Chapter 36

Re-Mediating Reading Difficulties: Appraising the Past, Reconciling the Present, Constructing the Future

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A small but significant portion of otherwise normal American children encounter major difficulties in learning to read when provided regular classroom reading instruction. These children (heretofore called "remedial readers") and the special intervention programs designed to help them become better readers (heretofore called "remedial reading") are the dual foci of this chapter. We offer a caveat, however: The fact that there exists a sizable number of children who have reading difficulties need not be interpreted as a negative reflection on the overall status of reading ability of American students. It is an irrefutable fact that children in Grades K–8 today read as well or better than children at any other time in the history of the United States (Berliner & Biddle, 1995; Farr, Fay, Myers, & Ginsberg, 1987; Kibby, 1993, 1995a, b). Even in the last 30 years—and in spite of the surfeit of negativity in the media—reading achievement has improved significantly for 9- and 13-year olds (Campbell, Voekl, & Donahue, 1997). Further, although some studies find that the achievement of high school students since 1963 has not increased—indeed, has decreased slightly (Gates & MacGinitie, 1978; MacGinitie & MacGinitie, 1989)—the general conclusion from the NAEP data (Campbell et al., 1997) and an analysis of changes in median scores on the nation's major reading achievement tests (Linn, Graue, & Sanders, 1990) is that, even at the high school level, reading ability has increased during this era.

Added to the fact that children read as well or better today than at any other time in the history of the United States is the fact that American children today score more than a full standard deviation above the scores of children in 1932 on individually administered IQ
tests (Flynn, 1984a, 1984b, 1987). By analysis of restandardization data, Flynn found that the scores on the 1930s/1940s IQ tests (Stanford-Binet and WISC) by 1970s/1980s students were 15–22 points higher than the actual scores on these tests by 1930s/1940s students. Further, in the International Education Association (Elley, 1992) comparison of reading tests scores of 9-year-old students from 27 countries, Americans had the second highest scores, exceeded by only Finland; in the comparison of 15-year-olds from 31 countries, American students tied for fifth place with 6 other countries, exceeded by Finland, France, Sweden, and New Zealand. In terms of reading and knowledge acquisition, American schools are doing something right (although it is rare that one ever hears of such in the media). In spite of these and many other successes, there remains a segment of the population of school children who struggle to learn to read in their first years of school; in addition, there are those who, after years of classroom reading instruction, have not learned to read at a level that is thought appropriate for their other abilities, age, or grade. We now turn our attention toward these students and the remedial programs to which they are often assigned.

The field of remedial reading is rooted in noble social intentions, yet mired in theoretical and practical contentions. Despite advances in our understanding of the developmental process of literacy acquisition, we are besieged in the professional and lay community with arguments over what counts as legitimate research and appropriate remedial instruction. Some of these arguments are steeped in political rhetoric rather than scholarly or pedagogical logic. Repeated calls for an end to the "reading wars" notwithstanding (Kameenui, 1993; Matson, 1996; Spiegel, 1992; Stanovich, 1990), we continue to labor under widespread mistrust and popular misconceptions that are fueled, in part, by partisan rhetoric and our own history of limited success in remediating reading difficulties. In fact, the field of remedial reading long has been fertile ground for questionable "remedies" that have coexisted alongside and honorable tradition of research and practice. In this chapter we celebrate past achievements and recognize past failures, we confront current controversies, and, hopefully, we encourage momentum for a dynamic future. We begin with an historical review of research and practice in remedial reading, followed by a discussion of current trends and controversies.
APPRAISING THE PAST: A HISTORICAL PERSPECTIVE ON REMEDIAL READING

Today, it is generally accepted that most children who struggle to read do not require instruction that is substantially different from their more successful peers; rather, they require a greater intensity of "high-quality instruction" (Snow, Burns, & Griffin, 1998). But the trail of theory and practice in reading intervention programs has, at times, sharply diverged from theory and practice in general developmental reading. In this review, we characterize these points of divergence as "non-print based," describing "remedies" for reading difficulties from such diverse professions as optometry, neurology, pharmacology, and occupational therapy. "Print-based" responses are usually, but not always, those that have more closely paralleled the mainstream, whether from behaviorist, cognitive, or social-constructivist perspectives of learning.

Hypotheses About the Causes of Reading Disability

Perhaps the most unfortunate component of the conceptualization of children who have difficulty learning to read—seemingly from the very first notice of reading difficulties (Morgan, 1896)—was the assumption that something must be wrong with children if they do not learn to read—something other than not learning to read, that is. Morgan, a British ophthalmologist, used the term congenital word blindness to describe a 14-year-old boy with apparently average intellect who had failed to learn to read. Fisher (1905) and Hinshelwood (1917) also used this term. The use of intelligence tests in public education may have had a major role in drawing attention to reading problems and to searching out their cause. In the late 1920s, after the publication of group intelligent tests and the individually administered Stanford-Binet Intelligence Test, it became increasingly obvious that most children who were failing in reading had intellectual abilities that far surpassed their reading abilities, many having above-average IQ scores. A major research focus of the second quarter of the century was attempting to delineate the cause (or causes) of reading difficulties. This is known as the medical model of
reading diagnosis. Among the major variables studied were visual acuity, auditory acuity, general physical status, neurological factors, emotional/psychiatric factors, and intelligence. Particularly noteworthy from this era are the comprehensive studies of groups of disabled readers by Marion Monroe (1932) and Helen M. Robinson at the University of Chicago (1946). Robinson's study included a review of extant research on each of the hypothesized causes of reading difficulty and an exhaustive evaluation of 30 children with severe reading problems by a team of physicians (e.g., pediatricians, otologists, ophthalmologists, psychiatrists, neurologists), clinical/school psychologists, social workers, and teachers. These and other smaller scale studies gave little support for attributing reading difficulties to any single cause, even for a given child. By the middle of the 20th century, it was obvious from 30 years of accumulated research that the medical model of reading diagnosis—to search for the cause of the reading difficulty—was no longer a valid line of research. It was at this time that reading diagnosis took a major turn (Pelosi, 1977), and moved from the medical model to the intensive instructional intervention model of "a process of gaining a thorough knowledge of a person's reading performance, strategies, skills, and instructional needs through accurate observations for the purpose of modifying instruction" (Kibby, 1995c, p. 2).

