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A SURVEY OF DIAGNOSTIC/CORRECTIVE READING INSTRUCTION AND PRACTICES IN RELATION TO THE INTERACTIVE READING PROCESS

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Over the past four decades the reading disability model that has dominated reading research and practice has been "within the reader" model (Lipson & Wixson, 1986). The model conceptualizes the source of reading disability as residing "within" individual readers (Monroe, 1932) and caused by a combination of non-medical deficit factors associated with the reader (Robinson, 1946). Over the years, the model itself has taken several forms (e.g., development, subskill, information processing); however, a common principle has remained consistent which is the search for causal factors of reading disability that reside within the reader.

A less influential model, the "outside the reader" model, was also conceptualized over forty years ago. Here, the source of reading disability was viewed as residing within pedagogy (Gray, 1922) and described reading behavior as variable under different circumstances (Judd, 1918; Judd & Buswell, 1922). For example, Gray's (1941/84) review of research conducted between the late teens and early twenties indicated that purpose, text difficulty, student interests and motivation, and reader's prior knowledge were critical to understanding text. Three factors were identified that appeared to influence comprehension: 1) factors inherent in the reader, 2) factors regarding pedagogy, and 3) factors inherent in the text material. Historically this model has been largely ignored; however, research on the model has proven influential in current thinking about reading.

Based on the work of Rumelhart (1977), reading is

currently characterized as an interactive process. The resulting "interactive model" is conceptualized as the interaction of many factors during the reader's print processing, all of which influence comprehension. Research related to the model has indicated a variability among readers' comprehension that is due to the interaction of factors such as: reader's background knowledge, motivation, interest, text structure, task expectations, and flexibility (Anderson & Pearson, 1984; Meyer & Rice, 1984; Wigfield & Asher, 1984; Anderson & Pichert, 1978; Spiro, 1980; Campione & Brown, 1985). As a result, the reader is viewed as an active participant who constructs text meaning.

Current reading literature clearly suggests support for the interactive model. For example, the increasing number of interactive based methodological descriptions and professional papers indicate growing interest in and anticipated value of the model. Yet, within the literature there exist few descriptions of the model's application to diagnosis and correction situations. The void is described by Valencia and Pearson (1986): "Reading assessment has not kept pace with advances in reading theory, research, or practice. On the one hand we argue vehemently for richer and more liberating instructional materials and practices . . . On the other hand, we stand idly by and observe yet another round of standardized or end-of-unit basal texts" (p. 726). Clearly, the view of reading as an interactive process must be included in the diagnostic/corrective area. However, innovation must begin with an examination of existing practice. Currently, practice is heavily grounded in the within-the-reader model and is exemplified by traditional assessment procedures and mastery learning pedagogy (Valencia & Pearson, 1987). This article will present information gathered from reading faculty in teacher training institutions and inservice teachers regarding currently taught or practiced diagnostic and corrective procedures.

To gather this information, a survey was conducted which examined current diagnostic/corrective practices and explored areas of needed change. Also included were perceived areas of weakness in current practices.

The Survey

Two questionnaires were developed for use during this

survey. One questionnaire (A) presented items relative to persons who taught diagnosis and correction of reading disabilities courses. The second questionnaire (B) presented items relative to classroom teachers' and reading teachers' diagnosis and correction practices. Questionnaire A posed the following questions:

- 1) What diagnostic procedures do you currently teach?
- 2) What corrective procedures do you currently teach?

Questionnaire B posed the following questions:

- 1) What diagnostic procedures do you currently use?
- 2) What diagnostic procedures do you not know how to use but would find helpful?
- 3) What corrective procedures do you currently teach?
- 4) What corrective procedures do you not know how to teach but would find helpful?
- 5) What factors put the greatest limitations on your diagnostic/corrective practices?

Questionnaire A was sent to university faculty who taught analysis and correction of reading disability courses at the graduate or undergraduate level. Appropriate faculty were identified from Graduate Programs and Faculty in Reading (1981) and were located throughout the United States. Originally 35 questionnaires were mailed along with a self-addressed stamped envelope. At the end of one month, follow-up cards were mailed to those faculty who had not responded. Seventeen university faculty returned the survey instrument.

