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HORIZONS



Summer 1963

Reading **HORIZONS**

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SPECIAL ANNOUNCEMENTS

Membership

The Western Michigan University Chapter of the International Reading Association is the first chartered group in Michigan to study problems in the field of reading. You are cordially invited to attend the meetings outlined in the program for the coming year and are urged to become an active member. We encourage you to invite your colleagues to join with us.

How to Become a Member

Send \$3.00 to Mrs. Jeannette Garrison, 1415 Climax Avenue, Kalamazoo, Michigan. This entitles you to membership in our Western Michigan University Chapter and to a yearly subscription to *Reading Horizons*. Please act at once so that your name will be placed on the local organization's mailing list and in the directory.

Reading Conference

The eighth annual meeting of the Michigan Reading Association will be held February 27 and 28, 1964, at the Kellogg Center, Michigan State University, East Lansing, Michigan.

Editorial Comment

Many people have asked, "What is a psycho-educational clinic? What is its purpose?" A psycho-educational clinic associated with a university has three major functions to perform: service, professional preparation of students, and research. The chief purpose of a clinic is to provide diagnostic and therapeutic services to students on the campus and members of the community who present problems of a psychological and educational nature. A second purpose is to contribute to the educational goals of the university by providing instruction for advanced undergraduate and graduate students. In addition, opportunities for participation by students in the activities of the clinic can be provided. A third function of a clinic is research. New ideas, new techniques, and new procedures must be tested and tried if they are to contribute to the advancement of knowledge. Consequently, a psycho-educational clinic should engage in research and should make the results of its investigations available to others. The value of a clinic is measured by the effectiveness with which it performs these functions. The past, present and future of the Psycho-Educational Clinic at Western Michigan University are discussed by Homer L. J. Carter, Director of the clinic.

As most of our readers know, one of the purposes of *Reading Horizons* is to provide graduate students with an opportunity to share their ideas with others. In this issue Gordon Evans, a teacher in the Berrien County Schools and a graduate student at Western Michigan University, presents an interesting description of the ungraded classroom.

The Ten Second Reviews have been of inestimable value to many of us. The content of these for the summer issue is concerned with the diagnosis and treatment of reading problems.

As you leaf through the pages of this journal, you will discover a new, and we hope a continuing feature—Round Robin. This innovation will provide the reader an opportunity to ask questions and to express his points of view—briefly. Let us hear from you.

At this time we also invite you to study the program for the Western Michigan University Chapter of the International Reading Association for 1963-1964. Plan now to join our organization and to attend our meetings.

Dorothy J. McGinnis
Associate Editor

THE PAST AND FUTURE OF THE PSYCHO-EDUCATIONAL CLINIC AT WESTERN MICHIGAN UNIVERSITY

Homer L. J. Carter

Western Michigan University

The scientific movement in education was well under way when Witmer established the Psychological Clinic at the University of Pennsylvania and began his work with children showing evidence of educational maladjustment. It is fortunate for mankind that Witmer had the versatility to set aside his laboratory experimentation in order to help a classroom teacher overcome a spelling difficulty of one of her pupils. The scientific movement in education had produced the first Psycho-Educational Clinic. New concepts were introduced into the theory and practice of education. These were precise observation, accurate description, and tested generalizations. These additions made educational changes possible and then inevitable. Clinics were established and psychological laboratories were opened for the study of the deviant individual. Scientific principles were applied in the field of education and psychologists and educators began to work together. It is the purpose of this article to set forth the history, functions, procedures, and growth trends of the Psycho-Educational Clinic at Western Michigan University.

