidism, may contribute to reading disability.²

Monroe is more concerned with poor motor coordination resulting in speech problems which lead to definite reading difficulties.

Lack of precision in motor control of speech may impede progress in reading. Articulatory speech defects due to cleft palate, partial paralysis, clumsy movements of the speech-motor mechanism, or failure to establish proper motor habits of speech offer an impediment to precise auditory discrimination of speech sounds, and to the formation of speech-reading associations. Stuttering also presents an impediment to reading either as a disruption of motor speech or in association with other motor functions affecting reading.³

¹Bond and Tinker, Reading Difficulties, p. 145.
²Ibid., p. 146.
Various other conditions associated with poor health can also be detrimental to normal progress in reading.

Physical conditions such as thyroid deficiencies and glandular disturbances affect reading.

Glandular disturbances may be associated with reading disability in specific cases. The evidence in this area, however, must be interpreted with caution because various mental, physical, and emotional deviations are involved in malfunctioning of the endocrine glands. Thyroid deficiency (Hypothyroidism) may manifest itself by obesity and mental sluggishness. A child with an overactive thyroid (hyperthyroidism) tends to lose weight, to be overactive, easily fatigued, and irritable. Neither condition is conducive to effective learning. A child suspected of showing signs of glandular difficulties should be referred to a physician.

After considering the physical problems and referring the more serious ones to the proper authorities, the remedial reading teacher attempts to detect and diagnose the particular reading problem of the child.

The first level of diagnosis can be called general diagnosis and concerns itself with securing information about the levels of performance in the more common aspects of reading growth.

One type of diagnosis is informal testing. These surveys or inventories are then compiled and compared so as to best help the remedial reader.

He (the teacher) frequently determines the level of the child's performance through an informal analysis of the pupil's oral reading. The teacher will select a passage for the pupil to read orally. The teacher ought to have picked out the passages, made a readability check on each, and have some questions prepared to measure pupil

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1Bond and Tinker, Reading Difficulties, p. 116.

2Ibid., p. 184.
competency before he uses a given book to make an informal check on the pupil's reading. The teacher notes whether the child's oral reading indicates deficiencies in sight reading, in vocabulary, in structural or phonetic analysis in comprehension, in eye-voice span, in phrasing, or in inflection. He evaluates the pupil's expressive and receptive abilities in the oral language area.  

The effectiveness and reliability of such teacher-made tests has been questioned. However, DeChant gives evidences of the reliability and effectiveness of such tests. More thorough informal tests will yield important data about the children's reading and these tests have certain advantages for classroom use. First they are simple to construct since the teacher has available graded reading materials from the pre-primer level through the upper grades. Second, the child can be tested over longer passages of sustained reading than are characteristically found on standardized tests. Third, the use of teacher-made tests avoids the formality of the usual test situation. Informal testing is not likely to arouse the pupil tensions which sometimes accompany testing and which occasionally influence pupil performance. In this respect, the informal test more closely parallels the actual reading situations which the child encounters in the classroom. Finally, the teacher-made test is inexpensive and demands no more teacher time for administration and analysis than do other tests. At the same time it yields very specific data on each child's weaknesses and needs, as do the individual standardized tests.

Certainly the findings of these authors suggest that informal techniques of teachers possess considerable validity.

Formal or standardized tests are also used in evaluating the child's reading level. Bond and Tinker summarize their findings concerning standardized tests in this way.

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The use of standardized measurements is essential for reliable diagnosis of reading disability. Even the results of standardized tests must be interpreted with care because the disabled reader constitutes an atypical and subtle problem.\textsuperscript{1}

This shows that clinicians must be concerned with the reliability and validity of the standardized tests that we use. Tests are not tricks of magic. The value of tests depends on the accuracy with which they measure the skills they claim to measure. DeChant examines a few of the common deficiencies of tests.

First, diagnostic tests frequently yield formidable arrays of subscores. Unfortunately, to shorten administration time, diagnostic tests rarely contain a sufficient number of items to allow these subscores to be highly reliable. In any type of measurement, a five minute sample of a child's behavior is less likely to give an accurate picture of him than is a twenty minute sample.

Second, although reading tests generally try to measure rate and comprehension as separate outcomes, the measures of comprehension often are obtained from timed tests. This in itself tends to lower their validity because what is supposed to be a measure of comprehension frequently becomes in part at least a measure of rate...