Questionnaire B was sent to 70 classroom and reading teachers in 3 mid-sized, midwestern public school districts. Teachers were randomly selected from school district personnel directories and had received training from various teacher training institutions located throughout the United States. Originally, 70 questionnaires were mailed along with a stamped return envelope. Again at the end of one month, follow-up cards were mailed. Forty-five teachers returned the survey instrument.

All classrooms and reading teacher respondents taught in elementary schools. Of the group, 40% had taught less than ten years and 60% had taught eleven or more years. Eighty percent had Masters Degrees and fifty percent had

never taken a diagnosis and correction of reading disabilities course.

Analysis of Responses

Analysis of the survey instruments included identifying thought units (Bales, 1957) and organizing categories which emerged from the thought units (Glasser & Strauss, 1967). Thought units were defined as "the smallest discriminable segment of [written] behavior . . . to which the observer . . . can assign a classification . . ." Data analysis involved four steps. First, two raters independently identified thought units. Second, thought units were organized into categories which emerged from the data. Third, thought units and categories were reviewed and agreement reached regarding the classification of thought unit content under category domains. Fourth, the frequency that thought units occurred was recorded. This procedure was followed for the analysis of both questionnaires. In all, 504 thought units were identified.

Results

In order to more clearly present similarities and differences between the two groups' responses, parallel items for each questionnaire are presented successively.

Questionnaire A, item 1 asked university faculty to identify diagnostic procedures currently taught in reading analysis and correction courses. Results indicated that diagnostic, specific-skills, and testing procedures were taught. The diagnostic procedures category included 16 thought units related to student interest, strengths and weaknesses, attitude, and interviews. The specific-skills category included 14 thought units related to identification of student weaknesses in identified comprehension, word recognition, and study skills areas. The testing procedures category included 23 thought units related to informal measures (i.e. IRI, writing samples) and formal measures (i.e. standardized reading tests).

Questionnaire B, item 1 asked inservice teachers to identify diagnostic procedures currently used to diagnose students' reading difficulties. Results indicated that reading tests and teacher judgment were used. The reading tests category included 72 thought units related to informal

measures (i.e. IRI, miscue analysis, cloze procedures) and formal measures (i.e. standardized and basal reader tests). The teacher judgment category included 98 thought units related to teacher observation, oral reading behavior and writing behavior.

Questionnaire A, item 2 asked university faculty to identify corrective procedures currently taught in reading analysis and correction courses. Results indicated that prescriptive, specific-skills, and integrated approaches were taught. The prescriptive approach category included 7 thought units related to individual plans for instruction and one-to-one tutoring sessions. The specific-skills category included 13 thought units related to providing remediation for comprehension, word recognition, readiness, and oral reading skill deficiencies. The integrated approach category included 19 thought units related to student background information (i.e. prediction-verification strategies, webbing, sorting reciprocal questioning) and developing reading fluency (i.e. reader's theater, story telling, repeated reading).

Questionnaire B, item 2 asked inservice teachers to identify corrective procedures currently used to correct students' reading difficulties. Results indicated that instructional practices and teacher practices were used. The instructional practices category included 25 thought units related to using supplemental basal materials, using whole language strategies, and sending students to reading specialists for instruction. The teacher practices category included 10 thought units related to establishing flexible groups, encouraging students, spending extra instructional time, and increasing student's self concept.

The remaining two questions were included only on Questionnaire B. The questions sought to explore inservice teachers' perceptions regarding their own instructional weaknesses and limitations. The results of each question are followed by several respondents' comments which serve to further illustrate perceived weaknesses and limitations.

Item 3 asked inservice teachers to identify diagnostic procedures that they did not know how to use but would find helpful for working with students who have reading difficulties. Results indicated that specific assessment procedures and current information would be helpful. The as-

assessment category included 32 thought units related to administering the IRI, miscue analysis, and writing analysis were needed. The current information category included 32 thought units related to needing to know new diagnostic trends and procedures.