History

The Psycho-Educational Clinic was organized in the fall of 1932 and was the first clinic of its kind to be established in Michigan outside of Detroit (3). The clinic began its operations in cramped quarters in the Administration Building. When it moved to the new Health Service Building in September, 1939, it obtained larger quarters on the third floor and thus was enabled to expand its services. From the beginning the clinic had been responsible for the administration of scholastic aptitude tests to entering students of Western Michigan University. It carried on this task until 1950 when the work was transferred to the recently created Research Department. One of the clinic's chief activities, throughout its thirty-one years of service, has

been to examine those students with academic difficulties who have been referred to the clinic by the campus school, public schools and by college teachers and to suggest or attempt corrective work. Impetus to this aspect of the clinic's work was provided in January, 1932, when the W. K. Kellogg Foundation began referral of cases to the Psycho-Educational Clinic from seven counties in Southwestern Michigan. During the same year the members of the clinic staff introduced a new course, Introduction to Learning and Adjustment, which was intended to help Western Michigan University students who had study difficulties. In September 1944 a Reading Laboratory for college students was established, the first of its kind to be opened by any college or university in Michigan.

In April of 1942 the clinic began its association with the Bronson School of Nursing. This work consists of testing and interviewing all prospective student nurses who wish to begin their education at the Bronson School of Nursing. In 1942 the clinic also initiated vocational counseling for students at Western Michigan University and in 1944 this service was extended to returned servicemen. In 1946, for a period of six years, the Psycho-Educational Clinic examined and counseled men and women referred by the Rehabilitation Department of the State of Michigan. Since 1946 the staff of the clinic has been responsible for the administration of General Educational Development Tests to those for whom they are required.

In the fall of 1934 the clinic began the education of student clinicians, an activity which has been a major function of the clinic since that time. Beginning in 1940 and extending through the year 1954 the staff of the Psycho-Educational Clinic was responsible for the supervision of local interviewers for the Psychological Corporation of New York. During the summer of 1949 a series of Reading Demonstrations and Discussions was initiated as an integral part of the course, Educational Therapy in Reading. Demonstrations have been conducted each succeeding summer and provide an opportunity for teachers to observe developmental and corrective reading. Students participate in the work of the clinic by serving as assistants in the Reading Laboratory and by observing the clinical examination and treatment of children. Foreign students from Norway, Sweden, Denmark, Iceland, Japan, India and Australia have shared in these experiences. In order to encourage graduate students to express their ideas and to make available to classroom teachers abstracts of current

research, *Reading Horizons*, a quarterly, was established in 1960 by the personnel of the clinic.

Functions

The primary function of the clinic is to provide educational and psychological services to college students, parents, teachers and social agencies making referrals. A secondary purpose of the Psycho-Educational Clinic is to provide educational and clinical experiences for mature students enrolled at Western Michigan University who are preparing to do educational and psychological work with children and adults. Specific activities carried on by the clinic are listed.

- ★ Provide clinical and developmental treatment for children, high school and college students;
- ★ Furnish consultative services in reading for teachers and schools primarily in Southwestern Michigan;
- ★ Provide personnel for Adult Reading and for the course, Introduction to Learning and Adjustment;
- ★ Administer, score and interpret General Educational Development Tests for adults who have been unable to meet requirements for high school graduation;
- ★ Interview, examine, select and report candidates for nursing education at the Bronson School of Nursing.
- ★ Provide students in education and psychology an opportunity to see the administration of educational and clinical tests and the procedures employed in interviewing children and adults.
- ★ Provide students in education an opportunity to observe developmental work in reading with children and individuals at all levels and to make it possible for mature students to do individual and group work under the supervision of staff personnel.

Procedures

In providing clinical and developmental treatment for children and adults, the staff of the Psycho-Educational Clinic engages in three formal activities. Cases are referred to the Psycho-Educational Clinic from the public schools, parents, physicians, and social and health

agencies in areas adjacent to Kalamazoo. In dealing with children, no case is accepted without the concurrence or recommendation of the family physician. College students are referred to the clinic, the course Introduction to Learning and Adjustment, and to Adult Reading by the Counseling Office, the Registrar, and other faculty members. Three procedures are briefly described.