Third, reading tests suffer from a number of other basic deficiencies. Two tests supposedly measuring the same thing frequently disagree on the level of pupil achievement. And a closely related problem is that children often score higher on tests than their actual reading level appears to justify...Reading tests, in other words, may permit the child to get correct answers with only partial understanding and even with only partial reading of a selection.\textsuperscript{2}

Although it may sound as if diagnostic reading tests are completely inadequate, they remain one of the best available means of identifying the child's strengths and weak-

\textsuperscript{1}Bond and Tinker, \textit{Reading Difficulties}, p. 166.

\textsuperscript{2}DeChant, \textit{Improving the Teaching}, pp. 411-412.
nesses. From this study of strengths and weaknesses the teacher tries to identify the causes of each child's reading disability. However, obtaining these test data is not diagnosis. It is preliminary to diagnosis. The teacher must make pupil profiles, make an analysis of the present difficulty and its past and present causes. Only in this way can the teacher see the overall picture and plan methods that will aid the pupil in realizing his potentialities.

Teacher recommendations for remediation must be the outcome of all diagnosis. DeChant expresses this in his section on remediation. He calls diagnosis "a blueprint from which remediation is structured."

Duties

Since the reading center is planned and conducted for the purpose of making diagnosis of reading disability and attendant causes and providing the remediation, this is the first duty of the remedial reading teacher. Her program is supposed to supplement the classroom program. The success of the program depends a great deal upon the cooperation between the principal, supervisors, classroom teachers, remedial reading teacher and parents. The remedial reading teacher is therefore accountable to this team.

If they (the teachers) are to achieve the desired behaviors the members of the teaching staff must not be deprived of all the manipulative aids, and the like that are thought by the curriculum designers to be necessary for achieving the objectives.  

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1Ibid., p. 425.

Some teachers are willing to be accountable. They want to be instrumental in selecting their own objectives, managing their environment, gathering evidence of results and determining what changes are yet needed.\(^1\)

The remedial reading teacher must evaluate the progress of these students and report her findings to the proper school personnel and to the parents of the pupils. This evaluation of progress should follow definite periods of instruction and/or remediation.

The remedial reading teacher should schedule periodic conferences with the parent of each pupil receiving special instruction. During these conferences she will elicit from the parents specific answers to inquiries regarding the pupil's improvement in reading. Further information may be elicited regarding personality adjustment...the general tenor of the parent's evaluation is likely to be fairly dependable, especially if her comments are compared with her report about her child and his reading problem at the first interview.\(^2\)

For all these parents, there should be an opportunity to observe the remedial reading program at least twice a year.

Above all, the remedial reading teacher should help all parents to see their most important role—that of being a parent...conveying to him or her through attitude, feelings and actions an understanding, a sensitivity, an awareness of needs and a respect for the dignity of the individual.\(^3\)

Since children are usually referred to the remedial reading program through the classroom teacher and/or the principal, the teacher should feel responsible for accounting to these persons.

After the pupil is taken into the program, the remedial reading teacher sets up a scheduled plan of meetings,

\(^1\)Rita B. Johnson, "Objective Based Accountability Procedures for Classroom Use," Educational Technology, XI

\(^2\)Cohn and Cohn, Teaching the Retarded, pp. 118-119.

\(^3\)Ibid., p. 106
twice a month, with the class, homeroom, or English teacher of the pupil in the remedial program. The purpose of such conferences is to involve this teacher as one of the team working with the student. There is an exchange of information, diagnostic findings are shared, special approaches and techniques are set up.  

The remedial reading teacher is also a resource person for the school. She may be called upon to aid the teacher.

The remedial reading teacher may be called upon by the supervisor to participate in a faculty conference or a departmental meeting, lead a discussion with a group of newly appointed teachers, provide demonstration lessons, illustrate the use of teacher-prepared or commercial materials, have teachers visit the reading room to gather ideas for the development of new and different approaches and techniques.  

In summary, this chapter has delved into some of the beginnings of the concept of remedial reading and its growth toward understanding and acceptance as part of the educational picture. The special qualifications, both in the field of education and in personality, needed by the remedial reading teacher were discussed. The minimum standards as published by the International Reading Association were an outgrowth of these needs or qualifications that were necessary in the teacher.

