Diagnosis of Teacher's Reading Instruction as Well as the Pupil's Reading Program

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Diagnosis is the heart of effective reading instruction. This educational tenet embodies the expertise of the teacher to collect relevant data on pupils, to interpret and synthesize the data, and to prescribe appropriate instruction. One assumption underlying the traditional diagnostic-prescriptive model is that the teacher possesses techniques and materials to provide appropriate instruction. The primary focus of such an approach is on the pupil and little attention is given to teachers and their instructional programs. It is our contention that tantamount to diagnosis of the pupil is close scrutiny by teachers of their instructional practices. Teachers should be encouraged to concurrently evaluate their reading instructional program and diagnose its strengths and weaknesses as well as focusing on the pupil. The detection and correction of reading problems are depending not only on noting pupil's strengths and weaknesses, but are also reliant on the examination of the type and quality of instruction that can be provided by the reading teacher to meet the pupil's individual needs.

In order to objectively evaluate reading programs, teachers need non-threatening means that encompass the major components of the teaching of reading. One such means of self-evaluative instruments that enable teachers to focus analytically on their reading instruction. An example of such an instrument is the "Teacher Effort Scale in Reading."[1] (Rupley and Blair, 1979). A study reported in *The Reading Teacher* (Blair, 1976) showed that teachers who exerted more effort in the teaching of reading in the areas evaluated by this instrument produced significantly higher pupil achievement scores in their classes than did teachers who exerted lesser amounts of effort. This scale has four subscales entailing teacher's efforts to utilize a variety of materials, provide differentiated instruction, keep accurate records and conduct conferences with interested parties. Teachers can utilize such an instrument

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[1]Rupley, William H. and Blair, Timothy R. "Teacher Effort Scale in Reading." The complete scale can be found in *Reading Diagnosis and Remediation: A Primer for Classroom and Clinic,* copyright 1979, Rand McNally Publishing Company.

to arrive at a picture of their classroom reading instruction. It is recommended that teachers rate themselves on each item in the scale by placing an "X" over the number indicating how much effort is expected for each item. The following are examples from the scale to illustrate this process.

I construct reading materials to assist me in providing instruction for the specific skill needs of my students.

	Rarely		Sometimes		Frequently	
1	2	3	●	5	6	7

I utilize results from standardized tests and administer informal tests on my own to provide instruction suited to students' needs.

	Rarely		Sometimes		Frequently	
1	2	3	4	●	6	7

I actively seek help if it is needed from various specialists (reading consultant, elementary supervisor, psychologist, principal, social worker, speech teacher) regarding individual student's progress or lack of progress in reading.

	Rarely		Sometimes		Frequently	
1	●	3	4	5	6	7

I keep a record of the number of the types of books independently read by the child in his/her reading class.

	Rarely				Frequently	
1	2	●	4	5	6	7

By connecting each "X" in a vertical fashion on each subscale, teachers can obtain a diagnostic profile of themselves. This process should be viewed as one non-evaluative way to obtain reasonable information on one's reading program. This rating can encourage teachers to become more consciously aware of what they are doing or not doing, what areas need to be improved or are satisfactory and what emphases in the present program need to be omitted, kept, modified or expanded. One possible extension of this process could be that of teachers circling the number of each item indicating where they would want to be. At that point, teachers can examine any discrepancies between where they are and where they would like to be.

Another non-threatening evaluation instrument that teachers may use to objectively evaluate the emphases that they give to various components of their reading instructional program is the "Survey of Teacher Emphases in Reading Instruction" (STERI)[2] (Rupley, 1978).

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[2]Rupley, William H. "Survey of Teacher Emphases in Reading Instruction." This instrument is available from the author, Department of EdCl, College of Education, Texas A&M University, College Station, Texas 77843.

This instrument enables reading teachers to determine the degree of emphases they give to various components of their reading instruction. Specifically, the emphases given to comprehension, diagnosis, recreational reading, word recognition, and oral reading can be determined. A self-report format allows teachers to record how often they focus on a specific aspect of their reading instruction over a six-week period. Examples of comprehension items are:

Questions are asked that require the students to infer character traits based on explicit ideas.