Clinical Procedures

Various educational and psychological procedures are followed in studying the performance of individuals seen in the clinic, however, in each case presented to observers, a careful and somewhat detailed history is obtained which consists of (1) a definite statement of the problem, (2) family history, (3) developmental and medical history, (4) school history, and (5) clinical data and educational measurements. Interviews are held with parents and teacher in order to study their reactions and to fill in the informational gaps often found in the histories. Parents, teacher and students have opportunities to observe through one-way mirrors and by means of microphones the child's performance on clinical tests and his reactions in interviews. When advisable, instructional activities are carried on and demonstrations of developmental techniques are provided. After sufficient study of the child has been made, the case is reviewed at a staff meeting attended by parents and observed by students. An attempt is made by the group to formulate a tentative diagnosis and to outline corrective and developmental procedures. In each case, physical, psychological and sociological factors are considered along with educational and school data. Parents, teacher and staff members cooperate in setting forth a plan for mitigating or alleviating the primary causal factors. Stenographic records facilitate report writing.

Individual and Group Therapy

Individual therapy and group instruction are provided by the staff of the clinic at scheduled times throughout each week of the school year. It is possible for teachers, graduate and undergraduate students to observe this work from behind one-way mirrors and by means of microphones. After each demonstration an opportunity is provided for these students to discuss what they have observed with the teacher in charge of the demonstration. Frequently mature stu-

dents are expected to aid in the various instructional activities. The value of participation is stressed.

Classroom Instruction

Aims, materials and procedures employed in the course, Introduction to Learning and Adjustment, are designed to orient the student to college living. This how-to-study course shows the student how to plan a work-study schedule, how to take notes, how to prepare for and write examinations, how to make a vocational choice, and how to solve other educational and social problems. Directive and non-directive counseling is employed with many of these students. Studies show that individuals completing this course make a statistically significant gain in point-hour-ratio over and above that made by students not enrolled in the course.

In Adult Reading instructional and developmental procedures are employed in helping adults improve their reading skills as they do their regular office or academic work. Each class period consists of lecture, demonstration and a laboratory period in which the student does both guided and free reading. Measures of reading skills are administered at the beginning and end of the semester in order that students may objectively evaluate improvement in reading. Evaluation studies of the effectiveness of Adult Reading indicate that the materials and procedures employed are of value in improving not only the reading ability of college students but their point-hour-ratios as well. Advanced students at Western Michigan University can receive practical experience in the study and treatment of reading problems by assisting in this course.

Growth Trends

During the early years the staff of the Psycho-Educational Clinic placed their emphasis upon diagnosis rather than upon treatment. School authorities and others making referrals implemented the recommendations of the clinic and cooperated with the staff in making further modifications of treatment as required by the exigency of the case. Beginning in 1944 the individuals selected for consideration by the clinic were primarily ones with reading difficulties. This change from the study of behavior problems to the diagnosis and treatment of reading disabilities was the result of insistent demand by parents,

teachers and school administrators. Requests for psychological service have tripled and yet only 12 per cent of the cases referred to the clinic could be accepted. Teachers wanted definite instruction in regard to treatment. They asked to see demonstrations with individuals and small groups and to have an opportunity to ask questions and discuss what they observed. Group conferences became the natural sequence of observed facts. Teachers and parents were encouraged to make careful observations and with the aid of staff members set forth temporary, yet untested, generalizations. Greater and greater emphasis has been placed upon developmental procedures designed to meet the changing need of children and adults referred to the clinic. At the present time it is possible for undergraduate and graduate students to observe in accordance with a daily schedule the work being done with individuals at all levels. It is obvious that the growth trends of the clinic have been away from the study of behavior problems and toward both a clinical and thorough developmental procedure for the improvement of basic language skills. These more unified activities of the clinic are not only diagnostic in nature but therapeutic as well. Furthermore an emphasis has been placed upon the training of teachers and school psychologists. This gradual shift in emphasis has also manifested itself in the nature of the research published and the contributions to the literature made by the staff. For example, research titles published from 1947 to 1963 show this trend.

