

SURVEY OF THE FUNCTION AND USAGE IN UNIVERSITY AND
COLLEGE READING CENTERS IN THE UNITED STATES

By

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CHAPTER I

THE PROBLEM

Introduction

The need for college-based reading centers is becoming increasingly apparent. As school systems begin to feel pressure to show the competence of their graduates, college-based reading centers should be in a position to provide the additional developmental and remedial expertise needed (Bates, 1984a). In addition, there is a movement to make teacher education programs more practically based so that there is some assurance that beginning teachers actually know how to teach, as well as have an understanding theory.

Achieving professional growth and development is a goal that can be fulfilled through varied teacher education experiences. College courses, inservice programs, and educational conferences are among the ways of learning to improve reading instruction. Recently, variations of the reading clinic concept demonstrated their worth as viable approaches to helping educators become more effective (Sanacore, 1980).

Purposes of the Study

The purpose of this research was to collect information about the operational structure of reading centers in universities and colleges of the United States. Survey data described existing conditions and would enable those reading centers to observe key variables important to each

other. The data also revealed valuable information for those wanting to implement a reading center at their own university or college.

Statement of the Problem

The problem for this study was: How do university/college-based reading centers operate? The questions asked for this study were open-ended. The following open-ended questions allowed for a dialogue approach:

1. What is the name of your university?
2. What is the major focus of your reading center?
3. Why did your reading center disband?
4. How many clients are diagnosed by your center each year?
5. What is the average number of sessions held per client per semester?
6. How long is each session?
7. When are your sessions held?
8. Where are your sessions held?
9. What are the age groups you serve?
10. Who refers the client to your reading center?
11. What is the need usually cited for referrals?
12. Who teaches in your reading center?
13. What modes of instruction do you offer?
14. What diagnostic services do you offer?
15. What instructional materials do you use?
16. What diagnostic instruments do you use in your reading center?
17. What fees do you charge?
18. How is your center director compensated?
19. Do you have computers in your reading center?

20. Do parents receive counseling or a final report?
21. What is the major problem with your reading center?
22. What are the future goals of your reading center?

Definition of Terms

The following definitions were utilized for the purpose of this study:

Reading Clinic. A facility staffed by reading specialists or instructors offering individual instruction as well as remedial, corrective, or developmental reading services. A reading clinic is often referred to as a reading laboratory, remedial reading clinic, or reading center.

Clinicians. Trained personnel working in a reading clinic.

Clinicians-in-Training. Graduate students who are receiving advanced training in reading diagnosis and remediation through practicum coursework and supervised application with remedial readers in a reading clinic facility.

Practicum. A unit of work done by an advanced university student that involves practical application of previously studied theory and the collection of data for future theoretical interpretation.

Client. A person who receives remedial reading help from a reading clinic.

Interest Inventory. A checklist informally built for exploring such things as reading preferences, work and play interest, etc.; a formal questionnaire designed to explore the strength and directions of interest of an individual.

Need for the Study

Reflecting a national concern about the operation of a college reading clinic (Bates, 1983; Irvin and Lynch-Brown, 1988), this study developed for reading centers to examine what other centers are doing, as well as to set criteria for implementing a center in those colleges and universities that do not operate a reading center. This survey attempted to provide information to center directors so that they can assess their own services in the light of what others are doing.

Specifically, this research presented the current practices, methods, and materials used by the clinics, and revealed their future plans. Generally, the survey attempted to build a foundation for colleges and universities for implementation of a reading center.

Basic Assumptions

It was assumed that the developing of a reading center was an ongoing process that needed specific objectives stated. In order for this to become a reality, a broad, well-documented knowledge base was necessary for the foundations of the center to become a working reality.

Scope of the Study

This study included a cluster random sampling of those colleges and universities who answered Cleveland's (1990) study. Cleveland's study used Graduate Programs and Faculty in Reading (Bloomenberg, 1981) to send surveys to 34 universities or colleges responding that they did indeed have a reading center. The responses from Cleveland's study were divided into the four geographical regions. A sampling was then drawn from each

area to ensure that the survey area would incorporate the entire United States.

Overview

This study was divided into five chapters. The first chapter presents the statement of the problem under consideration. Chapter II, a review of the literature, includes research pertaining to services in the community, practicum coursework, clinical training, and the most recent surveys of reading centers. Chapter III presents the discussion of the research design, including the format and validity of the instrument used, the procedures for analyzing the data, and the data collection. The findings of the data gathered during the study is reported in Chapter IV. Chapter V presents the summary, conclusions, and recommendations for further research.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The search for the related literature for this review revealed three areas of interest: (1) university and college-based reading center services to the community, (2) practicum coursework and clinical training programs for graduate students, and (3) results of recent national surveys of university and college reading centers. The data from these research studies provided direction in surveying university and college-based reading clinics and was the concentration of this literature review. Rosner and Cooper (1982) stated that the university reading clinic serves two main functions: (1) the training of graduate students in education, and (2) the meeting of the needs of children with reading problems through evaluation and remediation.

Services to the Community

According to Bean and Wilson (1981), clinical resources of universities and colleges offered outreach programs, providing resources to school districts. These clinics usually provided quality programs at little expense to the client. Teachers who had students whom they wished to refer for services should be informed of such clinics.

Michael (1968) reported that the primary goal of reading clinics was to help disabled readers by diagnosing reading disabilities and

recommending remediation. Garner (1984) claimed that a clinical situation provided an ideal setting for training less proficient readers.

Cleland (1983) stated that attitudinal barriers confronting teachers when working with poor readers are very real and can be reduced by adopting a clinic philosophy which focused on the students' strengths while attempting to remediate their weaknesses.