Not all research on the causes of reading difficulty disappeared in the 1940s and 1950s, however, most especially in special education. Research on the neurological or perceptual bases of reading disability was prevalent during this era. Orton continued his research on the role of hemispheric dominance in reading difficulties, and his theories were transformed by Gillingham and Stillman (1960) into the Orton–Gillingham method of teaching phonics (a method still widely in use). At the same time, Heinz Werner and Alfred Strauss, both having fled Nazi Germany in the late 1930s, were working at the Wayne County Training School in Detroit, MI, with children known to have brain injury or brain disease. It was during this time that children who did not actually have a history of brain trauma or brain disease, but who shared some of the symptoms of brain-damaged children (called "soft signs"), came to be referred to as minimally brain dysfunctioned or minimally brain damaged (MBD). Soft signs included difficulties in perception, distractibility, and emotional liability, in addition to difficulties in reading and spelling.
At the same time the concept of MBD was taking hold, three men with new PhD degrees in psychology or special education went to Detroit to study with Werner and Strauss: William M. Cruickshank, Newell C. Kephart, and Samuel A. Kirk. Each became a founding father of learning disabilities (Hallahan & Cruickshank, 1973; Kavale & Forness, 1985; Weiderholt, 1974). In this era, the major domains of special education (besides physical handicaps) were mental retardation and emotional disturbance; thus, parents of children diagnosed as MBD not only had to reconcile themselves to the harshness of this label, but also found their child's difficulties often confused with mental retardation and emotional disturbance. In 1963, at a meeting of parents of MBD children in Chicago, Sam Kirk coined the term learning disabled to describe children of normal (or higher) intellectual abilities who failed to learn to read in spite of seemingly adequate classroom developmental reading programs and individual remedial reading instruction.

Effects of Labeling and Blaming

By the late 1960s, the term MBD had mostly disappeared and terms such as learning disability or learning adjustment were gaining wider use. The neurological attributions (stemming back to the work of Werner and Strauss) remained, however, even if no tests existed to measure or validate these neurological problems (Cruickshank, 1979). Regardless of the terms used, educators and psychologists have exerted a subtle, unique, and probably unintended effect of blaming the child for reading or learning problems through the process of labeling (e.g., attention-deficit syndrome, perceptually handicapped) and classification for special education programs (e.g., learning disabled). Indeed, P.L. 90-142, the 1975 federal legislation originally mandating instruction for children with handicapping conditions in the least restrictive environment, defined learning disability as:

a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write,
spell, or to do mathematical calculations.

Note that the child does not simply have difficulty reading but is afflicted with a "basic psychological" processing "disorder," which in turn causes the reading problem. Such reasoning follows logically from the medical model.

In medical diagnoses, physicians do search for causes, but reading clinicians do not search for causes in their reading diagnoses (Gil, Hoffmyer, VanRokel, & Weinshank, 1979; Gil, Vinsonhaler, & Sherman, 1979; Gil, Vinsonhaler, & Wagner, 1979; Gil, Wagner, & Vinsonhaler, 1979; Vinsonhaler, 1979). In these studies, both physicians and reading clinicians were observed as they conducted diagnoses. Although both groups conceptualized diagnosis as a problem-solving process, the researchers found that the diagnostic process in medicine differs significantly from that in reading. First, medical diagnoses generally concentrate only on the problems presented by the patient, but reading diagnoses account for both a reader's strengths and problems. Second, in medical diagnoses, causal statements about problems are the rule; in reading diagnoses, statements about the cause of a reading problem are rare. Third, deductive thinking predominates in medical diagnoses, whereas inductive thinking predominates in reading diagnoses.

When applied to reading diagnosis, the logic of the medical model becomes twisted. Instead of saying, "Here is a child and that child has difficulty reading," we now say, "Here is a learning disabled child." We have moved from stating one aspect of a child with no attributions at all, to labeling and identifying the whole of the child by just one attribute: that is, the unspecified—indeed, unknown—internal attributes of the child that are to be blamed for his or her learning difficulties.

The influence of this line of thinking on special educators remains today and is manifested in the vast gulf between reading educators and some special educators in conceptualizing reading difficulties. Today's well-informed reading educators view reading difficulty as having no precise etiology and consider that the only avenue to a
possible correction of this reading difficulty is a print-based reading instruction program. Learning disability, however, is viewed by special educators as a perceptual or neurological disability that requires extraordinary forms of instruction, including development of perceptual abilities. Applied to reading difficulties, this perspective was the foundation for many non-print-based remedial reading methods.

NON-PRINT-BASED METHODS

Perceptual Training and Perceptual-Based Programs

There is little question that learning to read words is largely a cognitive-perceptual task, a process of learning to recognize words by their visually distinctive or distinguishing characteristics (Ehri, 1994; Gibson, 1965; Gibson & Levin, 1975). There is also little question that difficulty in learning to read is rarely the result of visual-spatial perceptual or perceptual-motor deficits (Vellutino, 1979). In spite of the fact that issues related to perceptual handicaps should have been dismissed from consideration by classroom and reading teachers more than a quarter of a century ago, these persist.

In a survey of classroom and specialist teachers' beliefs about perception and reading, Allington (1987) found that 40% of the classroom and specialist teachers believed that "visual perceptual handicaps are the most prevalent cause of reading disability"; 52% believed that reversing such words as was or on are indicators of "disturbed visual perceptual processes"; and 49% believed children with learning or reading disabilities who "have a strength in the visual modality learn most effectively when reading instruction focuses on the visual aspects of words." A greater proportion of classroom teachers held these beliefs than specialist teachers, but far too many specialists still persist in believing that perceptual abilities are the root of reading problems. In addition, perception continues to play a role in school psychological evaluations, a common outcome of which is to place children into one of two programs: those that provide no print-based instruction but, instead, focus on developing visual-perceptual or visual-motor skills; or modality matching programs that emphasize only one mode of instruction
(such as phonics for children who are thought to have limited visual-perceptual skills or whole-word methods for children who are thought to have limited auditory skills).

The validity of perceptual training programs as a method of improving reading has long been debunked (Balow, 1971/1996; Coles, 1978; Kavale, 1982, 1984; Perfetti, 1985; Vellutino, 1977, 1979, 1987; Vellutino & Scanlon, 1987). The conclusion from decades of research on this topic is abundantly clear: Perceptual training programs, although perhaps increasing perceptual ability, have no substantive affect on reading ability. Similarly, modality matching has not been supported by research. On tests of visual and auditory perception, Robinson (1972) found that only 11% of nearly 550 first graders demonstrated mixed modalities (high visual/low auditory [HV/LA] or low visual/high auditory [LV/HA]). Further, when taught by a phonic program, both groups learned equally well; and when taught by a whole-word program, both groups learned equally well. Robinson's data lent no support to the hypothesis that children who have higher performance in one modality (visual or auditory) than the other learn best when taught by a teaching method thought to match the preferred modality. Indeed, both the HV/LA and LV/HA groups in Robinson's study were reading at an average level at the end of Grade 1 and at the end of Grade 3. The children with far-below-average reading scores in both grades were the children who had low scores on both the visual and auditory perceptual tests.

Visual perceptual training with nonprint stimuli and modality matching have utterly failed in study after study; there is no room in remedial reading for these totally debunked notions of perceptual deficit, perceptual training, or modality matching. Reading instruction for children who have difficulty reading must be print based (Gibson, 1965; Gibson & Levin, 1975)—there is no other way.