1947—A Combined Projective and Psychogalvanic Response Technique for Investigating Certain Affective Processes

1950—A Combined Oral Reading and Psychogalvanic Response Technique for Investigating Certain Reading Abilities of College Students

1952—Some Factors Which Differentiate College Freshmen Having Lowest and Highest Point-Hour-Ratios

1961—The Preparation and Responsibility of Secondary Teachers in the Field of Reading

1963—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

During the period 1949 to 1962 five textbooks used at the college level in the fields of reading and educational adjustment have grown

out of the work of the clinic. These publications show the movement away from a general interest in the behavioral aspect of the individual to a more specific manifestation of educational adjustment. This trend was from the negative to the positive, from diagnosis to treatment, and from observation to participation. It should not be assumed, however, that the Psycho-Educational Clinic has forsaken the discipline of psychology for that of education. Instead, psychological principles are applied in the field of education by a staff of three psychologists, two of whom are certified as Consulting Psychologists, the highest rank recognized in the state. The staff of the clinic is committed to the concept that the global approach to educational maladjustment is both sound in principle and effective in practice.

A growth trend is manifest by the activities of the clinic staff in work with parents. Studies (4, 5, 6) show that attitudes of parents can be causal and contributing factors in the educational maladjustment of their children and that these attitudes can be modified. Evidently, in some instances, parents need help as well as their children. Consequently, a non-directive approach is being utilized by staff members in group conferences with fathers and mothers of children with reading difficulties. The future may see this work greatly expanded.

What is the future of the Psycho-Educational Clinic at Western Michigan University? Will its growth pattern become more unified without the dangers of specialization? Will the clinic be more widely used by the Department of Psychology and School of Education? Will more and more of the students on the campus come for help? It is possible that trends of the past will develop into blueprints of the future. This is especially true if unvarying leadership in the clinic can be maintained and if every member of the staff is alert to the possibilities of the future. An autonomous Psycho-Educational Clinic committed to the idea of service and dedicated to the concept of professional preparation of students in psychology and education can make a significant contribution to the youth of our time.

“What is already passed is not more fixed than the certainty that what is future will grow out of what has already passed, or is now passing.”

—Cheever

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Homer L. J. Carter, professor of psychology at Western Michigan University, established the Psycho-Educational Clinic in 1932. He is Director of the Clinic, Editor of *Reading Horizons*, and Past-President of the Michigan Reading Association and the Michigan Psychological Association. Professor Carter is the author of several books and a number of research articles in the field of psychology and education.

READING IN THE UNGRADED SCHOOL

Gordon F. Evans

Berrien Springs, Michigan

Let us take a look with Goodlad and Anderson (4) at a typical classroom of two or three decades ago. The students were seated by unwritten law—the first graders by the windows, the eighth graders on the other side of the room by the blackboard, and the rest in between according to grade. Our attention is drawn at once to a seat near the window where Ernie is trying to fit himself into a much-too-small seat, long lanky legs, of necessity, in the aisle. The pale face under the shock of carrot-red hair makes Ernie look as though he might be made up as a clown for the school fair. But Ernie is not made up. Ernie is very real, with an IQ of about 68. He has occupied that seat by the window for seven years. Why? Well, you cannot move across the room with the other children when you cannot read as well as they read. There are standards, and those standards require that a third grader read as a third grader should, and that a seventh grader read as a seventh grader should. Ernie is not as bad off as he might be, however. If he were in a large school system, the other children his size would be moved on to a different room. At least here he is in the same room with them, and he can associate with them and play with them. Or can he? They do not want him around. He loses his temper. They complain that he uses abusive language. Poor Ernie is a misfit. He cannot read with them, and he cannot play with them.

To Help Ernie—And Others

In a modern ungraded classroom Ernie would not be a misfit. There would be other tall children, there would be short ones, thin ones, chubby ones. These physical features would be of no major concern. Thus the individual child would be given opportunity to reach his potential in all areas of development—physically, emotionally, socially, and intellectually, without undue pressures or frustrations. (2)

