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DIAGNOSTIC-PRESCRIPTIVE READING INSTRUCTION WHAT? WHY? HOW?

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Thirty eager faces — thirty individuals with unique needs, backgrounds, learning styles, interests, and experiences — thirty students who need reading instruction. Reading is an area of major instructional emphasis in elementary and middle school classrooms. However, because there is no one best method to teach reading, no best material, or no special "tricks" which eradicate these individual student differences, the classroom teacher must decide how to provide the best possible reading instruction to meet a multitude of needs. Some school districts have suggested that classroom teachers implement diagnostic-prescriptive reading instruction. Inservice sessions, workshops, and materials have been used to disseminate information about the idea, which is designed to assist teachers in better meeting various student needs in reading. Nevertheless, many basic questions remain, namely:

- What is diagnostic-prescriptive reading instruction?
- Why should it be implemented?
- How can the classroom teacher use diagnostic-prescriptive reading instruction with a class of thirty students?

These questions are the focus of this article.

WHAT?

The term "diagnosis" is one that has been used in the medical field and related areas for many years. It refers to the determination of the nature of a disease or problem through careful examination and study. Analogous to this is the adaptation of the concept by educators during the latter half of this century to the idea of diagnosing students in a school setting in order to ascertain their strengths and weaknesses in various academic areas.

Another term borrowed by educators from medicine is "prescription", which is a specific direction recommended following a careful diagnosis. When applied to a school setting this term indicates that a concerted effort is being made to provide instruction to students based on their identified educational needs.

These terms have been joined to form a relatively new concept in the teaching of reading, the idea that individual strengths and weaknesses of students are identified and appropriate instruction is given, based on the findings. For implementing this concept successfully, a faculty must be committed to the idea of meeting

individual student needs and the principal must assume a major leadership role. The principal must become involved in the reading program in an active way to set a positive tone for change. Additionally, the following components are necessary:

1. A scope and sequence of reading skills

An awareness of a hierarchy of skills is necessary to the implementation of a diagnostic-prescriptive program. Identifying the reading skills to be taught at each level, from kindergarten through the highest level in the school, and arranging these skills in the order in which they are to be introduced is essential. Although there is no one correct scope and sequence, a hierarchy of reading skills does provide a framework for sequential skill development. Teachers must recognize that each student may not progress through this hierarchy in exactly the same order; however, this framework serves as an organization of the skills.

2. Procedures to facilitate continuous diagnosis of each student.

Another essential component of a diagnostic-prescriptive reading program entails gathering diagnostic information from a variety of sources. This does not imply that teachers must spend an inordinate amount of time administering tests to their students, but they must continuously assess student progress, or lack of it, through on-going informal procedures.

3. A variety of materials and teaching techniques for prescriptive instruction.

In a diagnostic-prescriptive program, students are diagnosed and instruction provided based upon the information gained. Instruction may occur in small groups, as well as through one-to-one instruction. The uniqueness of student needs and learning styles necessitates the use of a wide variety of materials and teaching techniques in order to instruct each student based on his/her needs. A lack of commercial materials does not preclude the use of diagnostic-prescriptive instruction as the teacher may use old textbooks, newspapers, brochures, catalogs, and a variety of different teacher-made materials. The use of many materials adds variety to the instructional process and serves to help students realize that they can read many different types of printed materials. Teachers should remember that materials do not teach students to read—they serve as reinforcers following instruction.

4. The use of guided or directed reading lesson procedures.

Diagnostic-prescriptive instruction is intended to meet the needs of individual students. This does not mean that the student is tested on a particular skill, assigned a workbook or exercise to develop the skill, and tested again at some later date. Instruction of this type is considered a "plug-in approach", not diagnostic-prescriptive instruction. In order to avoid the "plug-in approach", instruction should follow a guided or directed reading format. This procedure requires direct teacher instruction and provides students with opportunities to apply the skills as they are taught.

5. Methods for keeping records on each student.

An important aspect of diagnostic-prescriptive instruction is the development of a procedure for keeping records on each student's progress. This entails recording information about each student's strengths and weaknesses as these are identified, and as the type of prescriptive instruction is provided. Because this detailed information is virtually impossible to remember, some convenient record, such as a classroom and individual checksheets or skill cards, must be used. Additional teacher time may be required, but the records enhance effective teaching and serve to assist in improving instruction.¹

WHY?

One only has to look at a classroom full of students to answer this question. In examining any classroom, teachers recognize that no two students are exactly alike in their reading development. Several students may be approximately on the same reading level, but each of these students has different skill needs and interests. The teacher is responsible for identifying these individual skill needs and interests so that appropriate instruction can be provided for each student.