At the University of Maryland reading clinic Garner (1984) found that a clinical situation provided an ideal setting for training less proficient readers to use conscious reading strategies used by good readers. She found that good readers tend to engage in conscious reading strategies that poor readers do not. Expert readers displayed the following strategic behaviors that novices do not display: (1) studying text segments previously found difficult more extensively than easy segments, (2) spending more study time on difficult stories than on easy ones, (3) summarizing only the important information from an expository text, and (4) monitoring disruption to steady comprehension of a text. Such strategic behaviors could be learned, however, and a clinical situation provided an ideal setting for training less proficient readers to use them. Successful efforts to induce strategic behaviors, particularly in poor readers, had some sequence of training activities, moved from simple to complex tasks, used explicit instruction (including corrective feedback), and gave instruction in self-regulating the use of the earned strategies. The clinic staff taught some of the text-processing strategies in stages. First, clinicians modeled the use of the strategy. Second, they provided structure and feedback, but remedial readers themselves performed the operations. In the third stage, the student assumed full responsibility for task completion. The clinicians intervened only in instances of incorrect strategy use.

A college reading lab provided students with the opportunity to develop, on an individual basis, those reading and study skills which were the key to effective learning (Stone et al. 1980). Students concerned with the areas of test-taking, study methods, and content reading could develop these skills in the college reading lab (Flipppo, 1984). However, the majority of student referrals to university reading clinics were elementary students who had deficiencies in word recognition and analysis, oral and silent reading proficiency, and most levels of comprehension.

Hanes and Mulher (1981) stated that centers served as an integral part of the academic reading program for graduate level students. They stated that supervised training in reading diagnosis and remediation was provided through practicum coursework, housed in the center facility, for students preparing to be reading specialists or resource teachers.

Thirty-six reading specialists and classroom teachers enrolled in a graduate reading diagnosis course participated in a study to determine whether clinical performance could be improved by alterations in a clinician's memory and strategy (Sherman, Weinshank, and Brown, 1979). Overall procedures in this study included pretests, and 30 hours of tutoring. The subjects were divided into four different instructional groups: group one represented a traditional approach using children with suspected reading problems; group two used simulated cases instead of children; group three used simulated cases as well as decision aids; and group four, originally scheduled to use computer-based simulations, instead used procedures similar to those of group three. Results of the study suggested that clinical memory and diagnostic performance are related, and that training can improve both.

Hanes and Mulher (1981), from Eastern Michigan University, conducted a study of 954 classroom teachers, resource teachers, and administrators in 10 surrounding school districts. They mailed 1,883 questionnaires to the school districts. These school districts accounted for 60,555 elementary students, 26,241 middle/junior high students, and 35,162 high school students. Percentages were calculated for the 954 respondents. In the conclusion to their survey, Hanes and Mulher (1981) stated that there was a critical need for increased diagnostic and remedial services from the university reading clinic. The educators who responded to this survey strongly supported a revitalization of the university reading clinic.

Hahn (1989) stated that reading center activities should be designed to make reading fit into the real world. She suggested that the reading center not utilize a total skills approach but rather an approach that promotes ideas that are exciting to students, and a program that promotes usage of excellent children's literature.

In 1988, Lane suggested that services in reading, evaluation, and counseling be offered in reading centers. She emphasized that reading is a skill and that skills can be learned.

Reading centers must obtain "curricular congruence" with the classroom, as Sanacore (1980) suggested. He felt that emphasis of the reading center should be to provide the upcoming teachers with the teaching strategies that are needed for achieving success in subject-matter classrooms (Table I).

Practicum Coursework and Clinical Training

Programs for Graduate Students

Hanes and Mulher (1981) ranked the training of graduate teachers as

TABLE I
UNIVERSITY AND COLLEGE-BASED READING CENTER
SERVICES TO THE COMMUNITY

| Researcher | Year | Results |
|-------------------------------|------|--|
| Michael | 1968 | Reading centers provided quality programs at little expense to client. |
| Sherman, Weinshank, and Brown | 1979 | Reading centers should provide diagnostic analysis. |
| Stone et al. | 1980 | Reading centers helped those students who need to develop reading and study skills. |
| Hanes and Mulher | 1981 | Reading centers served as an integral part of the academic reading program. |
| Bean and Wilson | 1981 | Reading centers provided quality programs at little expense to client. |
| Cleland | 1983 | Reading centers focused on students' strengths, while attempting to remediate their weaknesses. |
| Garner | 1984 | Reading centers provided ideal setting for training less efficient readers. |
| Garner | 1984 | Reading centers provided a clinical situation for training less efficient readers to use strategies. |
| Flippo | 1984 | Reading centers taught the skills of test taking, study methods, and content reading skills. |
| Lane | 1988 | Reading centers should offer the services of reading, evaluation, and counseling. |
| Sanacore | 1980 | Reading centers should obtain curricular congruence with the classrooms. |
| Hahn | 1989 | Reading centers should not be a total skills approach; rather, an approach that promotes ideas that are novel to students. |

the most important function of university/college-based reading clinics. For their study, 1,883 questionnaires were sent to elementary schools, middle schools, and high schools; 954 teachers responded. Percentages were then calculated to keep the results proportional to the findings. Hanes and Mulher (1981) stated that clinics served as an integral part of the academic reading program for graduate level students. They felt that supervised training in reading diagnosis and remediation was provided through practicum coursework, housed in the clinic facility, for students preparing to be reading specialists or resource teachers.

The paired course instruction model at the reading center at St. Cloud University was developed by Rauch and Fillenworth (1987). This model proved to help high risk students succeed by enabling them to become aware of themselves as independent learners and to enhance transfer of learning from a reading course to a general education course. In order to examine the effectiveness of this model and focus on a reading center's participation in the paired course instructional model, a study analyzed the data from reading rate improvement. High risk students answered questions pertaining to content areas. The students' grade point averages were also examined. Results revealed that the paired course instructional model has a positive effect on the academic achievement of high risk students.

Ridout and Bailey (1987) designed a practicum manual that provides guidelines and materials needed for graduate study of reading practicums. This manual supplied information concerning: (1) a sample lesson plan/log for the reading clinic; (2) a case report component that included case report guidelines, format, and examples; and (3) a checklist for parent conferences.

Hooker (1986) stated that the primary aim of the Brigham Young University reading center was to teach the client to read critically. The reading center worked in coordination with the English department. This allowed the tutor to work on both reading and writing with the client (Table II).