The duty of diagnosing the pupil problem was the first duty discussed. This was supported by many authors. It is here summarized by Bond and Tinker.

The diagnosis of a disabled reader must be directed toward the improvement of instruction. Therefore, the therapeutic type of diagnosis is more essential than

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1Ibid., p. 105.

2Ibid., p. 105.
the etiological, i.e., the one that seeks causes only. The diagnosis involves more than an appraisal of reading skills and abilities. It must also assess the mental, physical, sensory, emotional, and environmental factors that could impede progress.

The teacher’s remediation must be based upon analysis of the problem detected during diagnosis.

Remedial reading programs must be highly individualized and they must be designed in keeping with the child's instructional needs and characteristics.

Remedial instruction should not drill upon one specific skill or ability in isolation, but should provide new experience in connection with whatever skills are needed for purposeful reading.

Throughout the entire program the teacher is accountable for her pupils and their growth in the reading process. When the child has made progress sufficient for release from the program he must gradually be put in the situation where he must rely increasingly upon his own resources.

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1 Bond and Tinker, *Reading Difficulties*, p. 165

CHAPTER III
THE REMEDIAL READING PROGRAM

Introduction

As stated in the first chapter, the writer of this paper has been concerned about the inability of so many children to learn to read. Thus, in this third chapter, the writer has attempted to set up a remedial reading program which can be integrated into the curriculum at Our Lady of Perpetual Help School in Toledo, Ohio. The writer is the reading co-ordinator for this school. There is an enrollment of six hundred thirty-six children and a faculty of twenty-one classroom teachers, a principal, a part-time music teacher and a librarian. Other adults in the school are volunteers working under the direction of the principal or the reading co-ordinator. With the initiation of this program, the school board has agreed to the addition of a remedial reading teacher to the faculty.

With the principal as the key manager, a remedial reading program might be organized using the following management functions: planning, organization, staffing direction, control, innovation, representation, and communication.¹

This organizational plan has been followed throughout this chapter.

¹Jack W. Humphrey, "Remedial Programs: Can They Be Justified?" Journal of Reading, XV (October, 19710, p. 51.
Planning

Evaluation of the developmental reading program was begun four years ago in this school. A reading committee consisting of several reading teachers and the reading co-ordinator have done several things to improve the reading program. First, a new basal reading series was adopted in order to upgrade the quality of reading being taught throughout the school. Reading consultants from the American Book Company and from the diocesan school office have provided in-service training and re-training for the faculty. The primary grades have changed from the self-contained classroom to a continuous progress program so as to better meet the need of the individual pupils. Yet the committee felt that there were a few pupils not learning or profiting sufficiently. So a remedial reading program was suggested.

Philosophy

The basic philosophy of the program is one combining the Christian ideals and the state standards. It reads thus: To each individual God has given certain capacities. The happiness of the individual and the glorification of God is brought about when God's gifts are developed to their highest potential. The purpose of the remedial reading program is, therefore, to provide learning experiences diagnostically which help the individual pupil to achieve to the limits of his capacity. Effective instruction must be correlated with the child's rates of physical, mental, and social maturation.

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Organization

The remedial reading center at Our Lady of Perpetual Help School is planned and organized for the purpose of providing remedial and/or preventative treatment for the child with a reading disability. Therefore, the first step is to select the pupils. The following criteria has been developed as a basis for pupil selection in this school.

1. Children of grade one who exhibit difficulties in beginning reading or emotional strain in learning to read are to be given supplemental help in special reading classes.

2. Children of grade two who exhibit reading difficulty are to be given supplemental lessons in special reading classes.

3. Children of grade three are to be provided with supplemental developmental lessons or with remedial lessons according to the needs of the individual pupils.

4. Children of grades four through six are to be given remedial lessons as needed.

5. Cumulative records, teacher judgment, and standardized test results are used for the initial screening of pupils.

6. Pupils must have an I.Q. of eighty as measured in the group test. Those below eighty are recommended to the local public schools for slow learners' classes.

7. Severely emotionally disturbed, physically handicapped, or perceptually impaired children are recommended to a specialist. Only after the child has received this help can such a child be admitted to the remedial reading classes.

8. Priority is given to the youngest and to those who show the
most willingness to co-operate.

9. All referrals are made through the principal. Parents should discuss the problem with the classroom teacher and/or the principal rather than directly with the remedial reading teacher.