Even though a teacher is labeled as, say, a third grade teacher, he is a teacher of second, third, fourth, fifth, sixth, even seventh grade learners. The lock-step graded system described by Brinkman (1) appearing in the elementary schools today was copied from European schools. Because of the expanding population before the turn of the

century it was decided, for efficiency's sake, to package just so much of the three R's and distribute them on eight rigid levels. Teachers have become slaves to grades, report cards, and routine promotion. Ernie was the victim of such an enslaved teacher. The gay nineties saw a number of experimental efforts to break down patterns of elementary school organization. In fact, records go back as far as 1888 when educators were denouncing the lock-step method of instruction. Educators were beginning to feel that all students did not need to go forward at the same pace, using the same books, covering the same amount of material, with the same degree of thoroughness. Between the twenties and thirties teachers began forming each class into three reading groups. However, according to Stauffer (8) they still could not find enough time for individualized instruction, and resorted to workbook activities for groups II and III. This resulted in a deterioration of the workbooks to mere "busy work" because the teacher did not have time to help the students or check the workbooks. Again, finding differences in achievement, intelligence, motivation, cultural and experiential backgrounds, and physical and social maturity, a solution to the problem had not been found.

Statistics compiled by Lichter (5) show that 40 percent of the children who enter the first grade become high school graduates. What does this mean? More than half of the children who were first graders just twelve years ago are now "drop-outs." Lichter says that most of these drop-outs had reading difficulties, and that of these there are 42 to 90 percent who also have emotional problems. Whether the reading difficulties caused the emotional problems or whether the emotional problems caused the reading difficulties has not, in the majority of cases, been determined. But with persistent good teaching and wise guidance many of these problems could be solved or even prevented, whatever their origin. Lichter (5) also says that a large percent of these drop-outs were underachievers of good mental ability and could have achieved more than they did. In comparing high school graduates with these drop-outs he found that some who drop out have higher intellectual capacity than some of those who graduate. Approximately half of the drop-outs have at least average intelligence, and some are even intellectually superior.

From the time a child enters first grade until he is graduated from high school, he is under undue pressure—from parents, teachers, and peers. He has come to school anxious to learn. Since reading is the

center of all learning, these pressures are focused on one thing—the child must learn to read, and the sooner the better. The mature child learns to read, the immature child does not. Perhaps his achievement is only half of the first grade reading material, yet he must go on to the second grade, poorly equipped, or be a failure at the ripe old age of seven. He is frustrated. He feels inferior, inadequate. He demonstrates his feelings in various ways. He may become jealous. Or suspicious. Or even vicious. If the child does repeat, he is forced to cover material that he has already mastered for the first three or four months. In an ungraded situation, he would begin his second year in school just where he left off, forming a continuous pattern of learning. Studies reported by Perkins (6) “have demonstrated that learning is most effective when it is meaningful and is related to the individual needs, perceptions, and interests of the learner, when it begins where the learner is, and when it is perceived by the learner as enhancing his own self-concept.”

Goodlad and Anderson (4) have estimated that even in the first grade there are from three to four years difference in children's readiness to learn. They say that this difference in the range of ability increases rather than diminishes over the years so that by the time a child leaves the elementary grades this range may have increased to a difference of from six to eight years. By the fourth and fifth year of school more than half the achievement scores in a class are not at a specific grade level, but are above and below it.

Organization of the Ungraded Program

✓ Since 1957 the limelight has been on the ungraded classroom. This plan allows for flexible grouping and the organization of the curriculum content so that children of varying abilities and rates of maturity may experience continuous progress in learning.

Various schools using an ungraded plan work out details to fit their individual needs. But generally speaking they all follow the basic pattern of omitting grade labels at the primary level, specifically in the field of reading. Some carry the program into arithmetic and other areas through the unit or activity-program method. ✎ Usually the reading program is organized into eight to ten consecutive levels through which each child moves at his own rate. One of the unique features of the ungraded reading program is its flexibility in moving

a student from one level to the next, or even from one room to the next, at any time during the year as achievement warrants.✓ For example, Franklin and Perry (3) show “the primary unit in some ungraded schools corresponds to kindergarten through grade three which would, on the graded school plan, require four years to complete. On the ungraded plan, a few pupils might complete the work in less than four years and others might require more than four years. Bright children do not have to wait for their slower classmates, and slower children do not become frustrated trying to reach a goal beyond their capabilities. When a pupil does not complete all levels of work in the number of years usually assigned to the task, he spends additional time in the unit before he moves to the next unit. Since groups are ungraded and pupil placement is made at any time during the school year, status is not gained or lost when a pupil is changed from one group to another.”

