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TEN SECOND REVIEWS

Blanche O. Bush

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If training for responsible reading behavior is to be developed, would it be unrealistic to assume that both creative teaching and diagnostic teaching reinforce each other and lead to a dynamic personal and cultural fulfillment?

—Russell G. Stauffer

Alodia, Sister Mary, C.S.S.F., "Corrective and Remedial Classes, Identifying and Diagnosing the Underachiever," *The Underachiever in Reading*, H. Alan Robinson (ed.), The University of Chicago Press, Chicago (December, 1962), 92:137-141.

It is the opinion of the author that the first responsibility to the underachiever is to identify the problem. The identification of the underachiever in reading by means of tests, school records, physical examinations, personality appraisals, and interest inventories is not the terminal point of the diagnosis. It is merely the beginning. The accumulated information serves as a blueprint from which the diagnostician structures a program of treatment.

Carter, Homer L. J. and Dorothy J. McGinnis, "Determining the Causes of Reading Disability in an Individual Case," *Learning to Read, A Handbook for Teachers*. McGraw-Hill Book Company, Inc., New York, pp. 32-57, 1953.

The authors present specific and practical suggestions for the improvement of reading at all levels. Ways of identifying children with reading problems through objective tests and systematic observations are indicated. Steps in making case studies are given. The diagnosis or interpretation of factors underlying the reading disability are explained. Factors to be considered in selection of tests and some valuable measures in investigating and analyzing individual capacities, abilities and performances are briefly described.

Delacato, Carl H., *The Treatment and Prevention of Reading Problems. The Neuro-psychological Approach*. Charles C. Thomas, Springfield, Illinois, 1959.

Delacato reports that reading and language problems can be successfully treated in many more instances than is now the case. Furthermore, reading problems need not exist at all because they can be prevented. It is the author's conviction that the neurological development and organization of the human organism are the keys to language and reading development and difficulties. A list of 29 common characteristics of poor readers is given as well as a good bibliography of 70 resources.

Harris, Albert J., "In Remedial Teaching and Clinic. Experimental Procedures Significant for Future Trends in Remedial Reading Methods, Materials and Organizational Procedure," *Reading in a Changing Society*, J. Allen Figurel (ed.), International Reading Association Conference Proceedings (1959), 4:223-228.

Remedial teaching today meets substantial success in the vast majority of cases whether it is done in a school setting, privately, or in a clinic. Nevertheless, Harris believes, that we should not be satisfied with the present state of affairs. To a large extent, our choice of methods and procedures, and the ways in which we organize our work are based on a combination of empirical findings that certain things work, without a clear basis in underlying research as to why they work, or why one procedure should be better than another for a particular difficulty. Research that is really helpful to the remedial teacher still is scarce, and it is to be hoped that the next few years will show a marked improvement in this regard.

Harvie, Marian K., "Future Trends in Testing and Treatment," *Reading in a Changing Society*, J. Allen Figurel (ed.), International Reading Association Conference Proceedings (1959), 4:139-142.

To be effective, Harvie says, reading clinics must reflect the findings of research and the changing needs and aims of education. The author presents the four-fold purpose of the Reading

Division of the Toronto Board of Education Child Guidance Clinic as follows: (1) To analyze the reading difficulty of individual pupils and to plan and supervise appropriate programs, (2) to review tests, materials, and methods with the teacher in such a way that her understanding of this and similar problems will be increased, (3) to note symptoms of emotional maladjustment or neurological damage which might be of value to the psychiatrist or psychologist, (4) to interview parents who are unwilling or unable to see beyond the academic difficulty.

Massey, Will J., "In Remedial Teaching and Clinic. Methods and Materials," *Reading in a Changing Society*, J. Allen Figurel (ed.), International Reading Association Conference Proceedings (1959), 4:71-74.

