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Rona F. Flippo  
*Georgia State University*

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# ORGANIZING FOR DIAGNOSTIC INSTRUCTION IN A READING LAB

*Rona F. Flippo*

GEORGIA STATE UNIVERSITY, ATLANTA, GEORGIA

The College of General Studies' Development Center, University of South Carolina, opened its doors for the first time in the fall of 1978. The Center was to provide diagnostic-prescriptive services to all freshmen who were enrolled in GSTD 121, "Effective Reading," as well as to all other General Studies students who wished to improve their reading skills.

There were close to six hundred students in the first semester's operation. The opportunity for a postsecondary reading specialist was unique. The Development Center had no materials, testing instruments, policies, or methods that had to be used or changed. The director started with nothing and "developed" the Development Center. Money, space, time, and cooperation were, of course, all limited; but the opportunity to create a sound, functional, and facilitative program was, nonetheless, real.

There were many decisions to make. One of these concerned the management system of the Developmental Center. With six-hundred students in need of testing, diagnoses, counseling, and prescription, and a support staff of five untrained graduate assistants, an accurate and efficient system was essential.

A review of related literature and research (Flippo, 1979) revealed support for a systems approach to reading diagnosis and prescription (Goldsmith, 1974), support for the matching of reading needs to materials (Kerstiens, 1972), and support for cataloging materials by skills (Eanet, Condon, and Manzo, 1975). The system developed was a card system designed by the director and printed by McBee System (a division of Kimball Systems) especially for the testing instruments and materials selected for the Center. (See illustration)

This system provided a functional method of managing the diagnostic/prescriptive function of the Developmental Center, counseling students, and prescribing, cataloging, and locating materials. Once the system was programmed by the director, it insured the students that materials would be appropriately matched to their levels without continuing intervention on the part of the director. The system also provided opportunity to add skill designations to the Developmental Center's curriculum so that at a later date, study, writing, and math skills could be cataloged and added to the diagnostic/prescriptive system.

The first eight skill designations on the card were from the



subskill tests of the Stanford Diagnostic Reading Test, Blue Level, Forms A and B, which we used to diagnose reading skill needs; these skills are literal comprehension, inferential comprehension, word meaning, word parts, phonetic analysis, structural analysis, scanning and skimming, and fast reading. Ninth and tenth skill designations, from the vocabulary and comprehension subtests of the Nelson-Denny, Forms C and D, were included on the card.

There are three difficulty level designations used to select an appropriate difficulty level for each of the materials. The publishers' difficulty level designations were used after being checked with the Fry Readability Scale. We determined the students' grade level designations by their combined literal and inferential comprehension grade equivalencies from the Stanford. Most of the published materials we ordered could be designated, in their entirety, or by certain pages, chapters, sections, levels, or colors into one of the designated skills and into one of the difficulty levels. For example, Jamestown Publishers, one of the largest publishers of postsecondary reading materials, uses similar difficulty level designations. Although the skill designations are different, reading specialists can make those decisions by thoroughly going through each piece of the materials. The management system card was designed to indicate where the designated skill at the prescribed difficulty level can be located in the material. For one piece of reading material there might be many cards, each card indicating use of the material for a certain skill at a certain level.

When the students had been pretested, the graduate assistants made profile sheets of the skill areas using raw scores and stanines, and recorded the instructional grade levels indicated by the Stanford Diagnostic Reading Test, Blue Level. When a student arrived for counseling appointment, the graduate assistant explained the skill areas that showed need for remediation, and, with the student there, prescribed materials by putting the selection needle through the punched hole of the needed skill. When this happened, the cards with materials for that skill fell out. Next, those cards were collected, and the needle was put through the punched hole of the level of difficulty desired. Again, all the cards with materials for that skill at that desired difficulty level fell out. The grad assistant and the student then gathered the remaining cards and examined them to see if the subject area indicated was suitable to the student's interest and goals. Those materials suitable were checked on the student's prescription sheet and demonstrated to the student as part of his or her counseling.

Students were free to use any of the materials prescribed for them, and to allocate as much or as little time as desired to any particular material in their prescription. The rationale was that students would get the most out of the materials they chose to use as long as those materials had been prescribed to match a measured area of need. This would give students the best of both individualized models described by Aron (1978). Aron indicated that the individualized prescriptive model, based on behavioristic learning theory, is a model where students begin with materials at their reading level and follow a programmed prescription based on their skill needs. The individualized personalized model, based on cogni-

tive-field theory, is a model where students self-select materials and self-direct their activities and goals. Successful programs in reading have been developed using both models.

The diagnostic/prescriptive/cataloging/counseling system can be developed and implemented by reading and learning lab directors that serve the needs of students at all levels. Although this particular system was developed for use with college students, there is no reason it could not be used with adult basic education, with elementary, middle, or high school students. All that is necessary are the selection of an appropriate diagnostic instrument to identify specific skill needs and an approximate reading comprehension grade level, the classification of available materials into the skill designations of that diagnostic instrument, and the classification of the same materials by approximate readability levels.

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