TABLE II
PRACTICUM COURSEWORK AND CLINICAL TRAINING
PROGRAMS FOR GRADUATE STUDENTS

| Researcher | Year | Results |
|-----------------------|------|---|
| Hanes | 1981 | Graduate teachers most important function of reading centers. |
| Hooker | 1986 | Reading and writing an important function of reading centers. |
| Rauch and Fillenworth | 1987 | Instructional model most important function of reading centers. |
| Ridout and Bailey | 1987 | Materials most important function of reading centers. |

Recent Surveys of University and College-Based Reading Centers

Bates (1983) conducted a survey of university-based reading clinics in the United States in 1982. Of the 341 questionnaires sent, 242 were returned. Bates tabulated data indicating that 87% of the colleges in the United States provided clinical experiences within their graduate

reading programs. He recognized a need for clinic directors to gain insight into what their associates were doing, and reported that more clinics and studies about them were needed. Elementary students were the most preferred clients of clinics; secondary students followed. The majority of colleges reported having three or fewer full-time reading faculty. Most clinics are staffed by part-time directors and part-time diagnosticians, the latter being master's degree candidates. Bates reported that colleges with over 20,000 students were significantly more likely to employ a full-time receptionist or clerk and were more likely to employ doctoral students as part-time diagnosticians. The most frequently mentioned service of the clinic was individual tutoring, provided by 89% of the colleges. Some type of fee was charged to clients by 57% of the respondents. Bates (1983) reported no significant relationship between having a director and charging fees.

The majority of colleges have some type of evaluation procedures to determine how well their services are meeting the needs of the program and clients. Students, faculty, clinic director, and clients, named in order of preference, could be the evaluators. The most frequently used materials of reading clinics were instructional kits and general books; least common were microcomputer diskettes. The two most common pieces of diagnostic equipment in all college reading labs were the filmstrip projector and the tele-binocular. Microcomputers were more common in medium to large colleges. Department, college, and client funding were each identified by over one-third of the respondents. Bates (1984b) found no significant differences in funding sources by size of college.

Irvin and Lynch-Brown (1988) conducted a survey at university-based reading centers in the United States to gather information on the function of the reading center, the reasons for referral, and the school

levels of the clients. A total of 376 surveys were mailed. Of the 376 surveys, 163 (centers whose primary function was to train graduate students majoring in reading education) were included in the study. The survey revealed that the major reason the clientele were referred was for reading comprehension. Elementary children comprised the majority of the clientele.

Cleveland (1990) conducted a study to survey the diagnostic and remedial procedures at university and college-based reading centers. A total of 109 letters were sent to the deans of Colleges of Education. Of the 109 mailed, 34 indicated that they had a reading center. Cleveland then sent questionnaires to those universities and colleges indicating a reading center and to eight other universities or colleges.. A total of 25 completed surveys were returned. The study showed that most of the clients of the reading centers were elementary students. The most used instructional method was the "language experience approach."

Stahl (1987) reported that the vast marketing of educational support services through franchised reading clinics is growing on a daily basis. Because of this, Stahl recommended that reading specialists and reading supervisors be made more aware of the growth of this industry and of its implications of the university-based reading center. Primary forces in the franchising movement, such as the Sylvan Learning Corporation, the American Learning Corporation, and the Huntington Learning Centers, have grown by offering a safe, guaranteed product. For example, the Sylvan Learning Corporation claimed that children would gain a full year in achievement levels after a 36-hour, small group, tutorial experience. The success of these three companies resulted from the combining successful business practices with a marketplace demand for educational services, but their success, coupled with a lack of state regulation,

provided for a potential for unethical dealings in both business and education. Reading specialists have a direct role in checking the growth of hucksters in the reading clinic field. Parents should be referred to clinics that are staffed by individuals who meet the qualifications specified in Guidelines for the Specialized Preparation of Reading Professionals (1986). Only clinics operating under the profession's ethical standards described by the International Reading Association or the College Reading Association should be recommended. In addition, effective monitoring of reading franchises can be undertaken at the reading professionals' and clinic standards' guidelines.

In 1985, Ramsey stated that the whole language approach was emphasized in the reading center at the University of Missouri. This approach was used because disabled readers need to practice their skills simultaneously in speaking, listening, and reading. At the center, teachers are encouraged to learn and use several approaches to teaching reading.

Preininger (1985) collected information about the operational structures of reading clinics in New Jersey's universities and colleges. A questionnaire was sent out to eight universities and colleges in New Jersey. A Likert scale was used to answer the questions. The data collected in this study showed that reading clinics were still widely in use in New Jersey and that their function was to serve the public school systems. The study showed that elementary students were the vast majority of clients served. The most used diagnostic instrument was the Informal Reading Inventory.

In 1983, Walker did 78 case studies at Eastern Montana College's reading center during the spring, fall, and summer sessions. A pre and post Informal Reading Inventory was the instrument used to show the computed gains. The case studies showed the interventions being used and

the gain that was made during the semester. The areas of concern were: comprehension, rate, decoding, word recognition, fluency, syntax use, and visual tracking. The intervention with the most gain for comprehension was purposeful reading and timed writing. The average gain for these interventions was 1.25 years. Creative writing, herringbone, progress chart, SQ3R, timed reading, and workbooks were the interventions that showed the most gain for rate disability. The average gain for these interventions was 1.5 years. Decoding's best intervention proved to be creative writing and modeling. The gain using these strategies was 1.5 years. Cloze practice, creative writing, and timed reading were the most successful interventions for word recognition. Their gain was 1.5 years. For the problem of fluency, modeling was the strategy that showed the most achievement. The gain was 1.5 using this intervention. Cloze practice, creative writing, flashcards, and sentence combining helped the most for the use of syntax. The gain for these interventions was 1.5 years. There were no interventions that showed any gain regarding the lack of visual tracking ability.