✓In the ungraded primaries, Skapski (7) points out that “learning is so paced that the child may experience success at every step of the way. Slow learners are not pushed into learning to read before they are ready, a practice sometimes followed in the hope that the children will be able to ‘pass’ into second grade at the end of one year.

“Gifted children spend as little time as possible on the extremely simple reading matter at the preprimer and primer levels and can be given a good deal of enrichment material. In short, the aim of the ungraded primary is to insure that provisions are made to meet the individual differences.

✓“The ungraded primary, then, benefits all the children. Gifted children are not allowed to underachieve, nor are slow learners frustrated by repeated failure. All children progress steadily from level to level, each child at his own rate.”

The ungraded program is adapted to the growth spurts of the individual child. Some six-year-olds appear to be slow but speed up at seven and can make up for lost time in the flexible program of the ungraded school. Children who are so-called “late bloomers” because of a slow start, immaturity, absence, changes of locale, or illness do not face failure at the end of their first year, but are able to progress in a continued program. Further help can be given to individuals, as is illustrated in *Time*, March 22, 1963, (10) in its report on the Maple Park School in the Edmonds, Washington, School District. “Freed of cowering competition, ‘late bloomers’ may take off

suddenly, whisking through a year's work in a few weeks. For the bright but immature child, who may do three years' work in 1½ years, level eight is followed by an intellectual furlough; level nine for 'enrichment' reading and growing while glands catch up with brains. Levels ten to eighteen cover the usual grades three to six; level nineteen is another pause for extra-brights. Maple Park kids then go on to junior high school, some after only five years of school, some after seven." The report also tells that the school is so successful that people living outside its area have been known to smuggle in their children by parking them with legal residents. It closes with this simple and heartfelt judgment from one of the students: "You know where you are here."

Advantages for the Child

Schools that are using the ungraded system report numerous advantages. Some of the advantages sighted through research are: The educational program is fitted more closely to the individual child's needs and maturity through flexible grouping; pressures are reduced by eliminating grade standards and promotion and replacing them with individual adequacy and achievement, thus the children are made more aware of their own individual progress; the superior child is stimulated because there is no grade average to hold him back or to allow him to become self-satisfied, nor is he held back by the slow learners; for the slow learner the fear of failure is removed and frustration is reduced, there is no pressure for him to achieve beyond his ability; the mental health of the entire classroom is at a higher ebb, resulting from more responsible and mature behavior.

Stendler (9) maintains that "The ungraded organization attempts to facilitate a plan for continuous growth during the child's beginning school years. It is designed to eliminate retardation in the primary grades by organizing the first three years according to reading levels. About two percent take only two years and about the same number require four years, but each year they make continuous progress to the next highest level . . . Teachers, parents, and pupils have three years rather than one to accept the fact that the pupil will take four years to do the work normally accomplished in three. It is argued that there is less damage to the self-concept of the slow learner under such a plan than where pupils spend two years in the same grade."

Advantages for the Teacher and Parents

We have discussed the advantages of the ungraded classroom for the child. There are also advantages for the teacher and the parents. The teacher is more relaxed because there is a change of emphasis from grade content and standards to individual abilities and needs. End-of-the-term goals are eliminated in favor of individual achievement. There is encouragement of teamwork between teacher and teacher and between teacher and parent, thus providing a closer faculty-administration-parent cooperation. Because of the flexibility of the ungraded program, team teaching may be utilized to its fullest degree. It will allow teachers to work with the same group for more than one year and consequently some disciplinary problems are minimized.

Parent reactions range from that found in the Maple Park Elementary School where they smuggled their youngsters into the system to a complete adverse attitude. The main contributing factor to favorable parent acceptance is adequate preparation and initiation on the part of the school and its administration and teachers. The final impetus develops as the parents observe the increased interest the children and teachers show in their classwork, the continuity of progress, and increased achievement.