1	2	3	4	5
never emphasized	emphasized 1-3 times	emphasized 4-6 times	emphasized 7-8 times	emphasized 10 + times

Various ways of saying the same thing are explored and discussed with students.

1	2	3	4	5
never emphasized	emphasized 1-3 times	emphasized 4-6 times	emphasized 7-9 times	emphasized 10 + times

There is really no correct or incorrect response for each item on the STERI, and teachers should evaluate their responses in relation to reading development of their pupils. That is, if several pupils' reading progress in comprehension is not at an acceptable level; then, the teacher can evaluate his/her instructional emphases in this area. This evaluation could reveal that the teacher is not balancing his/her comprehension instruction in relation to the pupils' needs. The focus shifts from looking at the pupils and questioning their capababilities to the instruction that they are offered, which could directly relate to their lack of progress.

In addition to informal instruments there are other procedures that teachers can employ to evaluate their reading instruction. Daily diary reports can assist teachers in developing a broader perspective of their reading instruction and its effect on children's reading growth. Diary entries should be as objective as possible, focusing on what instruction was offered, how it was presented, what materials were used, how much time was devoted to learning, and, most importantly, what effect such factors had on students' reading development.

Informal evaluation of instruction can be based on a grade level or school level approach, also. All elementary teachers or all teachers at a given grade level who teach reading in a particular school can begin to focus on important areas of their reading program. By including a greater number of teachers the focus shifts from one classroom to the goals of the school's total reading program. Evaluation of instruction could be based on defining reading goals for students at each grade level, determining how well these goals are being met and identifying the needed instructional modifications that would maximize the pro-

bability that the goals would be achieved. This technique requires that teachers be objective in their thinking and not rely on scapegoats, such as insufficient materials, lack of parental cooperation, and so forth, to support their present state of instruction. When evaluation suggests that changes are desired, the focus should be on implementing such changes, rather than alibing the present state of instruction.

Diagnostic-prescriptive thinking in the past has not ignored the diagnosis of instructional practices, but tacitly implied the first and foremost area of concern to be the pupil. More than fifty years ago, Gates (1973) in disputing the age old belief of a mental age of 6.5 was required to be a success in reading, showed that with good instruction pupils with mental ages below 6.5 could be successful in reading. Gates turned attention away from the pupil and toward the type and quality of instruction. Commenting on the findings of his study, Gates wrote:

> The most significant finding is the fact that the correlations between mental age and reading achievement were highest in the classes in which the best instruction was done and the lowest in those in which the poorest instruction was provided. More specifically, the magnitude of the correlation seems to vary directly with the effectiveness of the provision for individual differences in the classroom. (p. 507)

Standing back and looking at one's own program is a necessary step before looking at individual children. The key difference between a teacher who goes through this process and one who does not is that by looking at one's own program, the teacher is identifying strong and weak points to help fit the curriculum to children's learning needs. If a teacher looks only at a child, this could be setting the stage for requiring every child to fit the curriculum. The curriculum should be adapted to youngsters at every grade level, not vice versa. If emphasis should be on prevention, rather than correction of reading problems as is popularly espoused, the primary focus should be on teacher practices.

The components of non-evaluative means on reading instruction can be viewed as catalysts for program improvement. Teachers cannot change the family background of their students but they can affect instructional practices over which they have direct control. Believing that the teacher is the key to the success or failure of a youngster learning to read, the assessment of program strengths and weaknesses in order to be able to provide adaptive instruction for a wide range of ability levels as well as diagnosing the child is warranted. Bateman (1971) seemed to be addressing this very point when she stated:

> To that extent are reading disabilities preventable by more adequate initial instruction? Today's assumption is that the child requires diagnosis; tomorrow's assumption may be that the reading program and teaching strategies should be diagnosed. (p. 133)

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