Because of the intricacies of the reading process, readers react to print in different ways based on their abilities and experiences. As teachers become aware of the complex nature of reading, and realize that it is not a step-by-step procedure developed exactly the same way by all students; they see that each student has a different learning style which dictates variety in the teaching process. For example, a traditional three-group organizational plan using one set of materials will not be successful in teaching all students to read. All students will not "fit" into three permanent groups. Various skill needs, interests, as well as reading levels necessitate the use of different grouping patterns and flexible group membership. Some instruction might be provided to one large group, other instruction may require three or four groups, while other reading instruction must be more individualized. As needs are met through the flexible grouping format, teachers also accept the fact that all students are not interested in reading the same things. Thus, to accommodate student differences as they relate to the chosen books and attempt to assist students as they read, teachers must see the need to provide a more diagnostic-prescriptive type of instruction. Because of the complex nature of reading, the need for diagnostic-prescriptive instruction is clearly evident.

The use of medical analogy may further clarify the need for diagnostic-prescriptive reading instruction. When one visits a physician for a checkup or perhaps for treatment of some specific problem, the physician examines the patient carefully, using various methods to obtain as much information as possible. Thorough examinations may indicate a need for further in-depth testing. After obtaining the results of these tests and using the information gathered initially, a prescription is developed for treating the patient. This prescription may result in a cure, or changes and/or

modifications may be required. Carefully recorded data is kept so that the physician can recall the specific problems, the date of the diagnosis, the prescription provided, and the results of the prescription. Now compare this situation to the provision of reading instruction in the classroom.

When the school year begins, the teacher encounters a new group of students. Only superficial information is known about their reading ability. They may all be the same age and in the same grade level, but their similarity ends here. The teacher, as does the physician, must determine the specific needs of each student, using a variety of diagnostic procedures including questioning, observation, and testing. After this information is obtained, appropriate instruction can be provided as needed in group or individual situations. Careful records must be kept so that the teacher will be aware of the students' progress, and can share this information with other teachers, parents, and administrative personnel.

Of course, teachers are not physicians and teaching reading is not quite the same as treating for flu. However, the necessity of using an organized procedure in obtaining diagnostic information and then prescribing appropriate instruction is essential. The teacher is dealing with a very complex learning process, which is more difficult to define than a temperature of 101° F. Furthermore, there are no "miracle drugs" that the teacher can prescribe to ensure reading success. A systematic approach in providing reading instruction is imperative. Teacher and student time is precious. The effective use of diagnostic information prevents the reteaching of skills already mastered or the teaching of skills that students are not ready to learn.

Another aspect of diagnostic-prescriptive reading instruction involves accountability. Parents are concerned about the reading abilities of their children. The public demands to know why so many students leave secondary schools with reading and writing deficiencies. Is there a national problem? Some information available to educators indicates that students are actually reading better today than in years past. Teachers must provide positive information like this to the public. With effective diagnostic-prescriptive instruction, teachers can report specific strengths and weaknesses of individual students. Documentation of this type is essential!

Every student has specific needs. In order for students to reach their potential in reading, teachers must respond to these specific needs. One effective way of doing this is through the use of diagnostic, prescriptive reading instruction.

HOW?

In implementing effective reading instruction, there are some basic premises which should concern classroom teachers. These involve the role of teachers in implementing an effective program of diagnostic-prescriptive work, and some of the basic functions that teachers must assume. These include:

- Familiarity with student's reading abilities
- Continuous diagnostic assessment
- Analysis of each student's reading performance

- Exhibiting leadership in the classroom
- Providing prescriptive instruction

In order to become familiar with and analyze students' reading abilities, careful diagnosis within the classroom must occur. Diagnosis is the foundation for planning the daily as well as the long-range instructional program for classroom reading, and should not be separated from prescriptive teaching even on a daily basis. However, formal diagnosis is not required every day, since much information is obtained from prescriptive teaching through observation and student work.

Continuous diagnosis allows for day-to-day adjustments which encourage teachers to tailor instruction to individual progress and problems. Failure to diagnose consistently results in a diminishing quality of instruction, and frequently leads to changes in instruction that disrupt the continuity of the learning process. Continuous diagnosis prevents reading problems from becoming severe enough to cause anxiety for both student and teacher. Gradual changes in the prescription can be made to keep instruction focused on specific needs.