Problems of the Ungraded Program

Some of the problems of establishing an ungraded program should be considered. Some schools, on seeing the success of the program elsewhere, may be prone to swing to the ungraded program without adequate preparation of staff and community. Some grade-minded teachers find it difficult to orient themselves to an ungraded system. Some are hesitant to try something different. There must be a continued study, evaluation, and interpretation of the program by its initiators. Another contributing factor to the success or failure of the program is orientating the parents from grades, promotion, and retention to a progressive, developmental program.

Comparison of the Graded and Ungraded Programs

In comparing the structures of the ungraded and graded programs, Franklin and Perry (3) give the following basic assumptions.

Graded School

1. It is assumed that all children of the same chronological age will develop to the same extent in a given period of time.
2. A child who does not measure up to adult standards of what should be accomplished in nine months is called a "failure."
3. If a child "fails," he is required to repeat the grade in which he does not meet the standards.
4. A decision as to grade placement must be made after each nine months.
5. Grade placements are based largely on academic achievement in all areas.
6. Fixed standards of achievement within a set time put pressures upon teachers and children which cause emotional tensions and inhibit learning.

Ungraded School

1. It is assumed that each child has his own pattern and rate of growth, and that children of the same age will vary greatly in their ability and rate of maturation.
2. No child is ever considered a "failure." If he does not achieve in proportion to his ability, the staff studies the causes, and adjusts his program to fit his needs and problems.
3. A child never repeats. He may progress more slowly than others in the group, but individual records of progress make it possible to keep his growth continuous.
4. Decisions as to group placement can be made at any time during the three-year period. A fourth year may be needed for social, emotional, or maturative adjustment in the case of some students.
5. Group placement is flexible, based on physical, mental, social, and emotional maturity with emphasis on reading levels of achievement.
6. Elimination of pressures produces a relaxed learning situation conducive to good mental health.

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| <p>7. Grade-to-grade movements of pupils is rather inflexible, usually at the end of the year.</p> | <p>7. Pupils may be moved from one group to another at any time. There is some evidence of a trend toward controlling pupil advancement on a quarter or semester basis.</p> |
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8. Stauffer, Russell G., "Individualized and Group-Type Reading Instruction," *Education Digest*, December, 1960, 44-46.
9. Stendler, Celia B., "Grouping Practices," *Education Digest*, March, 1961, 20-24..
10. "Ungraded Primary," *Time*, March 22, 1963, p. 42.

Gordon F. Edwards, a graduate of Andrews University, has been teaching in the Berrien County Rural Schools for the past eight years. In the fall of 1963 he begins his work as a teacher in Benton Harbor. Mr. Edwards is recognized by his associates because of his interest in the teaching of reading.

TEN SECOND REVIEWS

Blanche O. Bush

Western Michigan University

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."

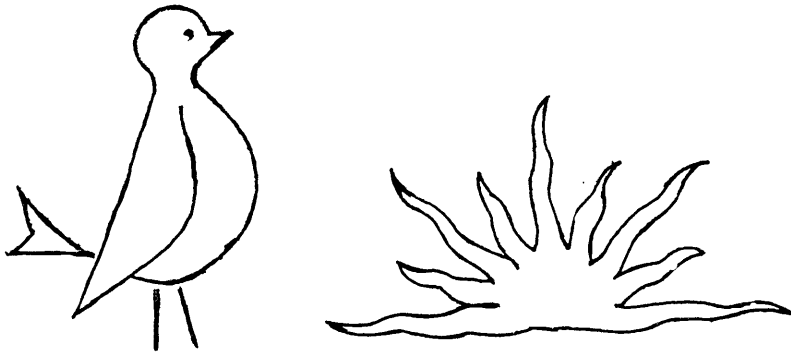
Sheldon, William D., "Specific Principles Essential to Classroom Diagnosis," *The Reading Teacher* (September, 1960), 14:2-9.

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.



ROUND ROBIN

Dorothy E. Smith, Editor

Western Michigan University

Dear Editor,

Our school has a fine library for the students and also a supplementary book room for the teachers but the librarians are always on the lookout for new supplemental graded lists. In the winter issue, 1963, of *Reading Horizons* there is a graded reading list for sports-minded children. ("A Physical Education Teacher Looks at Reading," Richard Grushon.) Where can I find similar lists for my more sedentary pupils?