Ramsey (1985) conducted a study to determine if college and university reading centers assess students' attitudes toward reading and to discover the methods used in such assessments. Questionnaires were sent to the directors of 110 reading centers; 55 of these centers responded. Analysis of the data gathered were calculated into means. The most popular methods of inferred assessment were the number of books independently read by the students and the clinician observations. Only a small percentage of the centers reported using a standardized measure all of the time, and more than half commented that few reliable instruments existed for such assessment. The most commonly used form of assessment instrument was the student self-report, which usually involved an interview.

In June of 1983, Lunstrum did a study on four reading centers in the Dade County Public Schools and their satellites. Data were collected during three days of visiting the centers. Stanford scores were used to see the growth of the students. Means were calculated for easier analysis. The principal conclusions of the study were: (1) the cost of the centers was high; (2) the number of students served was small; (3) the type of services offered at the center did not differ appreciably, except in student-teacher ratios, from those available in regular and compensatory programs; (4) the diagnostic techniques and instruments used in the centers were generally either out of date and/or of limited scope; (5) time spent transporting students to and from the centers resulted in a substantial loss of regular instructional time; and (6) there was insufficient supervision of center instructional staff and the lines of authority/responsibility lacked clarity and consistency. The basic recommendation was to disband the centers at the end of the 1982-83 school year and redistribute the existing staff to provide direct instructional inservice and diagnostic support to regular and compensatory students and teachers (Table III).

TABLE III
RECENT SURVEYS OF UNIVERSITY AND COLLEGE-
BASED READING CENTERS

| Researcher | Year | Results |
|-----------------------|-------|--|
| Ramsey | 1985 | Student self-reports used to assess clients' reading abilities. |
| Lunstrum | 1983 | Recommended to disband reading centers. |
| Walker | 1983 | Reading gains are made at university reading centers using certain intervention strategies. |
| Bates | 1984b | Eighty-four percent of universities provided clinical experience within their graduate reading programs. |
| Preininger | 1985 | Reading centers' primary goal is to serve public school systems. |
| Ramsey | 1985 | Readers need to practice their skills simultaneously in speaking, listening, and reading. |
| Stahl | 1987 | Franchised reading centers took the place of university reading centers. |
| Irvin and Lynch-Brown | 1988 | Major reason for referral to reading center was reading comprehension. |
| Cleveland | 1990 | Language experience approach most widely used model. |

CHAPTER III

METHODS AND PROCEDURES

Introduction

To collect data about university and college center facilities and their graduate reading programs, it was necessary to locate a list of reading centers. This sample represented a cross-section of institutional sizes and student populations. It was felt that this cross-section allowed for a range of socioeconomic levels and for different types of students. A university or college was cluster random sampled from Cleveland's study. The research was collected by personal on-site visitation to gather requested information concerning university and college-based reading centers.

Format and Validity of the Instrument

A questionnaire was designed to be used for the on-site visitations. To establish credibility and to improve readability, colleagues of the author assisted with the wording and selection of the items. Credibility was developed by the author's colleagues (education faculty members who are currently teaching), who critiqued the questionnaire as it progressed. Credibility and applicability are criteria proposed in place of validity (Worthen and Sanders, 1987; Marshall and Rossman, 1989). The goal of credibility is the demonstration that the inquiry was conducted in a manner to ensure that the problem was accurately identified and

described (Marshall and Rossman, 1989). The goal of applicability is the demonstration that the questionnaire was appropriate for the research study. The research interview was divided into three sections: (1) General Information (item 1), (2) About Your Center (items 2-12, 17-21), and (3) About Your Graduate Reading Practicum (items 13-16).

Overall, the research interview permitted the gathering of data of greater depth and in more detail than can be provided through a more formal approach (Isaac and Michael, 1981). Specifically, a structured interview is one where the interviewer follows a well-defined structure, asking a set of questions and allowing clarification and elaboration within narrow limits (Isaac and Michael, 1981). Dialogue during the interview gives the interviewer the flexibility to pursue statements, probing for more detail and clarification (Isaac and Michael, 1981; Shaw and Pelosi, 1983; Rudnitsky, Drickamer, and Handy, 1981).

Individual interviews were conducted to gather information about reading centers. Each interview with a university or college followed a planned structure, with the purpose of obtaining information about the university reading center. Open-ended items allowed for unexpected responses which revealed significant information (Isaac and Michael, 1981).

The open-ended questionnaire that was developed by the researcher and her associates incorporated the following questions:

1. What is the name of your university?
2. What is the major focus of your reading center?
3. Why did your reading center disband?
4. How many clients are diagnosed by your center each year?
5. What is the average number of sessions held per client per semester?
6. How long is each session?

7. When are your sessions held?
8. Where are your sessions held?
9. What are the age groups you serve?
10. Who refers the client to your reading center?
11. What is the need usually cited for referrals?
12. Who teaches in your reading center?
13. What modes of instruction do you offer?
14. What diagnostic services do you offer?
15. What instructional materials do you use?
16. What diagnostic instruments do you use in your reading center?
17. What fees do you charge?
18. How is your center director compensated?
19. Do you have computers in your reading center?
20. Do parents receive counseling or a final report?
21. What is the major problem with your reading center?
22. What are the future goals of your reading center?

Sample Selection

Cleveland's (1990) study used the Graduate Programs and Faculty in Reading (Bloomenberg, 1981) to send surveys to those centers indicating that they did operate a reading center. Cleveland received 25 responses. From those 25 institutions which indicated that they had a reading center, a cluster random selection of 10 centers were chosen to be used for further investigation of the reading centers.

Procedures for Analyzing Data

The explanations given by the universities or colleges were classified using a category system which resulted from a process of content

analysis involving data by identifying important examples and patterns through this process of analysis. The data were organized into manageable categories which formed a classification scheme. This procedure was developed by Patton (1987) for qualitative research. The data gathered from the interviews were in narrative form. An inductive analysis was conducted to locate patterns and themes of the data. These patterns were not established prior to data collection and analysis.