At this time there are forty-eight pupils in the special reading classes at Our Lady of Perpetual Help School. These pupils are quite evenly distributed between grades one through six. Three pupils have been referred elsewhere for treatment. One is receiving psychological treatment at the Toledo Family Health Clinic. One is awaiting enrollment in slow-learners' classes. The third had undergone ear surgery to correct a physical disability. The child having undergone surgery will be enrolled in the special reading classes to help supplement what has been missed in the past.

Diagnosis

Diagnosis of reading difficulties is an essential part of reading instruction. Teachers must constantly study the strengths and weaknesses of the child's reading. The diagnosis must be aimed toward improvement. At Our Lady of Perpetual Help School the emphasis is on the therapeutic type which is concerned with conditions as they now exist rather than the etiological type of diagnosis which seeks causes only. The diagnosis must assess the mental, physical, sensory, emotional, and environmental factors that could impede progress. Bond and Tinker summarize the use of diagnosis in this way.

The remedial reading program is planned by first taking into account the numerical data and then modifying it in accordance with whatever other information is obtained.
The diagnostician should treat the data objectively so that the case can be accurately judged. If after a reasonable period the remedial work proves unsuccessful, a reappraisal should be made to find the correct diagnosis. Even in successful cases, a diagnosis should be continuous because reading disability is one aspect of a dynamic process and it alters during remedial instruction, whereupon the remedial program must be changed to meet the new needs of the disabled reader. ¹

Standardized tests in reading achievement are administered annually at Our Lady of Perpetual Help School. These tests are administered in the second, fourth, sixth, and eighth grades. These group tests are of a series published by the Scholastic Testing Service.² In addition, the remedial reading program provides for individual testing using the Houghton Mifflin Primary Reading Profiles³ or the Spache Diagnostic Reading Scales.⁴ The Wide Range⁵ vocabulary test is also available. Group intelligence scales are administered to the second, fourth, and seventh grade annually. These are published by Scholastic Testing Service.⁶ Also, the public school psychologists can be called upon to test children who need an individual mental capacity test.

¹Bond and Tinker, Reading Difficulties, p. 166.
⁶Moore, Scholastic Testing.
Informal tests of the teachers' own making or choosing are also used. In addition, several data sheets concerning the pupil's background, interests and achievements are recorded in the cumulative file.

Scheduling

The scheduling differs in various situations. In the school where this writer is employed each child attends special reading classes twice a week for one-hour periods. The teacher is involved in teaching four days weekly and in planning, testing, evaluating, and conferences the fifth day.

Staffing

Our Lady of Perpetual Help School's special reading program is staffed by two qualified remedial reading teachers—one on a full-time basis and the other on a part-time basis. However, the private school systems can also receive the help of the qualified psychologists assigned to the public school area. The state requirement calls for a remedial reading teacher and a co-ordinator. The school committee was interested in having a teacher who could work well with children. Humphrey summed up the teacher qualifications as follows.

Therefore, a teacher who is enthusiastic, patient, optimistic, sensitive, positive, organized, dedicated, confident, intelligent and knowledgeable need to be selected for the job.¹

Direction

The objectives—not the interests of the teacher—determine the direction of the program. This is of particular

¹Jack Humphrey, Remedial Reading, p. 52
importance when a teacher is not flexible in her methods. The objectives of the program must be followed in order that the goals will be attained. The objectives set up at Our Lady of Perpetual Help School are as follows.

**Goal:** The purpose of the specialized reading class is to help each pupil achieve in reading by fulfilling these objectives.

**Objectives:**

1. Identify the positive needs of the pupil.
2. Set realistic goal with the child.
3. Establish a teaching program which provides for:
   a. Word recognition:
   b. Comprehension skills:
   c. Critical thinking:
   d. Study habits:
4. Promote within the child a desire to read for pleasure.
5. Evaluate the accomplishments of the child.

**Curriculum**

One of the greatest sins of the educator concerns his failure to act to prevent disability.¹

As Putnam states, prevention of reading difficulties should be a primary objective of a reading teacher. For this reason, Our Lady of Perpetual Help School emphasizes the necessity of classes for the primary children who show a tendency for reading failure. The curriculum for the first and second graders in the special reading classes is based upon the developmental lessons of the classroom. A basal text is used. It is supplemented by

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by programs developing the perception skills. Such materials as the Frostig Pictures and Patterns Program Materials¹, the Beginning to Learn: Fine Motor Skills², and the SRA Detect Series³. Emphasis in the first grade is also on alphabet recognition and phonics.