**Effects of Ritalin on Reading Achievement**

A more recent nonprint intervention that has gained wide acceptance amongst teachers, parents, psychologists, and physicians is the use of pharmacological remedies—
particularly methylphenidate, a stimulant commonly known as *Ritalin*. Based on information from the Drug Enforcement Administration, several state departments of health, and national prescription audits, Safer, Zito, and Fine (1996) estimated that 1.4 million children from 5 to 18 years old currently receive pharmacological treatment for problems of behavior, attention, and learning. Methylphenidate (Ritalin) is the drug most often prescribed for this purpose (Stoner, Carey, Ikeda, & Shinn, 1994).

Although the literature includes numerous studies on the effects of methylphenidate on reading achievement, most of these are limited due to: (a) small numbers of participants; (b) inadequate (if any) descriptions of the reading instruction received by participants; (c) reliance on teacher and/or parent reports rather than direct evidence of achievement; (d) reliance on indicators of the quantity of work completed (i.e., the number of worksheets or problems completed), rather than on the quality of the work; (e) too brief interventions (less than 1 month); (f) lack of attention to dosage levels administered to participants; and (g) high levels of comorbidity with attention and conduct disorders.

At this time, no reliable evidence can be found to indicate that Ritalin is effective in ameliorating reading difficulties apart from concurrent, effective reading instruction. At best, Ritalin may allow some children to become more sensitive to behavioral management, thus leading to higher levels of participation in academic tasks, including reading (Ajibola & Clement, 1995; Forness, Swanson, Cantwell, Youpa, & Hanna, 1992; Stoner et al., 1994). Concerns persist regarding overreliance on Ritalin as an educational intervention due to the potential for numerous side effects (Safer et al., 1996). However, as long as reading difficulties are perceived to be inherent within the child, non-print-based interventions (including Ritalin) will likely remain popular options for many educators and parents.

**Print-Based Instruction: A Review of Fluency Research**

A hallmark of children who have difficulty in reading is a lack of fluency. Fluency is reading smoothly, without hesitation, and with comprehension (Harris & Hodges, 1995).
In fluent oral reading, word recognition is also mostly accurate. LaBerge and Samuels’ (1974) term automaticity is the same as fluency. The improvement of reading fluency is considered a major goal, if not the major goal, of programs of intensive intervention in reading. Allington (1983) was an early advocate of fluency instruction as part of both developmental and intensive intervention reading programs, and Samuels (1979) is often credited as the first person to conduct research on the validity of repeated readings to facilitate reading fluency. Clay (1979, 1993b) built repeated readings into her Reading Recovery methods as a means of developing reading fluency, and these remain a key component of Reading Recovery.

Today, methods of developing fluency, especially in primary grades and in intensive reading intervention programs, usually conjoin two major components: teacher modeling of the text that the student will be reading, and repeated readings. Teacher modeling is when the teacher reads a text aloud to a student(s) as that student follows along in the reading, and then the student reads the text several times. Modeling may or may not be done with finger-pointing of each word or group of words as they are read. Repeated readings is when a student reads the same text repeatedly, time after time, until the rate of reading, comprehension, or errors while reading (or all three) reach a specific criterion. This repeated reading is almost always aided: that is, the teacher assists the child during the reading when needed (see Clay, 1993b). Teacher modeling and repeated readings are sometimes conjoined with direct teaching of difficult words (sight vocabulary) in the text to be read (Arya, Kutno, & Kibby, 1995).

The theory underlying fluency is that while reading, a reader has only so much attention to focus on meaning. If part of that attention is diverted from comprehension and understanding, the result is limited reading fluency and comprehension (LaBerge & Samuels, 1974). Beginning readers and children with reading difficulties who have not experienced processing words and meaning automatically and fluently will find it more difficult to: (a) monitor their reading; (b) comprehend the text; and (c) perhaps most important, know how it sounds and feels to read text fluently. Teacher modeling and
guided repeated readings are designed to help such students to gain each of these abilities.

Working with second graders, Dowhower (1987) found that oral reading rate, accuracy, and comprehension improved significantly with repeated reading practice. Similar positive results have been found for first graders (Simons, 1992; Turpie & Paratore, 1994; Young, Bowers, & MacKinnon, 1996); for second and third graders (Richek & McTague, 1988; Stahl, 1994); and for children who have reading difficulties (Homan et al., 1993; Koskinen & Blum, 1986; Rashotte & Torgesen, 1985; Rasinski, 1990; Weinstein & Cooke, 1992; Young et al., 1996). Although there is only a modest research base on teacher modeling, studies by Maxson (1996), Rasinski (1990), and Young et al. (1996) found that it facilitates oral reading accuracy, fluency, and comprehension.

Summary

What has become clear as we near the end of a century is that, given adequate social and cognitive assistance, children learn to read through engagement in a variety of age-appropriate and developmentally appropriate print-related activities. These activities may focus the learner's attention on one or more specific facets of reading including: print concepts such as alphabet recognition (Walsh, Price, & Gillingham, 1988); metalinguistic awareness (Clay, 1979); phonemic awareness (Adams, 1990; Adams, Treiman, & Pressley, 1998); assisted reading for fluency or comprehension (Fountas & Pinnell, 1996; Palincsar & Brown, 1984); assisted writing (Englert, Raphael, Fear, & Anderson, 1988; Graham & Harris, 1989); and explicit "word study" consisting of phonics, sight vocabulary, and spelling instruction (Bear, Invernezzi, Templeton, & Johnston, 1996). Although vociferous arguments persist as to the balance and particular focus of these activities, there is little, if any, justification for remedial reading methods that assume an unknown cause or that proceed from non-print-based methods.

RECONCILING THE PRESENT: CURRENT ISSUES AND TRENDS IN REMEDIAL READING
Several trends and issues have dominated remedial reading during the past decade. First is the current emphasis on the prevention of reading difficulties though early intervention, in contrast to the more typical practice of providing remedial services to children after they have demonstrated considerable difficulty and even failure (Snow et al., 1998). To this end, elementary teachers—particularly in the primary grades—are being held to greater accountability for the results of reading instruction provided within general classrooms. Another trend is the call by many scholars and practitioners for "balanced instruction," a term that defies common understanding (Freppon & Dahl, 1998). Although, in a popular sense, it has come to mean that both "wholistic" and "skill-based" instruction have value for struggling readers. A third trend is noted in a more expansive view of remedial reading in which writing and thinking skills are recognized as crucial elements of remedial instruction. For example, writing (including the use of "invented" or "functional" spellings by young children) has become an important component of many early intervention programs (Hiebert & Taylor, 1994).