It is accepted without question that there is no one cause for all reading disabilities. But, Massey points out that some of the most widely sold treatises on reading, present the author's assertion that some single, simple method of instruction can be a panacea for all the ills of the deficient reader. It should be noted that some children have learned to read by each method of instruction that has been employed for the instruction of children, and some children have failed to learn to read by each method that has been used. Each case must be analyzed thoroughly in order to arrive at the correct prescription for his particular problem. Necessary as the initial analysis is, it must not be taken as the final word. Constant evaluation is required during remedial instruction to reveal the modifications indicated by lack of sufficient progress with procedures being employed.

McClellan, Grace, "The Role of the Clinician in Corrective Reading," *Reading in a Changing Society*, J. Allen Figurel (ed.) International Reading Association Conference Proceedings (1959), 4:74-77.

The author points out that it is widely recognized today that only small proportions of reading disabilities are so serious that they need to be referred to the specialist for treatment. This means that the classroom teacher must have a greater knowledge of the causes of disabilities and must acquire improved skills and

techniques in the teaching of reading so that the disabilities may be recognized and, when the problem is serious, referred to a specialist. The author emphasizes that observation, testing, and evaluation of pupil development are important but a final step in the diagnostic procedure should be recommendations for remedial treatment and interpretation of findings to parents, school, and other referring agents. A written report should always be given to the school.

McDonald, Arthur S., "What Current Research Says about Poor Readers in High School and College," *Journal of Developmental Reading* (Spring, 1961), 4:184-193.

The results of research studies, as reviewed by McDonald, concerned with reading disability at the high school and college level are often contradictory. However, the author points out, the common consensus among researchers to be: (1) No single cause or factor can be held solely responsible for reading difficulties, (2) reading is a function of the whole personality and is one aspect of the growth of the individual, and (3) the ultimate goal of reading instruction must be the modification of the personal and social adjustment of the student wherever adjustment impedes reading ability. Research also indicates that a student in his reading, as in his behavior, generally perceives in accordance with his needs, goals, defenses, and values. The important thing in the determination of behavior is the meaning which objects, facts, and settings have for the person through their relationship to the self. Materials forced upon students without consideration of their present needs and immediate goals tend to acquire a negative connotation. Factors presented that affected reading performance, and which always interact, include physical, intellectual, educational and emotional factors, deficiency symptoms, home influences, and use of leisure time.

McGinnis, Dorothy J., *A Comparative Study of the Attitudes of Parents of Superior and Inferior Readers Toward Certain Child Rearing Practices, the Value of Reading, and the Development of Language Skills and Experiential Background Related to Reading*. Unpublished Doctoral Dissertation, Michigan State University, 1963.

The purpose of this investigation is to determine whether parents of superior readers differ from parents of inferior readers with respect to their attitudes toward certain child rearing practices, the value of reading, the development of language skills, and the building of experiential background. Data resulting from this study show that the attitudes of parents of superior readers and the attitudes of parents of inferior readers are significantly different. Parents of inferior readers manifest the following attitudes regarding child rearing practices more predominantly than parents of superior readers: Intrusiveness, acceleration of development, fostering dependency, approval of activity, excluding outside influences, avoidance of communication, and deification of parents.

There is a significant difference in the attitudes of parents of superior readers and parents of inferior readers toward the value and importance of reading, the development of language skills, and the building of experiential background. Parents of superior readers express attitudes which place a greater value upon reading than do parents of inferior readers. They express attitudes which encourage the development of language skills and experiential background to a greater degree than parents of inferior readers. McGinnis has developed the *Reading Attitude Inventory* which can become an effective tool for further research in this field.

McKillop, Anne, "The Reading Clinic of the Future," *Reading in a Changing Society*, J. Allen Figurel (ed.), International Reading Association Conference Proceedings (1959), 4:136-139.

The author predicts that the increasing number of reading clinics will operate under increasing varieties of sponsorships. The trend already evident, toward integration of reading clinics with other specialized services such as medical and psychological, will continue to grow. An added responsibility of clinics will be to serve as the "spawning ground of new and imaginative research into the nature of reading processes, what it means to children, and how it can best be nurtured."