Mrs. York Duffy
Parchment Public Schools

Answer: There are several sources you may turn to for this information. One such source is **LEARNING TO READ. A HANDBOOK FOR TEACHERS**, Carter and McGinnis, McGraw-Hill, 1953. The American Library Association, Chicago, periodically publishes a graded list of books for slow learners, and Signal Books, Institutional Department, Garden City, L.I., New York, will send graded lists on request.

Dear Editor,

After reading "An Open Letter to All Students. Why Read?" (Spring, 1963) I wondered if the role of the preconscious extends to the thesis of learning while sleeping? In other words, is it possible to learn a foreign language by listening to records while one is asleep?

Esther Woodruff
Chemistry Department
Western Michigan University

Answer: In responding, the editor wishes to point out that William H. Emmons and Charles W. Simon conducted experiments on learning while sleeping, and their conclusions are reported in the *American Journal of Psychology*, 1956, in the article, "The Non-Recall of Material Presented During Sleep." They say, "The results of this experiment give no evidence that auditory material could be recalled after being presented a number of times during sleep."

Dear Editor,

I thought you would like to know that I enjoy reading the "Ten Second Reviews" in *Reading Horizons*. There is such a wealth of research that none of us could possibly read it all. "Ten Second Reviews" helps fill the need for keeping abreast of current thoughts and research.

Now how about a series of articles dealing with instructional methods based on what we do know about the process of learning to read?

E. Coston Frederick
Reading and Study Skills Center
Ferris Institute
Big Rapids, Michigan

Answer: The editor invites you, the reader, to respond to Mr. Frederick's suggestion.

PROGRAM

1963 - 1964

Western Michigan University Chapter of the International Reading Association

Theme: *READING, AN INTELLECTUAL ACTIVITY*

THURSDAY, SEPTEMBER 26

Demonstration

“Developing Readiness for Reading”

Catherine Donohue, Northglade School, Kalamazoo

Mary Horrigan, Fairview and Parkwood Schools, Kalamazoo

Ronnie Patton, Indian Prairie School, Kalamazoo

7:30 P.M., Cafeteria, South Junior High School

THURSDAY, OCTOBER 24

Symposium

“Parental Attitudes and Reading Achievement”

Mrs. Duncan G. Carter and a selected group of parents

7:30 P.M., Cafeteria, South Junior High School

THURSDAY, DECEMBER 5

Demonstration

“Teaching Reading Through Creative Writing”

Eleanor Buelke, Portage Public Schools

7:30 P.M., Cafeteria, South Junior High School

THURSDAY, JANUARY 23

Demonstration

“Audio-Visual Materials for the Teaching of Reading”

Marie McMahan, Audio-Visual Center, Western Michigan
University

7:30 P.M., Cafeteria, South Junior High School

THURSDAY, APRIL 23

Demonstration

“An Individualized Approach to Critical Reading”

Emeline J. McCowen, Campus School, Western Michigan
University

7:30 P.M., Cafeteria, South Junior High School

THURSDAY, MAY 28

Dinner Meeting and Lecture

“Some Factors Which Give Direction for Reading Instruction”

Doris B. Storer, Pontiac Public Schools

6:30 P.M., Rooms 105 and 106, Student Center,
Western Michigan University

(Reservations are required)

SPECIAL ANNOUNCEMENTS

Membership

The Western Michigan University Chapter of the International Reading Association is the first chartered group in Michigan to study problems in the field of reading. You are cordially invited to attend the meetings outlined in the program for the coming year and are urged to become an active member. We encourage you to invite your colleagues to join with us.

How to Become a Member

Send \$3.00 to Mrs. Jeannette Garrison, 1415 Climax Avenue, Kalamazoo, Michigan. This entitles you to membership in our Western Michigan University Chapter and to a yearly subscription to *Reading Horizons*. Please act at once so that your name will be placed on the local organization's mailing list and in the directory.

Reading Conference

The eighth annual meeting of the Michigan Reading Association will be held February 27 and 28, 1964, at the Kellogg Center, Michigan State University, East Lansing, Michigan.