Other significant trends in remedial reading can be traced to the influence of Marie Clay's (1979) early intervention known as Reading Recovery. Conceptually, Clay's work has popularized the notion of accelerating reading development in young children in order to prevent failure. In addition, success in Reading Recovery is defined as reading at grade level. For a field in which discussions of success—let alone a consensus on the definition of success—have been conspicuously absent, this conception is bold. On a practical level, Reading Recovery has legitimized the tutorial model of remedial instruction in contrast to the drill-and-skill models of the past. Finally, Reading Recovery has revived interest in the legitimacy of the one-to-one model of remedial instruction taught by highly trained experienced teachers. This revival comes at a time when fiscal constraints have led to increasing use of small-group and whole-class models of remedial instruction and an increasing reliance on nonprofessionals to staff remedial programs.

Recent research on the role of phonemic awareness in early reading has received intense publicity, if not public scrutiny. In particular, numerous studies sponsored by the
National Institute of Child Health and Human Development (NICHD) have been cited frequently in the popular press and by policymakers as providing definitive support for explicit instruction in phonics and the alphabetic principle. Lovett et al. (1994) and Foorman, Francis, Fletcher, Schatschneider, and Mehta (1998), among others, report consistent results for the positive effects of phonemic awareness and phonics training on measures of isolated word recognition, pseudo-word decoding, and word or sentence-level comprehension. Critics of this research claim that the results are exaggerated and misleading, and that they are frequently misinterpreted to promote a specific instructional and/or political agenda. Allington and Woodside-Jiron (1997) pointed out that measures of fluency, reading rate, and comprehension of extended text are missing in this work. Moreover, the NICHD studies lack specificity regarding the general classroom instruction provided to the children in these interventions, attributing gains solely to the experimental conditions. The extent to which these studies will be used to shape legislative initiatives for early literacy is a cause of concern for many reading researchers.

Other perennial controversies swirling around the field are centered on questions such as: Who should provide remedial services? Where should these services be situated? What are the most appropriate and efficacious remedial methods for children with reading difficulties? Particularly onerous is the present tension over what counts as legitimate research (and, therefore, practice) in remedial reading. Some of these tensions are played out as turf wars across professional organizations in reading and special education, and others are reflected in a decade of federal funding and initiatives for improving remedial reading.

**Title I Remedial Reading**

Funds for compensatory education in reading were first allocated by the federal government in 1966 through Title I of the Elementary and Secondary Education Act (ESEA), for the explicit purpose of improving the instructional opportunities and outcomes in schools serving populations with high concentrations of poverty. Approximately half of all Title I funds are distributed as basic, concentration, and
targeted grants to local education agencies (LEAs). The budget for grants to LEAs has grown from less than $1 billion in 1966 to $7.3 billion in 1998; however, when adjusted to 1988 dollars, the current figure for 1998 is $5.48 billion (Office of Compensatory Education Programs, December 1997). In 1996, nearly 13.5% (3,618,859) of elementary school children and 5.6% (774,564) of secondary students in the United States received remedial reading services (Digest of Education Statistics, 1996). In addition, it is estimated that 80% (1,864,650) of K–12 students receiving services for specific learning disabilities have reading problems for which they receive services through special education (U.S. Department of Education, 1996), or from a combination of Title I and special education programs. These figures do not reflect children who receive remedial reading instruction in schools that do not qualify for Title I funding.

**Effectiveness of Remedial Services**

Because Title I (known from 1981 to 1994 as Chapter 1) is a funding mechanism rather than a remedial program per se, evaluation of Title I programs has proven difficult. Funds are distributed to states, then redistributed to LEAs where they are applied with wide variation. Due to the lack of adequate control groups and dissimilar (and questionable) procedures employed in local and state program evaluations, large-scale evaluations are limited (Borman & D'Agostino, 1996). However, reports throughout the past 20 years have concluded that, although students served in Title I programs may demonstrate higher achievement than nonparticipating peers, these students fail to achieve or maintain levels of success comparable to their mainstream peers (Kennedy, Birman, & Demaline, 1986; Puma et al., 1997). A meta-analysis of 17 evaluation studies by Borman & D'Agostino (1996) confirmed this finding, citing a modest trend for improved effectiveness over time, due, in part, to increased funding, greater awareness of students' needs, and increasing flexibility in the use of Title I funds.

Several explanations for the limited success of Title I programs have been offered (McGill-Franzen, 1994). First, typical instruction in these programs has been characterized as both *limited* in emphasis and *limiting* to recipients. With a predominant
focus on repetitive practice of low-level, rigidly sequenced skills, typical remedial instruction is neither challenging, authentic, nor contextualized to students’ lives beyond the remedial classroom (Allington, 1991; Knapp, 1995; Means & Knapp, 1991; Millsap, Moss, & Gamse, 1993). Students in such programs are considered to be further disadvantaged by the lack of access to instruction in higher order cognitive skills. Simultaneously, the lack of challenge and/or success leads to diminished motivation.

Observational studies point to a second explanation for the limited success of remedial programs: incongruence between the theoretical, philosophical, and instructional basis of general and remedial classrooms (Allington, 1994; Glynn, Bethune, Crooks, Ballard, & Smith, 1992). This lack of congruence, it is argued, leads to confusion and further difficulties for students who are already struggling to learn to read. Adding support to these observations, Tancock’s (1995) interviews of 27 classroom teachers and 3 reading specialists revealed that the two groups of teachers differed on instructional matters and in their philosophies of remediation, as well as in their overall perceptions of remedial programs. These teachers lacked common planning times and other opportunities for communication that might have led to greater congruence among programs. D’Agostino (1996) observed reading instruction in 52 self-contained Title I classes serving children in Grade 3. These students did not receive reading instruction in any other setting. Observers in this study documented instances in which children were engaged in "authentic instruction," as evidenced by: (a) engagement in higher order thinking skills, such as making inferences or predictions, developing opinions, and building concepts; (b) coherence of instruction, characterized by the depth of concept coverage, and the extent to which topics were interrelated through sequencing and structuring; (c) direct connections to students' prior and current life experiences; (d) amount of substantive dialogue and conversation; and (e) level of social support provided by the teacher and student engagement. D’Agostino reported that two of the most crucial principles of authentic instruction—higher order skills and connections to personal experience—were rarely observed in these classrooms.

Bean, Cooley, Eichelberger, Lazar, and Zigmond (1991) summarized the major concerns regarding pull-out programs. In addition to the lack of congruence between remedial and
general education teachers, these authors pointed to lost instructional time in the transition between the classroom and the remedial setting and the negative consequences of labeling students as learning or reading disabled. These consequences involve lowered expectations on the part of remedial and special education teachers, which too often lead to the impoverished instruction noted earlier. In perhaps the strongest critique of remedial reading programs to date, Allington (1994) asserted that the now fully institutionalized, entrenched "second tier" system of compensatory and special education has failed in its promise to lift at-risk students out of school failure. Allington called for dramatic improvements in the "first tier" (general education) programs to circumvent many of the difficulties encountered by children in their early experiences with literacy instruction.