Robinson, H. Alan, "Trends in Identifying and Diagnosing Retarded Readers," *Challenge and Experiment in Reading*, J. Allen Figurel

(ed.), *International Reading Association Conference Proceedings* (1962), 7:61-66.

Robinson defines identification as the screening and selection of pupils who are in need of, and can probably profit from, treatment of their reading disabilities. Identification usually involves the study of results on standardized reading tests, informal reading tests, intelligence tests, listening comprehension tests, and teacher observations. The author emphasizes that the classroom teacher or reading consultant cannot complete a diagnosis for the severely retarded reader without the help of other specialists. The individual, his specific cluster of needs, and a suggested program of treatment must be considered in any diagnostic procedure of significance.

Schiffman, Gilbert, "Dyslexia as an Educational Phenomenon: Its Recognition and Treatment," *Reading Disability. Progress and Research Needs in Dyslexia*, John Money (ed.). The John Hopkins Press, Baltimore, pp. 45-61, 1962.

The basic responsibility of the public school as stated by the author is to attempt to educate each pupil to the full extent of his capacity. In order to carry out this responsibility, it is necessary to provide special services and programs for pupils with problems which cannot be handled within the regular schoolroom. Ideally these pupils would be identified and remedied in the regular classroom by proper grouping and instruction. Emphasis should be placed upon early identification and placement in the proper program before an individual's problem has become too complex. Schiffman explains and recommends that a total school program contain three kinds of reading services—developmental, corrective and clinical.

Senz, Edward H., "Neurological Correlates in the Reading Process," *Challenge and Experiment*, J. Allen Figurel (ed.), *International Reading Association Conference Proceedings* (1962), 7:217-218.

Dr. Senz reports that there is a great surge of interest in the neurology of childhood. It is not difficult to find children with gross defects of the nervous system who have problems with

learning. Of greater concern to educators and increasingly to physicians are children who have no gross or obvious neural defect but who may have learning disability based on subtle neural imperfections. A proper diagnosis explains the nature and cause of the disability and implies prognosis and treatment. Too many diagnoses are merely restatements in technical jargon of the problems. Senz relates that many programs thwart the natural striving of the children without offering something that can be proved to be better. Many programs for handicapped children treat parents with inadequate interest and respect. "A change of emphasis is in order."

Sheldon, William D., "Specific Principles Essential to Classroom Diagnosis," *The Reading Teacher* (September, 1960), 14:2-9.

Six specific principles of diagnosis which need to be understood by each classroom teacher are listed by the author: (1) Diagnosis is an essential aspect of teaching and is a preliminary step to sound instruction. (2) Diagnosis should be continuous because child growth in reading depends upon the sequential development of skills, which is promoted through a teacher's knowledge of each child's progress. (3) Diagnosis is an individual task and reflects the fact that each child is different. (4) Diagnosis of reading status demands far more than an assessment of reading because reading difficulty is symptomatic of many causative factors. (5) Because reading is but one aspect of language, teachers must understand the listening, speaking, and writing status of children to fully understand their reading abilities. (6) Because the instruments of diagnosis have not been perfected, the limitation of each instrument must be thoroughly understood.

Spache, George D., "Clinical Diagnosis in the Classroom," *The Reading Teacher* (September, 1960), 14:14-19.

Before actual diagnosis of reading problems can be undertaken in the classroom, Spache feels that a clear-cut definition of the problem is essential. He recommends that certain definite criteria be set up in order to avoid wasted motion in diagnosis and remediation of pupils. Complete clinical diagnosis should

be given only to those in whom a real reading handicap exists. To assist teachers, the author reports his views on students who are NOT severely retarded readers as follows: (1) Students who show trouble with only a single reading skill such as rate, (2) pupils who are functioning on a reading level which permits them to participate reasonably well in school or in their society, (3) pupils who are illiterate because of lack of schooling, (4) those who have temporary difficulty which will probably respond to classroom corrective efforts, and (5) those who are achieving at a level reasonably close to their estimated capacities.