Sample comments by inservice teachers

--I'm not sure what you mean by writing analysis. I do have my children do a lot of writing and then have them read their own work. I find they read this better than some other material.

--I'm always looking for any procedure that will be useful. What I think would be helpful is the use of diagnostic procedures and time management--how can one incorporate these things into the classroom--using your time usefully and benefit all students.

--There may be a new trend that I am not aware of and that would be it. My biggest complaint is that no one ever taught me how to teach reading, set up classes, materials, interest areas, hands on exposure. Theory is not really helpful when you have to be responsible for reading.

Item 4 asked inservice teachers to identify corrective procedures they did not know how to teach but would find helpful. Results indicated a need for more information and approaches. The information category included 33 thought units related to how to correct language disabilities, teaching exceptional students, and more information about corrective strategies in general. The materials and approaches category included 15 thought units related to approaches for beginning readers and older students, adapting approaches, computerized strategies, literature based approaches, and phonic and vocabulary approaches.

Sample inservice teacher comments

--Teachers need more help designing corrective activities for particular student needs. They (teachers) still rely heavily on workbooks and worksheets to remediate skill deficiencies.

--I was never taught what to do about these errors--just how to identify them and what they are.

--I was taught that first graders are not yet at the remedial stage. Now that I have to teach them, I need more help with corrective procedures for beginning reading. Scheduling does not permit a one-to-one approach.

--I myself have learned the corrective procedures I teach my students after I started teaching. I learned from fellow teachers, professional journals, and articles. I feel this is an area that teacher education needs to improve.

--I think our training is somewhat weak. It's a difficult thing to do.

--This is an area I would like more education. I am not sure what kind of corrective procedures to use.

Item 5 asked inservice teachers to identify the factors which put the greatest limitations on their diagnostic/corrective practices. Results indicated that environmental constraints were the greatest limiting factor. Within the category, 104 thought units related to time, curriculum requirements, teacher/pupil ratio, appropriate testing materials, lack of cooperation among faculty and administration, and lack of procedures.

Sample comments of teachers

--Time has to be the greatest limitation. The typical full-time remedial reading teacher has a schedule of ten 30-minute class periods with 3-4 minutes passing time between each. They serve about 60 students and have assigned duties in recess or lunchroom monitoring. They do not have a planning time of more than 30-40 minutes. However, teachers rarely spend eight hours on the job as other working people do. They complain about having to take work home, but they leave school at 3:00 or 3:30. The profession needs to take a serious look at the amount of time spent at the workplace in alleviating the excuse of not having enough time to conduct appropriate practices.

--Time and courses that teach how to teach! It is easy to grasp diagnostic procedures, they tend to be black or white (concrete). I have found most courses cover diagnosis, but give very little feedback on how to teach to the areas of difficulties. I have attended classes and workshops that spend a lot of time on what is wrong and give one or two examples as to what to do. I'd like some "MEAT"

to work with rather than theory.

Discussion

Diagnostic/corrective courses and practices identified from this survey focus primarily upon identifying and remediating deficit reading skills within the reader. Both surveys indicated use of informal and standardized assessment and corrective measures consistent with identifying patterns of error. Traditionally, these practices isolate reading skills into discrete units and create an unnatural environment for the reader. Inservice teachers identified observation as a frequently used diagnostic procedure, but reading faculty did not include observation as a coursework component. Reading faculty identified some interactive procedures as coursework components which inservice teachers did not include in practice descriptions. Conjectures regarding these results are that assessment instruments and instructional materials which reflect the interactive reading process are not readily available and that diagnostic/corrective practices are consistent with the increasing number of competency based curriculums. Both conjectures suggest that theory and research have moved beyond classroom reality and that a major effort must be made to instigate reform.

Reform must necessarily involve collaboration among universities, state education departments, public schools, and publishing companies. Such a reform effort will necessarily require increased communication, rethinking ideals and values, revising the content of diagnosis/corrective coursework, inservice programs for practicing teachers, and funding. It will be a shift in direction that cannot be accomplished in a short time nor by one faction. However, to not engage in the necessary reform action will only contribute to practices that are inconsistent with knowledge of the reading process.

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