One antidote to pull-out programs has been inclusion, or "pull-in" programs, in which children with reading difficulties remain in their general education classrooms for whole-class instruction. Schumm, Moody, and Vaughn (1996) observed reading instruction in 29 third-grade classrooms in which struggling readers (including those identified as learning disabled) made little or no progress in reading. Similar results were reported for LD students in general education classrooms in which whole-class instruction, with no modifications for individual differences, was the norm (Klingner, Vaughn, Schumm, Hughes, & Elbaum, 1997; Schumm, Vaughn, Haager, & Klingner, 1994; Zigmond et al., 1995). In contrast, Cunningham, Hall, and Defee (1998) reported high rates of success for low-achieving first- and second-grade students given whole class instruction that is structured around four intensive, theme-related "blocks" or instructional activities, including guided reading, word study, writing, and self-selected reading. Additional support is given to struggling readers in these classrooms through flexible, heterogeneous, small-group activities similar to the four blocks.

The failure of struggling readers in some general education classes is attributed to the lack of specific, systematic skills instructions, and a lack of teacher guidance in basal
reader manuals for individualizing instruction (Schumm et al., 1994; Vaughn, Moody, & Schumm, 1998). However, based on the Cunningham et al. (1998) report, whole-class or "pull-in" reading instruction can be effective in preventing and ameliorating reading difficulties, given appropriate support and sufficient opportunities for engagement in a variety of print-based activities.

**Federally Funded Initiatives**

Several major legislative initiatives have been enacted since the late 1980s with the purpose of improving Title I services. The Hawkins-Stafford Amendments of 1988 revised the purpose of Chapter 1 by requiring instruction in basic and advanced skills in all funded programs. More recent federal initiatives, including the 1994 reauthorization of the ESEA as the Improving America's Schools Act (IASA), have continued to stress this requirement: "The new Title I has one overriding goal: to improve the teaching and learning of children in high-poverty schools to enable them to meet challenging academic content and performance standards" (Fowler, 1995). The authors of the IASA also addressed the issues raised by critics of pull-out remedial programs. A major emphasis of this initiative was to "promote instruction through an enhanced and accelerated curriculum—delivered through such mechanisms as extended-day and extended-year programs rather than 'pull-out' remedial efforts that compete with, rather than complement, the regular curriculum" (Fowler, 1995, p. 9).

Federal initiatives since 1988 have encouraged greater flexibility in the application of federal funds for remedial services. No longer limited to the "pull-out" model of remediation, school-wide projects, aimed at improving the curriculum of general education classes, have become popular. These projects are designed to meet local needs and range from staff development projects, to implementation of early intervention programs, to lowering class size by assigning remedial reading teachers and some
administrators, to general elementary classrooms. Because evaluations are conducted locally and with as many variations as are found in the projects themselves, it is difficult to conduct meta-analyses of quantitative evaluations. One major survey of school-wide programs indicates enthusiasm on the part of administrators, parents, classroom teachers, and Title I teachers for such programs (Schenck & Beckstrom, 1993). Evaluation reports by numerous individual districts have been published as un-reviewed ERIC documents. Virtually all of these reports indicate improvement in some areas of reading achievement following implementation of school-wide projects.

The most current federal initiatives for reading are the 1997 America Reads Challenge and the Reading Excellence Act (H.R. 2614, 1997). A prominent provision of this initiative provides funds for the training of 1 million volunteer reading tutors by the year 2000 through VISTA, AmeriCorps, and work-study programs. Volunteers are currently tutoring children in preschool programs such as Head Start and Even Start, as well as working with children in the primary grades in a variety of in-school and after-school programs.

In sum, the three primary goals for federally funded programs during the past decade include improving the quality and level of instruction in pull-out remedial classrooms; school-wide improvements in reading instruction in general education classes; and early intervention efforts to prevent reading difficulties and reduce the need for remedial services in the elementary and secondary schools. One of the practical dilemmas facing educators charged with meeting these goals concerns who is qualified to teach remedial reading.

Who Should Teach Remedial Reading?
Depending on local circumstances, children may receive remedial reading instruction from certified reading teachers or learning disabilities teachers, from paraprofessionals (classroom aides), or from volunteer tutors. Contentions surrounding this question arise primarily from two sources: first, the need to stretch limited resources; and second, from professional feuds over the nature of reading difficulties and paradigms of instruction.

**Paraprofessionals.** School districts faced with increasing enrollment, class sizes, and numbers of at-risk learners often stretch Title I funds by hiring paraprofessionals rather than certified reading teachers. In 1994, an issue paper released by the International Reading Association (IRA) aired concerns regarding the employment of paraprofessionals in remedial reading. According to the IRA report, which summarized findings from several major evaluations of Title I, the number of full-time certified reading teachers rose 4.3% from 1985 to 1992, while the number of full-time aides rose 10.1%—more than double the percent of increase for teachers during the same period. In 1992 there were 72,000 full-time Title I teachers and 65,000 full-time aides. The employment of teacher aides can have positive consequences in schools, particularly in providing linguistic and cultural diversity; further, career opportunity programs offer potential for diversifying the urban teaching pool by recruiting paraprofessionals from minority communities (Haselkorn & Fideler, 1995).

The primary concern raised by the IRA regarding aides is that they provide instruction to at-risk children despite being poorly trained (if at all) and unsupervised. Forty-four percent of Title I aides reportedly deliver instruction, independent of a teacher, to an average of 25 or more children per day. This practice is most common in high-poverty schools. Particularly disconcerting is the assertion that the majority of interactions between students and aides are characterized as low-level forms of assistance that foster dependency on the aide rather than leading to independent learning. At a time when the mandates for Title I reform emphasize instruction for higher level cognitive skills, the use of untrained paraprofessionals is particularly ironic.
Although the "IRA would discourage the widespread, routine hiring of aides with Chapter 1 funds," (IRA, 1994, p. 3), the continued use of aides was recognized as inevitable, given financial constraints on many school districts. Therefore the report set forth recommendations for establishing federal funding and guidelines for state certification programs for Title I aides. In addition, classroom and Title I teachers must be better prepared for supervising and mentoring the paraprofessionals who assist them. One model cited in this report is the training program for Head Start aides, known as the Child Development Associate Credential and administered by a professional organization of early childhood educators (National Association for the Education of Young Children).

**Volunteer Tutors**

Despite steady increases in the number of Title I teachers and paraprofessionals, many at-risk children in impoverished schools still do not have access to individual reading instruction. Volunteer reading tutors comprise an alternative to formal programs for these children. Even before the Clinton administration proposed the America Reads Challenge in 1997, nearly 1 million volunteers were already assisting in various capacities in American public schools through federally funded programs such as Foster Grandparents, VISTA and AmeriCorps volunteers, along with parents and other community volunteers (Michael, 1990).