The interview technique also introduced the problem of subjectivity and bias on the part of the author (Isaac and Michael, 1981; Marshall and Rossman, 1989). Several components of the research design were included to reduce bias in the results of the study. In classifying the open-ended responses, a colleague of the author also classified the findings, since the patterns were not established prior to data collection and analysis. This allowed for discussion of any discrepancies. In analysis of the data, the record of every third university or college was reconsidered.

The purpose of the analysis of the data was to produce a systematic and accurate description of the reading center. The results of the analysis are presented in Chapter IV. Conclusions and recommendations for further research are discussed in Chapter V.

Data Collection

A total of 10 universities or colleges were surveyed using the responses from Cleveland's (1990) study. An open-ended questionnaire was used for the in-depth interview (see pages 20-21). The responses to the open-ended questionnaire were noted by the researcher.

CHAPTER IV

FINDINGS OF THE STUDY

Description of the Respondents

The 10 universities or colleges that were interviewed represented the continental United States, Alaska, and Hawaii. The universities and colleges had enrollments of 1,000 to 30,000 students, and were reported according to geographical location. The respondents were classified into four geographical areas. The Northwest included: Washington, Oregon, Idaho, Montana, Wyoming, North Dakota, South Dakota, Nebraska, and Alaska. The Southwest included: Kansas, Oklahoma, Texas, Colorado, Utah, Nevada, California, Arizona, New Mexico, and Hawaii. The Northeast included: Minnesota, Iowa, Wisconsin, Illinois, Indiana, Michigan, Ohio, West Virginia, Maryland, Delaware, Pennsylvania, New Jersey, New York, Connecticut, Massachusetts, Rhode Island, Vermont, New Hampshire, and Maine. The Southeast included: Missouri, Arkansas, Louisiana, Mississippi, Alabama, Georgia, Florida, North Carolina, South Carolina, Tennessee, Virginia, and Kentucky. Two universities or colleges were interviewed from the Northeast, three from the Southeast, two from the Northwest, and two from the Southwest. These universities or colleges were stratified randomly selected from the centers responding to Cleveland's (1990) study. (See Appendix for map of geographical divisions.)

Analysis of the Data

The following tables reflect the responses to statements from the

interviews. The percentages were based upon the 10 in-depth interviews. The explanations that were given by the universities or colleges were classified using a category system, which resulted from a process of content analysis involving data by identifying important examples and patterns of the reading centers. The data were also divided into geographical areas: Northwest, Southwest, Northeast, and Southeast. Data in Table IV are related to the question: "What is the major focus of your reading center--clinical experience, service to community learners, or research facility?"

TABLE IV
 FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
 #2: "WHAT IS THE MAJOR FOCUS OF YOUR
 READING CENTER?"

| Response | Number Responding | Percentage |
|-------------------------------|-------------------|------------|
| Clinical experience | 8 | 80 |
| Service to community learners | 1 | 10 |
| Research facility | 1 | 10 |

A study of the data revealed that 80% (8 out of 10) respondents stated that clinical experience was the major focus of their reading centers. One out of 10 (10%) replied that their focus was on service to

the community. One out of 10 (10%) stated that their major focus was on the research facility.

The Northeast region had one reading center stating that the major focus for their center was research. The center indicated that in order to keep the funding they now received, the faculty involved with the reading center had to continue working on extensive research projects.

The Southwest region had one reading center indicating that the major focus of their center was for service to the community. The center stated that they operated their clinic in a way that would be competitive with the franchised learning center.

Data in Table V are related to the question: "How many clients are diagnosed by your center each year?" This question was responded to by the 10 universities or colleges. Seven out of 10 (70%) stated that they serviced 25 to 50 clients a year. Two out of 10 (20%) stated that they serviced 0 to 25 clients a year. One out of 10 (10%) stated that they serviced 50 to 75 clients a year.

The Northwest region had one university or college reporting that their reading center diagnosed 50 to 75 clients a year. This university was also the largest university interviewed, as they are located in the most populated region.

The Southeast and Southwest both had universities or colleges indicating that they diagnosed less than 25 clients per year at their reading centers. The reading center in the Southwest indicated that the franchised learning centers were obtaining much of their business. The reading center from the Southeast explained that they could not facilitate a larger clientele.

TABLE V
 FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
 #4: "HOW MANY CLIENTS ARE DIAGNOSED
 BY YOUR CENTER EACH YEAR?"

| Response | Number Responding | Percentage |
|----------|-------------------|------------|
| 0-25 | 2 | 20 |
| 26-50 | 7 | 70 |
| 51-75 | 1 | 10 |

Data in Table VI are related to the question: "What is the average number of sessions held per client per semester?" This question was responded to by the 10 universities or colleges. Six out of 10 (60%) stated that the average number of sessions per semester were between 10 and 15. Four out of 10 (40%) stated that the average number of sessions per semester were 16 to 30.

The two reading centers from the Northeast both responded that their clients received 30 sessions per semester. The Southeast region had one reading center that tutored their clients for 25 sessions, and the Southwest region had one reading center that tutored their clients for 20 sessions.

Data in Table VII are related to the question: "How long is each session?" The question was responded to by the 10 universities or colleges. Ten out of 10 (100%) stated that the average session length was one hour.

TABLE VI

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
 #5: "WHAT IS THE AVERAGE NUMBER OF SESSIONS
 HELD PER CLIENT PER SEMESTER?"

| Response | Number Responding | Percentage |
|----------|-------------------|------------|
| 10-15 | 6 | 60 |
| 16-30 | 4 | 40 |

TABLE VII

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
 #6: "HOW LONG IS EACH SESSION?"

| Response | Number Responding | Percentage |
|----------|-------------------|------------|
| One hour | 10 | 100 |

All of the regions indicated that they only tutored for an hour at a time. They each indicated that the age of the child did not make a difference in the time that was allotted for the client; however, the time on task was changed for the age of the client.

Data in Table VIII are related to the question: "When are the sessions held?" This question was responded to by the 10 universities or colleges. Seven out of 10 (70%) held their sessions after school. Nine out of the 10 (90%) held their sessions in the summer.