Although most classroom teachers want to implement careful diagnostic procedures, they frequently feel that there is not enough time to diagnose students effectively. This is often a result of viewing diagnosis as requiring the administration of many tests. This is not the case. Systematic diagnosis relies upon many different types of diagnostic procedures, and once begun, teachers will actually save time because classroom instruction becomes more efficient.

One of the teacher's primary diagnostic tools is observation, which can be either formal or informal. This procedure permits the teacher to gather information during the entire school day, especially during the periods of prescriptive reading instruction. Clues to a student's successes and failures in reading are easily observed during these periods. Other valuable diagnostic tools for the classroom teacher are the informal reading inventory, attitude and interest inventories, word recognition inventories, centers and workbooks, group reading inventory, cloze procedure, and criterion-referenced tests.

Prescriptive reading instruction, part two of the diagnostic-prescriptive process, uses the wealth of information provided by diagnosis to make instructional adjustments. Prescriptive instruction in reading skills must follow the school's scope of sequences skills, so that these skills are not taught randomly or in isolation but in some organized manner. The diagnostic information helps the teacher with this instruction by indicating what skills the student knows, which are unknown, as well as the reading level of the students. Using diagnostic information, the teacher may organize different skills groups as well as achievement groups based on the reading levels of the students.

In planning for prescriptive instruction the teacher must first organize any available diagnostic information. This is when class profile cards or some type of record keeping procedure is helpful. Teachers may note that they have a wealth of information

on some students and little or no data on the reading needs of others. Using the continuous diagnosis idea, the teacher begins with the available information and adds data as instruction is provided. This information is incorporated on the class profile card.

As the diagnostic data is organized the teacher must also think about grouping procedures and organizational arrangements in the classroom. There is no "right" number of groups or way to organize a class—individual teacher organizational skills determine this! However, teachers must consider the different type of grouping patterns which may be used in the classroom. These include achievement grouping which is determined by the reading level of the students; skills grouping which is a flexible grouping format based on the changing skill needs of the student; interest grouping formed according to the students' responses to questioning about reading; and peer-grouping in which students work individually with other students to help develop needed areas in reading. Classroom teachers should use these four grouping patterns as appropriate in providing prescriptive instruction. These grouping arrangements must be flexible to accommodate any changes in student learning rate as well as the adjustments made based on the diagnostic data.

Using these different grouping patterns to assist in organizing students for small group or individual instruction, the teacher has set the stage for special learning. Prescriptive instruction requires some direct teacher-student interaction as the directed or guided reading lesson is taught. This direct interaction must occur as students are prepared for reading, as skills are taught prior to reading, as students read and discuss what they have read, and as reteaching is done at the conclusion of the lesson. Prescriptive teaching is much more than telling the students about what they are to do as they read, it necessitates (1) a teacher demonstration and explanation of the skill to be used or the technique to be applied, (2) A time for working together—teacher and students—to further clarify the information, and (3) an opportunity for the student to apply the new knowledge to determine understanding. Prescriptive instruction requires continuous teacher involvement for the purposes of teaching as well as acquiring on-going diagnostic data.

Classroom teachers can use diagnostic-prescriptive reading instruction with their class groups; however, for maximum success the concept should be implemented on a school wide basis. This necessitates two additional components—coordination and cooperation. Instead of moving in separate directions, the teachers should work together to share diagnostic data, activities to aid in prescriptive teaching, and to provide continuity as students move from grade to grade. Coordination is enhanced as teachers use a common scope and sequence of reading skills and compatible approaches to instruction.

Coordination is essential as schools continue to increase the number of resource teachers to supplement reading instruction. The classroom teacher is responsible for determining the prescription for a student and coordinating with the resource teacher

to ensure that appropriate instruction is provided. Otherwise, the student may receive two or more entirely different types of instruction which are not compatible. For diagnostic-prescriptive instruction to function successfully on a school wide or district wide basis, teachers must work together for the improvement of reading instruction for all students.

Diagnostic-prescriptive reading instruction is based on the belief that each student is an individual with unique needs. As a result of each student having these individual strengths and weaknesses in reading, a diagnostic-prescriptive reading program is essential if reading instruction is to meet the individual student needs.

1. Martha Collins Cheek and Earl H. Cheek. Diagnostic-Prescriptive Reading Instruction: A Guide for Classroom Teachers (Dubuque, Iowa: William C. Brown Publishing Company, 1980).
2. Roger Farr and Leo Fay. Then and Now: Reading Achievement in Indiana (1944-45 and 1976) (Bloomington, Indiana: School of Education, Indiana University, 1978).

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