Volunteer programs vary on numerous dimensions. Volunteers may be paid or unpaid; some receive little or no training and supervision, whereas others go through extensive and ongoing training and supervision. In the Reading Recovery/AmericaCorps partnership, for example, paid volunteers receive 150 hours of training, in addition to online supervision (DeFord, Pinnell, & Lyons, 1997). The level of volunteer engagement
with children ranges from simply providing incentives for reading books, to listening to children read, to providing direct instruction in skills and strategies. Tutoring sessions may last from 30 min to 2 hr, and volunteers may meet their tutees 1 day per week or up to 4 days per week. Programs may run for the duration of a school year or for a fraction of a semester.

Evaluations of volunteer programs are sparse, and rigorous evaluation designs are even more rare. In a recent review of 17 adult volunteer programs, Wasik (1998) reported that only 3 of these programs employed equivalent treatment and control groups. Of programs that reported results, measures varied from standardized achievement tests (Metropolitan Achievement Test, The Iowa Test of Basic Skills, Woodcock), to word recognition and oral reading passages from basal readers. In a candid evaluation of their volunteer tutoring program, Vadasy, Jenkins, Antil, Wayne, and O'Connor (1997) reported difficulties such as scheduling appropriate space for an after-school program, unreliable volunteers (in this case, paid high school volunteers and community volunteers), and difficulty maintaining fidelity to components of the instructional program. Despite these conflicts, first-grade children in this study demonstrated significant improvements on several measures.

Evidence from other programs indicates that volunteer programs can effect positive change in struggling readers, although results are not consistent across participants. Juel (1996), whose study of college athletes as tutors is among the most innovative, well-designed, and evaluated programs, reported that the children who were tutored in this program demonstrated improvements over their nontutored peers. However, these children scored below their age and grade norms, with wide variations in progress as noted in the high SD reported in this study.
In addition to programs using adult tutors, several cross-age tutoring programs have been reported (Labbo & Teale, 1990; Taylor, Hanson, Justice-Swanson, & Watts, 1997). In the Taylor et al. program, a small-group Title I intervention for students in second grade was supplemented with cross-age tutoring by trained fourth-grade students who, like the student athletes in Juel's program, were also struggling readers. In each of these studies, the tutors, as well as their younger tutees, made demonstrable progress in reading, as has been found in earlier studies of cross-age tutoring (Cohen, Kulik, & Kulik, 1982).

**Insights on Nonprofessional Reading Tutors.** Data on the effectiveness of volunteer tutors and paraprofessionals are mixed, and several recommendations are offered. First, effective programs require adequate training for tutors, whether these are college students, community volunteers, or other children. Second, supervision of tutors is essential. The qualitative observations of tutors in Juel's study indicated that a tutor's level of sophistication in scaffolding assistance for tutees can either enhance or compromise the efficacy of the tutoring. Third, tutoring sessions must be carefully planned—although not necessarily scripted—for maximum benefit. Vadasy et al. (1997) planned a tutoring program that included activities similar to those followed in Reading Recovery. In addition, they incorporated a component of phonemic awareness activities. Most of their tutors were unable to demonstrate fidelity to the highly scripted lessons that were planned for them, despite initial and ongoing training and supervision.

The services of volunteer tutors are an increasingly popular option for financially strapped school districts with many needy children; however, the short- and long-term efficacy of volunteer tutors remains ambiguous. It is imperative that resources be allocated to design and implement sophisticated evaluations of tutoring efforts.

**Learning Disabilities Teachers.** Nearly 80% of students identified as learning disabled—and thus eligible for special education services—have reading difficulties
(National Center for Educational Statistics, 1994). By legislative fiat, most learning disabled students with reading difficulties receive instruction from special education teachers rather than from reading specialists. Since 1995, the leadership of the International Reading Association has actively challenged the exclusion of reading specialists from providing instructional services to children identified as learning disabled. In a 1995 position paper entitled "Learning Disabilities: A Barrier to Literacy Instruction," the IRA expressed concerns regarding both the overidentification (and misidentification) of children with learning disabilities and the inadequate preparation of learning disabilities (LD) teachers to provide remedial reading instruction.

A recent study of reading instruction in 14 LD classrooms substantiates concerns aired in the IRA position paper (Vaughn et al., 1998). Children in these classrooms received whole-class instruction. Individual modifications or individualized support were rarely observed. Based on standardized achievement test scores, the children in these classrooms made "little to no growth in reading" (Vaughn et al., 1998, p. 220). Similarly, Morris, Ervin and Conrad (1996) traced the failure of a sixth-grade LD student to achieve independent reading, despite his retention in kindergarten and 4 years of instruction in a self-contained LD class. These authors attributed the failure of instruction in these instances to several factors. First, the LD teachers were following a "whole-language" trend, including whole-class instruction. Second, Vaughn et al. (1998) observed that reading groups in the LD classrooms ranged from 5 to 19 students, making individualized instruction difficult at best. These authors also speculated that, because the LD teachers had no special preparation in reading (they received the same required preservice reading course as general education teachers), they tended to implement instruction similar to what might be recommended for a general classroom.

The IRA position paper fueled tensions between the leadership of professional organizations in reading and learning disabilities, as both sides lobbied for federal support of their respective programs. The Council for Exceptional Children–Division of
Learning Disabilities (CEC-DLD) responded to criticism of LD teachers by questioning the preparation of reading teachers to provide instruction to children with learning disabilities (Council for Exceptional Children, 1997). Despite the sometimes hostile public rhetoric accompanying this fray, members of both factions have come to agreement on several points, including the need to streamline and shorten the lengthy process of referral to special education services, and the desirability of preventive versus remedial interventions for children with reading difficulties (Council for Exceptional Children, 1997; Pikulski, 1998).

Even as Congress deliberates the matter of allowing reading specialists to provide services to children with learning disabilities, at least one state (New York) has passed legislation to this effect. Given that children identified as learning disabled are generally indistinguishable from generic poor readers (Spear-Swerling & Sternberg, 1996), there is no logical reason for withholding from these youngsters the services of highly trained reading teachers. In the next section, we describe the professional standards of and expectations for reading specialists, along with recommendations for future research.

CONSTRUCTING THE FUTURE OF REMEDIAL READING: BELIEFS, REALITY, AND NEEDED FUTURE RESEARCH

In the domain of reading, most particularly in regards to reading difficulties, there are many widely held beliefs. As the discussion in the appendix shows, some of these beliefs are logically or empirically indefensible; others are perhaps logical, but not supported by extant research. It is hoped that this listing and description and the calls for research will promote research to investigate the validity of these beliefs.

Requiem for Remedial Reading
Along with the theoretical and practical contentions that dog the field, remedial reading is mired in arcane terminology representing an outdated conceptualization of reading problems. The requiem we compose here is not a signal for the demise of intensive instructional interventions for children who struggle to acquire print literacy; rather, the intent is to note publicly a turning point, a new era in the field.