TABLE VIII
 FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
 #7: "WHEN ARE YOUR SESSIONS HELD?"

| Response | Number Responding | Percentage |
|-----------------|-------------------|------------|
| After school | 7 | 70 |
| Summer sessions | 9 | 90 |

Only one reading center (from the Southeast) did not have summer sessions for their clients. They indicated that the summer months were when many of their faculty worked on research projects, and graduate students were finishing their major papers. They felt that this time allowed them to concentrate on research; during the spring and fall semesters they concentrated on the reading center clients.

Three reading centers had a summer session only. One was from the Southwest, one from the Southeast, and one from the Northwest. All three indicated that a large amount of their graduate students commuted to the reading centers. They felt that since this was the case, they were able to have better tutoring sessions during the summer sessions. They also felt that the faculty had more time for observing the tutoring and for advising the tutor.

Data in Table IX are related to the question: "Where are sessions held?" This question was responded to by the 10 universities or colleges. Four out of 10 (40%) held their sessions in college classrooms. Five out of 10 (50%) held their sessions in clinic rooms at the college. One out of 10 (10%) held their sessions off campus at the public schools.

TABLE IX
 FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
 #8: "WHERE ARE YOUR SESSIONS HELD?"

| Response | Number Responding | Percentage |
|-----------------------------|-------------------|------------|
| Clinic rooms at college | 5 | 50 |
| College classrooms | 4 | 40 |
| Off campus in other schools | 1 | 1 |

One reading center from the Southwest indicated that they held their sessions off campus in the public schools. This was held in the classroom during the actual school day. Both reading centers in the Northeast had tutoring rooms that were used exclusively for the tutoring sessions, as did as one center in the Northwest.

There was one center from the Southeastern region that indicated it used college classrooms for the tutoring sessions. Two from the Southwest and one from the Northwest also stated that they did their tutoring in college classrooms because they did not have the facilities for individual tutoring rooms. Some of the reading centers did not have space available for the sessions, and alternate facilities were chosen.

Data in Table X are related to the question: "What are the age groups served?" This question was responded to by the 10 universities or colleges. Eight out of 10 (80%) served preschool-aged clients. Ten out of 10 (100%) served elementary aged students. Six out of 10 (60%) served

middle school/junior high clients. Five out of 10 (50%) served high school clients. Ten out of 10 (100%) served college-aged students, as their reading centers also incorporated the reading improvement classes. Four out of 10 (40%) served adult clients.

TABLE X
 FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
 #9: "WHAT ARE THE AGE GROUPS SERVED?"

| Response | Number Responding | Percentage |
|-------------------------------|-------------------|------------|
| Preschool | 8 | 80 |
| Elementary | 10 | 100 |
| Middle school/ junior high | 6 | 60 |
| High school | 5 | 50 |
| College | 10 | 100 |
| Adults | 4 | 40 |

One reading center from the Southeastern region and one from the Southwestern region indicated that they did not have preschool clients. Both stated that they had been asked to service the preschool children, but did not have early childhood training.

The reading centers did not serve just one age group. All of the reading centers were available to all ages; however, elementary aged

students and college-aged students were the only groups that all the centers served.

Data in Table XI are related to the question: "Who refers the client to your clinic?" This question was responded to by the 10 universities or colleges. Ten out of 10 (100%) stated that parents referred their clients. Five out of 10 (50%) stated that the clients referred themselves. Two out of 10 (20%) stated that public schools made the referrals.

TABLE XI
 FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
 #10: "WHO REFERS THE CLIENTS TO YOUR
 READING CENTER?"

| Response | Number Responding | Percentage |
|----------------|-------------------|------------|
| Parents | 10 | 100 |
| Clients | 5 | 50 |
| Public schools | 2 | 20 |

Both reading centers from the Northeastern region indicated that the public schools referred clients to their centers. They indicated that they worked closely with the public schools in their areas. They also indicated that they did many research projects in the public schools and felt that this was a good advertisement for their reading centers.

Data in Table XII are related to the question: "What is the need usually cited for referrals?" This question was responded to by the 10 universities or colleges. Eight out of 10 (80%) stated that comprehension was the greatest need. One out of 10 (10%) stated that decoding was the greatest need. One out of 10 (10%) stated that rate was the greatest need.

TABLE XII
 FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
 #11: "WHAT IS THE NEED USUALLY CITED
 FOR REFERRALS?"

| Response | Number Responding | Percentage |
|---------------|-------------------|------------|
| Comprehension | 8 | 80 |
| Decoding | 1 | 10 |
| Rate | 1 | 10 |

One reading center from the Northwestern region indicated that decoding was the main reason for referral. They stated that many of their clients did not have word attack skills, and indicated that perhaps these clients had no phonics knowledge, or possibly the whole language was a reason for this lack of decoding skills.

One reading center from the Southwestern region indicated that rate was a major reason for referral. They also told the author that for many

of their clients, English was a second language. They were surprised that rate was the major problem.

Data in Table XIII are related to the question: "Who teaches in your clinic?" This question was responded to by the 10 universities or colleges. Ten out of 10 (100%) stated that graduate students taught in their reading centers. Ten out of 10 (100%) stated that undergraduates taught in their reading centers. Six out of 10 (60%) stated that faculty members taught in their reading centers.

TABLE XIII
FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
#12: "WHO TEACHES IN YOUR READING CENTER?"

| Response | Number Responding | Percentage |
|------------------------|-------------------|------------|
| Graduate students | 10 | 100 |
| Undergraduate students | 10 | 100 |
| Faculty members | 6 | 60 |

One reading center from the Northwestern region, one reading center from the Southeastern region, and two reading centers from the Southwestern region indicated that faculty did not teach in their reading centers. They all stated that the director of the center was the only faculty member involved in the clinic and that most of their time was spent on advisement.

The graduate students teaching in the reading centers were working toward an advanced degree, with emphasis in reading. The undergraduate students were in a reading class that coordinated with the clinic; however, the undergraduates did not do any of the placement testing. The faculty members who taught were directors of the reading clinics.