In the second grade special classes a developmental approach is continued. A basal text is used. If any motor or perception skills need more development the first grade materials can be used. In addition, the EDL filmstrips⁴ and the Mollensak phonics tapes⁵ are available. Watson's Listen and Learn with Phonics records⁶ are also available for independent drill.

In the third grade the pupils may be on a developmental track or a remedial track. A basal text is used. The materials used in grades one and two are available. In addition Stone's New Practice Readers⁷ are used. The middle levels of the EDL

²Thelma Gwinn Thurstone and David L. Lille, Beginning to Learn: Fine Motor Skills.
filmstrips are used—not so much for speed reading as for a new approach to comprehension.

In the fourth to sixth grades the basal text is discontinued unless the teacher feels that a pupil will profit more by continuing in a basal series. Kottmeyer's *Conquests in Reading*¹ and books of high interest but low difficulty are used. The books available at Our Lady of Perpetual Help School are: Reader's Digest *Skill Builders*², the *Checkered Flag Readers*³, the *Jim Forest Readers*⁴, the *Morgan Bay Mysteries*⁵, the *Deep Sea Adventure Series*⁶, and the *Dan Frontier Readers*⁷.

In addition to the materials used at the individual levels the remedial reading room is equipped with a record player, a headset unit, an overhead projector, *The Controlled Reader*⁸, and a

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filmstrip projector. Supplemental library books of high interest but low difficulty are also available. Thus, the reading curriculum is developmental, corrective, remedial, and innovative. It provides for the skills and the sequences of learning necessary to improve the child's reading while allowing the teacher to be innovative and/or creative.

**Grouping**

Since the remedial reading program at Our Lady of Perpetual Help School is still in the early stages of development the grouping at this time is fluid. Children were grouped according to the needs they evidenced in their group reading test and the teacher evaluations. Since the pupils had been carefully screened before being grouped for the non-graded reading program this grouping was used as a basis for the special reading classes. Therefore, the reading group attending a special reading class also makes up the small group for classroom developmental lessons. The special reading teachers are free to change this grouping if it should prove inadequate for the progress of the individual pupil.

**Aides**

A well-organized and useful group of volunteer parent-aides has been developed at Our Lady of Perpetual Help School. Each aide donated one hour and a half each week. She/he reports to the same classroom each week and works with the same teacher and the same groups of children. These aides are in the classroom during the block of time devoted to reading and related subjects—the language arts. The aide may hear individual children read orally, or small groups read orally. An aide may direct a small group of children in directed study sheets. The use of
the tape recorders, headsets, record players, or other machines can also be directed by the aides.

At present the aides are not used in the special reading classes. However, this has been seen as a possibility for the coming year. An aide in the special reading class could do many of the things done in the ordinary classroom. An important advantage of an aide in the special reading class is that it would provide one more person to show interest and provide encouragement for the child having difficulty.

Summary

To provide for the specific needs of slow readers a remedial reading program has been developed at Our Lady of Perpetual Help School. There is no panacea for reading problems, but the ideas, innovations, and organizations were developed to help meet the needs of the individual pupils. Incorrect materials or the misuse of the right materials can actually intensify the reading problem. All remediation must be based on continuous diagnosis. The teachers of Our Lady of Perpetual Help try to follow the guidelines for the use of the program developed by DeChant.1

1. The program should provide a multiple approach to learning.

This is done by using the various approaches such as basal texts, individualized approaches, and interest approaches.

2. The program should give guidance in developing the thinking skills of the pupils.

The thinking skills are taught from the very earliest stages.

1DeChant, Diagnosis and Remediation, pp. 264-266
The children are encouraged to explain their reasons for answers whether these answers agree or disagree with the expected answers. These children are also encouraged to draw conclusions, find the cause and the effect of a situation, and to criticize what they read.

3. The materials should elicit active responses on the part of the pupil.

All the teaching is directed toward this. Unless a child is actively involved in the learning situation no learning takes place. Machines which give correct responses for immediate evaluation of an answer provide for active responses on the part of the child.