The word *remedial* as used in both "remedial reading" and "remedial reader" is most problematic. It derives from *remedy*, meaning "to cure" or to "restore to natural or proper condition" (*Random House Dictionary of the English Language*, Second Unabridged Edition, 1987). For two reasons, the remedying aspect of remedial does not fit the typical case of a child with a reading problem. First, it is the rare child who makes appropriate progress in the initial stages of reading, then falters. Children who need what was previously called "remedial reading" are children whose learning lagged from the first day of developmental reading instruction—and became further and further behind as readily learning peers made ever-increasing progress in reading. These children had never been at a "proper" level of reading to which remedial reading would "restore" them. Indeed, the term *Matthew effect* has been used to describe this ever-widening gulf between children who make continuous progress in reading lessons, and those children who never seem to get out of the starting blocks, falling further and further behind their faster learning peers (Stanovich, 1986).

The second reason the term *remedial* fails (although most in reading would prefer to overlook this point) is that most children provided remedial reading never come fully up to grade level, that is, their reading problems are not "cured." This includes not only children in economically depressed areas but also children attending schools in affluent suburbs.
The term *remedial reading* must be cast off. This argument was previously made by Johnston and Allington (1991). We propose a deliberate shift from the metaphor of the *remedy* to that of *mediation* as in the *remediational* (or *remedial*) context. This shift is based on the sociohistorical theories of Vygotsky (1962, 1978) and neo-Vygotskian scholars such as Cole (1990) and Tharp and Gallimore (1988). A basic tenet of sociohistorical theory is that psychological processes are "culturally mediated, historically developing, and arise from practical activity" (Cole, 1990, p. 91). The notion of historical development is most pertinent to the present discussion. Gallimore and Tharp (1990) described learning and development as movement, with various levels of assistance, or mediation, through recursive stages of the zone of proximal development. "Assisted performance" marks the first level, in which the learner is engaged in activity with the assistance of a teacher. At the second level, the learner demonstrates self-assisted performance in the form of self-directed speech. The third level is characterized by independent performance, as learning has become internalized and automatic. Recursiveness kicks in at the fourth level, when the learner confronts a new task. Throughout this process, learners are assumed to be actively involved in problem-solving with print. This perspective stands in contrast to those in which struggling readers are viewed as passive, helpless victims of circumstance or heredity.

As St. Augustine noted 1,700 years ago (Saint Augustine, 1942), learning to read is not accomplished as naturally as learning to speak but, as is the case in most learning, if children learn to read, they must learn far more than what their teachers explicitly teach them or make them practice. That is, learning to read is not learning solely a set of skills the teacher demonstrates and makes students practice; rather, children who have learned to read have taken bits and pieces of what they have been taught and practiced, constructed their own generalizations and understanding of the reading process, and organized and integrated the strategies and skills of reading. Every child must engage in this constructive process to become a mature, fluent, analytic, critical reader. This description of the constructivist view of learning to read casts the teacher into a role far greater than that of a presenter of skills and concrete information, but rather describes the
teacher as someone who carries out a variety of roles that mediate learning. These roles include modeling, encouraging, reminding, hinting, questioning, challenging, correcting, directly teaching, reteaching, reviewing, and, when necessary, just letting the learner be. The teacher's role in teaching children to read is best described as mediator. To learn, children also must act as mediators—attending to and analyzing finer and finer aspects of print and text and constructing their own interpretation and organization of orthography, text, and meaning-gaining strategies. Thus, if we consider normal, developmental reading instruction to be a mediational process for both teachers and students, then when children fail to learn to read during this mediation, both teacher and children must encounter this learning task once again—hence, re-mediation.

As we mark the beginning of a new century, the knowledge base in re-medial reading is robust, having the breadth and depth of multiple research and instructional perspectives. Public interest in—and criticism of—reading programs is strong, albeit often based on narrow perspectives, misperceptions, and myths. Enduring tensions will continue within the field; however, the momentum created by the current wave of public interest affords opportunities for reading professionals to correct public misperceptions about the nature of reading acquisition and reading difficulties, and to create public support for programs of research and practice that reflect the breadth and depth of this dynamic field.

APPENDIX: BELIEFS, REALITY, AND NEEDED FUTURE RESEARCH

Belief: Reading Failure Results From Poor Schools and Poor Teaching

Unquestionably, many reading problems result from poor schools and teaching, but it is also the case that in the same first- or second-grade classroom where one child or a small group of children failed to learn to read, the vast majority usually did learn to read. There
is too little research that examines reading development over a period of time (e.g., 4 or 5 years), teacher by teacher. The First-Grade Studies (Bond & Dykstra, 1967) found greater achievement variation within a large number of classrooms taught by a given reading method than between the average scores of classrooms taught by different instructional methods. The authors of that study concluded that this "greater variation within than between groups" outcome resulted from teacher differences; however, none of the projects in the First-Grade Studies actually accounted for teaching or teachers. It is important to know if, in controlled studies, some primary-grade teachers consistently end the school year with larger numbers of children with reading difficulties and if another group of teachers consistently end the school year with few or no children with reading difficulties. It is commonly believed that such teaching variation exists, but research documentation of this belief is scant.

**Belief: Curricular Congruence Is Important**

Curricular congruence is when there is a strong similarity in the rationale, methods, and materials of the reading instruction that a student receives in the classroom and in remedial reading. Curricular congruence is not viewed here as "narrow-based" instruction (e.g., all phonics in a skills-based program, all context in a literature-based program) but, by definition, it demands goals, methods, and materials adhered to by both the classroom and reading teacher. Although, at first blush, this notion of curricular congruence has intuitive appeal, the reading research community has failed to establish its validity. Curricular congruence may be open to at least three specific criticisms. First, the specificity required if classroom and remedial teachers convene to design a reading program will delimit options in reading instruction. From the constructivist position, teaching reading is not laying out a bounded set of goals and activities that the child follows in a more-or-less straight line, but rather is a process of exposing the child to a multitude of varying literacy experiences frequently revised in light of the child's progress and learning. The teacher's role here is to expose children to a multitude of
skills and strategies that they may use to learn to read, to assist children in their initial applications of those skills and strategies, and to guide children in revising their notions of the reading process. Curricular congruence could have the effect of limiting the options available to children in trying to learn what they need to learn in order to be able to learn to read.

Further, although remedial reading has not wiped out the nation's reading difficulties, many children have made large gains in reading proficiency and motivation via remedial reading instruction. Perhaps it is just the remedial reading instruction that causes this growth in reading, but just as valid an explanation is the hypothesis that the joint action (interaction) of the classroom program and the remedial program caused the growth. We do not know, and this state of ignorance only exacerbates the need for further researching the validity of curricular congruence.

Yet another reason to call for research on the validity of curricular congruence is that most reading specialists have found themselves in the position of providing remedial reading to children whose previous reading instruction was not only narrow in focus, but also poorly conducted. In this case, perhaps a form of curricular congruence is truly called for—the classroom teacher should teach the way the reading specialist is teaching.

Research on curricular congruence is in short supply, but a recent dissertation by Wilson-Bridgeman (1998) failed to find that curricular congruence was associated with gains in reading ability. Research on the content and construct validity of curricular congruence is sorely needed.