Data in Table XIV are related to the question: "What modes of instruction do you offer?" This question was responded to by the 10 universities or colleges. Ten out of 10 (100%) stated that they offered individualized instruction. Five out of 10 (50%) stated that they offered small group instruction.

TABLE XIV
 FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
 #13: "WHAT MODES OF INSTRUCTION DO
 YOU OFFER?"

| Response | Number Responding | Percentage |
|-------------------------|-------------------|------------|
| Individualized tutoring | 10 | 100 |
| Small group instruction | 5 | 50 |

Data in Table XV are related to the question: "What diagnostic services do you offer?" This question was responded to by the 10 universities or colleges. Ten out of 10 (100%) stated that they did screening in reading. Ten out of 10 (100%) stated that they did a diagnostic case

study. Four out of 10 (40%) did visual screening. Four out of 10 (40%) did auditory screening.

TABLE XV
 FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
 #14: "WHAT DIAGNOSTIC SERVICES DO
 YOU OFFER?"

| Response | Number Responding | Percentage |
|-----------------------|-------------------|------------|
| Screening in reading | 10 | 100 |
| Diagnostic case study | 10 | 100 |
| Visual screening | 4 | 40 |
| Auditory screening | 4 | 40 |

Each of the geographical locations had a reading center that did both visual and auditory screening. It was noted that if they did visual screening, they also did the auditory screening. The reading centers not having the auditory and visual screening indicated that they did not have the training to perform this task.

Data in Table XVI are related to the question: "What instructional materials do you use?" This question was responded to by the 10 universities or colleges. Two out of 10 (20%) stated that they used basals as instructional materials. Two out of 10 (20%) stated that they used workbooks as instructional materials. Five out of 10 (50%) stated

that they used trade books as instructional materials. Ten out of 10 (100%) stated that they used high interest, low readability material. Six out of 10 (60%) stated that they used magazines as instructional materials. Four out of 10 (40%) stated that they used newspapers as instructional materials. Five out of 10 (50%) stated that they used cassettes as instructional materials. Eight out of 10 (80%) stated that they used computers as instructional materials.

Data in Table XVII are related to the question: "What diagnostic instruments do you use in your reading center?" This question was responded to by the 10 universities or colleges. Ten out of 10 (100%) stated that they used the Informal Reading Inventory. Five out of 10 (50%) stated that they used Intelligence Testing. Six out of 10 (60%) stated that they used reading surveys. Seven out of 10 (70%) stated that they used interest inventories. Ten out of 10 (100%) stated that they used child observations.

The data showed that each of the geographical areas did use the Informal Reading Inventory, IQ testing, Reading Survey, Interest Inventory, and child observations. These were all equally represented in the reading centers.

Data in Table XVIII are related to the question: "What fees do you charge?" This question was responded to by the 10 universities or colleges. Eight out of 10 (80%) stated that they charged a screening fee, with the average price being \$25.00. Eight out of 20 (80%) stated that they charged a case study fee, with the average price being \$25.00. Four out of 10 (40%) stated that they charged a tutoring fee, with the average price being \$50.00 a semester.

TABLE XVI
 FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
 #15: "WHAT INSTRUCTIONAL MATERIALS
 DO YOU USE?"

| Response | Number Responding | Percentage |
|-----------------------------------|-------------------|------------|
| Basal | 2 | 20 |
| Workbook | 2 | 20 |
| Trade books | 5 | 50 |
| High interest, low readability | 10 | 100 |
| Magazines | 6 | 60 |
| Newspapers | 4 | 40 |
| Cassettes | 5 | 50 |
| Computers | 8 | 80 |

TABLE XVII
 FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
 #16: "WHAT DIAGNOSTIC INSTRUMENTS DO YOU
 USE IN YOUR READING CENTER?"

| Response | Number Responding | Percentage |
|-------------------------------|-------------------|------------|
| Informal Reading Inventory | 10 | 100 |
| IQ test | 5 | 50 |
| Reading Survey | 6 | 60 |
| Interest Inventory | 7 | 70 |
| Child observations | 8 | 80 |

TABLE XVIII
 FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
 #17: "WHAT FEES DO YOU CHARGE?"

| Response | Fee Charged | Number Responding | Percentage |
|------------|-------------|-------------------|------------|
| Screening | \$25.00 | 8 | 80 |
| Case study | 25.00 | 8 | 80 |
| Tutoring | 50.00 | 4 | 40 |

One reading center from each of the geographical areas did charge a tutoring fee. One reading center from the Southwestern region and one reading center from the Southeastern region did not charge a screening fee or a case study fee. They indicated that these were services that should be free to the community as well as for the benefit of allowing their students the practice of assessment.

Data in Table XIX are related to the question: "How is your center director compensated?" This question was responded to by the 10 universities or colleges. Eight out of 10 (80%) stated that their time at the center was figured into their academic load. Two out of 10 (20%) stated that salary was the compensation for directorship of the reading center.

One reading center from the Northeastern region and one reading center from the Southwestern region did pay their center director. These two reading center directors did not teach any other classes; their only job was directorship of the university reading center.

TABLE XIX
 FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
 #18: "HOW IS YOUR CENTER DIRECTOR
 COMPENSATED?"

| Response | Number Responding | Percentage |
|-----------------------|-------------------|------------|
| Time on academic load | 8 | 80 |
| Salary | 2 | 20 |

Data in Table XX are related to the question: "Do you have computers in your reading center?" The question was responded to by the 10 universities or colleges. Eight out of 10 (80%) stated that they did have computers in their centers. Of those eight, five were Apple computers and three were IBM computers. Two out of 10 (20%) stated that they did not have computers in their reading centers. The Southeastern region and the Southwestern regions each had reading centers that did not have access to computers.

Data in Table XXI are related to the question: "Do parents receive counseling or a final report?" The question was responded to by the 10 universities or colleges. Four out of 10 (40%) stated that parents did receive counseling. Six out of 10 (60%) stated that parents did not receive counseling. Ten out of 10 (100%) stated that final reports were sent to parents.