4. The program should provide for diagnostic teaching, extensive diagnostic measures for assessing pupil needs.

The teaching of the child is based on a thorough diagnosis of the reading problems of the child. This diagnosis continues throughout the special reading classes. The diagnosis is usually done through teacher-made inventories. However, standardized tests are used for evaluation at the end of each semester.

5. The program should provide guidance and materials for structuring flexible instructional groups.

This is done both in the non-graded classes and in the remedial or corrective classes. The children may be taught within a small group of individually as the needs of the individual child dictates.

6. The program should be easy to use, should be keyed to specific objectives, and needs to have been tested prior to public distribution. It should actually instruct, allow for independent learning, and pace learning to individual difference. It should be able to be used to review instruction given by the teacher, thus facilitating the teacher's efforts.
All the materials used in the special reading classes at Our Lady of Perpetual Help School were chosen with these guidelines in mind. The games, programmed units, and supplemental materials were chosen especially to develop the pupil's independence and interest in reading.
APPENDIX I

MINIMUM STANDARDS

The minimum standards for specialists in reading, prepared by the International Reading Associations Committee on Professional Standards, suggest the type of preparations needed and the type of role and responsibilities that the positions involves. The standards are as follows:

I. A minimum of three years of successful teaching and/or clinical experience.

II. A master's degree or the equivalent of a bachelor's degree plus thirty graduate hours in reading and related areas as indicated in the following:

A. A minimum of twelve hours (semester) in graduate-level reading courses with at least one course in one and two and in three and four:
   1. Foundations or survey of reading:
      The content of this basic course is related exclusively to reading instruction or the psychology of reading. Such a course would ordinarily be the first in a sequence of reading courses.
   2. Diagnosis and correction of reading disabilities.
      The content of this course or these courses includes the following: causes of reading disabilities; observation and interview procedures; diagnostic instruments; standard and informal tests; report writing; materials and methods of instruction.
   3. Clinical or laboratory practicum in reading.
      A clinical or laboratory experience might be an integral part of a course or courses in the diagnosis and correction of reading disabilities. Students diagnose and treat reading disability cases under supervision.
   4. Supervision and curriculum in reading.
      This course involves the study of selected curriculum in reading; an understanding of the functions and duties of the reading supervisor or consultant and the effective ways of implementing them.

1 DeChant, Diagnosis and Remediation, pp. 195-196.
B. At least one graduate level course in each of the following content areas:

1. Measurement and/or evaluation.  
   This course includes one or more of the following studies: the principles and practices of test construction and the selecting, administering, scoring, and interpreting of group standardized test; the nature, theory, function, and use of individual intelligence test; the theory, function, and use of test of personality.

2. Child and/or adolescent psychology or development.  
   This course stresses how children and/or adolescents mature and develop with emphasis on school activities and their relation to normal, healthy development.

3. Personality and/or mental hygiene.  
   This course includes one or more of the following studies: the nature, development, and patterns of personality and the methods of change; personality theories and their contribution to understanding the dynamics of personality; integration of psychological knowledge and principles and their relations to mental health; etiological factors, differential diagnosis, and methods used in the correction of behavior problems.

4. Educational psychology.  
   This course includes one or both of the following studies: the study of behavior, development, school environment, conditions for learning, and methods of assessment; the theories of learning and their implications for classroom practices.

C. The remaining semester hours in reading and/or related areas -- the following courses being recommended:

1. Literature for children and/or adolescents.  
2. Organization and supervision of reading program.  
3. Research and the literature in reading  
4. Foundations of education  
5. Principles of guidance  
6. Nature of language  
7. Communications  
8. Speech and hearing  
9. Exceptional children  
10. Any additional courses listed under A and B
BIBLIOGRAPHY

Books


Journals


Chall, Jeanne S. "Reading Disability and the Role of the Teacher." Elementary English, XXXV, May 1958, pp. 297-299.


Smith, Nila Banton. "What Have We Accomplished in Reading?" --a Review of the Past Fifty Years." Elementary English, XXXVIII, March 1961, pp. 140-148


Proceedings

Tests


Classroom Materials


Kottmeyer, William, and Ware, Kay, Conquests in Reading, Manchester, Missouri: Webster Division of McGraw Hill Co., 1968.