Belief: Skilled Reading Teachers Have Special Knowledge and Abilities for Teaching Reading

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Much time, effort, and expense is given by many to graduate reading programs for previously certified classroom teachers. These programs require as many as six to eight reading courses or practicums. Such expense and effort would not be expended if we did not believe that, at the completion of these programs, reading teachers would have gained knowledge, insights, abilities, and techniques beyond those of most classroom teachers. Following are seven commonly accepted beliefs about what it is that reading teachers know and can do. In spite of the fact that references can be found for most of these beliefs, there is little or no data to support any.

First, expert reading teachers have knowledge and models of good readers at the various stages of reading development (Chall, 1983). They know what a good reader at a given stage is able to do and not do, and they are able to contrast this model to children they are teaching who have reading difficulties to build reasonable goals for that child (Kibby & Barr, in press). They also have internalized and used models of effective teaching (Allington & Cunningham, 1996, p. 163). Perhaps most importantly, an expert reading teacher is an excellent "systematic observer" who "drops all presuppositions about a child…and listens very carefully and records very precisely what the child can in fact do" (Clay, 1993a, p. 3). Eisner (1991) would say that these excellent reading teachers had developed "the enlightened eye." They also have developed a decision-making model of the diagnostic assessment that provides an overall perspective, or gestalt, of the components and strategies important to successful reading and a sequence for routinely evaluating those components and strategies in a rational and efficient manner (Gil et al., 1979; Kibby, 1995c; Kibby & Barr, in press; O'Flahavan et al., 1992; Polin, 1981; Snow et al., 1998, p. 287).

Second, for any given intensive intervention reading lesson, good reading teachers can substantiate, document, or explain why they are providing the instruction they are—that
is, they can explain what the child is able to do and how they know; they can explain what are children's successive needs to learn; they can explain the nature of the instruction the children require to learn what they next need to learn and how they know; and they can explain the form of supporting guidance and review that children will need in applying or practicing this new knowledge and how they know (Clay, 1993b; Pinnell, Fried, & Estice, 1990).

Third, good reading teachers view all their planned instruction as "responsive instruction" (Shanahan & Barr, 1995, p. 963) or "diagnostic teaching" (Kibby, 1995c, p. 49). One outcome of this rationale is that they presume that every lesson that they design requires adjustment as they implement it (Allington & Cunningham, 1996, p. 164; Clay, 1993b; Pinnell et al., 1990). This adjustment of in-process instruction is continuous and requires critical analyses of children's responses to the text being read (prior to, while, and after reading), knowledge of the demands of the text, and ability to implement a wide range of instructional techniques. Another outcome of viewing all instruction as diagnostic teaching is that every individual lesson is a diagnosis, and any one lesson must be based upon the results of the previous diagnostic lesson (Clay, 1993b; Morris, Ervin, & Conrad, 1996).

Fourth, it surely is the case when children read a text with a reading teacher's instruction that comprehension of the text's content is paramount. In reading instruction, however, the goal of instruction is not the information gained per se, but to teach the reading strategies and skills required for children to gain this information from independent reading.

Fifth, good reading teachers know that solid reading instruction requires a balance of easy (independent, nondirected, or unguided) reading and more difficult (instructional, directed, or guided) reading. They know that learning to read is moving from not
knowing, to knowing how, to doing, to doing with ease, accuracy, and speed. Whether a child is still attempting to master the essentials of word recognition or striving to develop the comprehension strategies of analysis and synthesis, fluency is required. Therefore, not all of every instructional session can be devoted entirely to teaching children new strategies, skills, or information, but some of every lesson must be devoted to help children do what has already been learned, but more rapidly, with less attention, and with fewer errors (i.e., with greater fluency) (Clay, 1993b; Snow et al., 1998).

Sixth, Barr (1973-1974) found in first-grade classrooms that the amount learned was highly dependent on instructional pace, that is, the rate at which teachers accomplished the basal reader's lessons. Expert reading teachers know that children with reading difficulties not only need greater amounts of high-quality reading instruction but also that the pace of instruction in the intervention program must be intense.

Finally, good reading teachers realize that the purpose of any lesson is children's learning, not the mere accomplishment of the lesson. This child focus means that the teacher's perception is affixed to what is and is not being learned, not to the instructional activity itself.

**Belief: Almost Every Child Should Be Reading on Grade Level**

The basic premise of all intervention, remedial, or learning disability programs is to "get the child up to grade level." Some may say that this is not logical; it would be the same as saying that every child will be approximately average in height, or taller (Cannell, 1987). Speaking strictly statistically, this is correct; the Lake Woebegone Effect of everybody scoring at or above average on a normed test is impossible. The statistical word average is the problem, and should be replaced with the more general term on
grade level. The term grade level here is not a grade equivalent score on a standardized test but is the ability to read texts generally considered appropriate for children's age or grade. Given this interpretation of average, then the notion of almost every child reading on grade level may not be dismissed on purely logical grounds.

Allington (1995) listed six pieces of conventional wisdom he believed are erroneous; the first of these deceptive ad hominems is "not all children can become literate with their peers." He suggests that the basis of this deceptive conventional wisdom is the "enormous range of differences in children when they begin school" (p. 6). One of those variables that has been thought to limit progression in reading is intelligence, but in the primary grades, IQ scores correlate with reading achievement at only the .2 to .45 level. There is nothing so complicated about learning to read that would keep any child who is not mentally retarded from being able to learn to read near, on, or above grade level, provided that this child is given enough instruction and instruction of sufficient quality. And because, within a normally distributed population, about 95% of the population will, theoretically, have IQ scores of 80 and above, then in accordance with the thinking of Bloom (1968), Carroll (1964, 1989), and Allington (1995), almost every child in elementary school should be reading on grade level at grade level.

Those who claim that every elementary school child should be reading at grade level (this includes the authors) find little to support this belief beyond faith. The dualfold data nullifying this belief include:

1. Not every child does learn to read, some in spite of high IQs, homes that value and encourage language and reading, excellent developmental reading instruction, and excellent remedial reading instruction.
2. Those who hold this belief (including the authors) have been unable to proffer methods that guarantee success for all. Even in Reading Recovery, children who do not make success after 60 lessons are dropped from the program and returned to the regular classroom or referred to a special education program.

There certainly have been numerous major attempts to eliminate reading difficulties within our society (e.g., Title I, Special Education, Remedial Reading, Reading Recovery, Success for All), but there are still significant numbers of children who have difficulty reading. Studies are needed in which a school or a school district commits itself to not allowing a single child in an entire cohort of 4-year-olds (or younger) to fall significantly behind in learning to read through grade five or six. Funding for this project would permit whatever form of instruction, including a great deal of one-to-one teaching if such were deemed necessary. It is important to know if it is only limited funding and staffing that stand in the way of success for all, or if it is a lack of reading theory and instructional methods.

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