Two reading centers from the Southeastern region did not give counseling to the parents. One reading center from the Northwestern region, two reading centers from the Southwestern region, and one reading center

TABLE XX
 FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
 #19: "DO YOU HAVE COMPUTERS IN YOUR
 READING CENTER?"

| Response | Number Responding | Percentage |
|----------|-------------------|------------|
| Yes | 8 | 83 |
| No | 2 | 20 |

TABLE XXI
 FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
 #20: "DO PARENTS RECEIVE COUNSELING OR
 A FINAL REPORT?"

| Response | Number Responding | Percentage |
|------------|-------------------|------------|
| Counseling | Yes: 4 No: 6 | 40 60 |
| Reports | Yes: 10 | 100 |

from the Northeastern region also did not have counseling available to parents.

Data in Table XXII are related to the question: "What is the major problem with your reading center?" The question was responded to by the 10 universities or colleges. Six out of the 10 (60%) stated that funding was a major problem. One out of 10 (10%) stated that lack of administrative support was a major problem for their reading centers. Three out of 10 (30%) stated that lack of clients was a major problem.

TABLE XXII
 FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
 #21: "WHAT IS THE MAJOR PROBLEM WITH
 YOUR READING CENTER?"

| Response | Number Responding | Percentage |
|--------------------------------|-------------------|------------|
| Funding | 6 | 60 |
| Lack of administrative support | 1 | 10 |
| Lack of clients | 3 | 30 |

One reading center from the Southwestern region indicated that lack of administrative support was a major problem for them. They stated that the administration saw the reading center as a dependent burden on the university. The two reading centers from the Southeast region said that

they had a problem with not enough students. They blamed this on the franchised learning centers that had grown rapidly in their areas.

Data in Table XXIII are related to the question: "What are the future goals of your reading center?" The question was responded to by the 10 universities or colleges. Four out of 10 (40%) stated that they planned to expand their clinics in order to serve more clients. One out of 10 (10%) stated that they would probably disband their center because of the franchised learning centers, who received a large number of clientele that formerly participated at the university reading center. Five out of 10 (50%) stated that they would continue operating their reading center in the same way.

TABLE XXIII
FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION
#22: "WHAT ARE THE FUTURE GOALS OF
YOUR READING CENTER?"

| Response | Number Responding | Percentage |
|-------------------|-------------------|------------|
| Expansions | 4 | 40 |
| Disbandment | 1 | 10 |
| Continue the same | 5 | 40 |

One of the reading centers from the Southwestern region indicated that they would probably disband their reading center. They felt that this was due to the franchised reading clinics, which had taken many of

their clientele. They also felt that they were not able to compete, as they were not allowed to advertise because of university policy.

Summary

The major focus of the reading center was found to be clinical experience (80%). This is what Cleveland's (1990) study also found. The number of clientele in the reading centers averaged 25 to 50 (70%), with the average number of tutoring sessions being 10 to 15 (60%). The tutoring sessions lasted for an hour per session (100%), and were mainly held after school (70%) or during the summer session (90%). Most of the tutoring sessions were held in college classrooms (40%), with individualized tutoring being the main instructional mode (100%). All of the tutoring was done by graduate and undergraduate students (100%).

The most frequently served age groups were elementary students and college students (100%). Referrals came primarily from parents (100%). The most common deficit in reading was a lack of comprehension (80%). The comprehension problem was diagnosed using the Informal Reading Inventory (100%).

The future outlook for the reading centers is not one that reading educators would expect. Ten percent of the reading centers stated that they expected their reading centers to disband due to the franchised learning centers.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of this research was to collect information about the operational structure of university and college-based reading centers in the United States. Survey data described existing conditions and would enable those universities and colleges with reading centers to observe key variables important to each other. The data also revealed valuable information for those wanting to implement a reading center at their own university or college.

The research interview was selected as the most suitable method for gathering data for the study, which was national in scope. The research interview permitted the gathering of greater depth and in more detail than could be provided through a more formal approach (Isaac and Michael, 1981).

The questionnaire was designed to be used for on-site visitations. Credibility was developed by the researcher's colleagues, who critiqued the questionnaire as it progressed. The goal of credibility is to demonstrate that the inquiry was conducted in a manner to ensure that the problem was accurately identified and described (Marshall and Rossman, 1989). The study was limited to those colleges and universities which have reading centers, as stated in Cleveland's (1990) study, which used the Graduate Program and Faculty in Reading (Bloomenberg, 1981). A total of 10 on-site interviews was completed.

The interviews were conducted using open-ended questions, allowing for a dialogue approach to the research. The open-ended questionnaire developed by the researcher and her associates incorporated the following questions:

1. What is the name of your university?
2. What is the major focus of your reading center?
3. Why did your reading center disband?
4. How many clients are diagnosed by your center each year?
5. What is the average number of sessions held per client per semester?
6. How long is each session?
7. When are your sessions held?
8. Where are your sessions held?
9. What are the age groups you serve?
10. Who refers the client to your reading center?
11. What is the need usually cited for referrals?
12. Who teaches in your reading center?
13. What modes of instruction do you offer?
14. What diagnostic services do you offer?
15. What instructional materials do you use?
16. What diagnostic instruments do you use in your reading center?
17. What fees do you charge?
18. How is your center director compensated?
19. Do you have computers in your reading center?
20. Do parents receive counseling or a final report?
21. What is the major problem with your reading center?
22. What are the future goals of your reading center?

The 10 universities or colleges interviewed represented the continental United States, Alaska, and Hawaii, and had enrollments of from 1,000 to 30,000. The reading centers were reported according to geographical area. The universities or colleges were classified into four geographical regions. The Northwestern region included Washington, Oregon, Idaho, Montana, Wyoming, North Dakota, South Dakota, Nebraska, and Alaska. The Southwestern region included Kansas, Oklahoma, Texas, Colorado, Utah, Nevada, California, Arizona, New Mexico, and Hawaii. The Northeastern region included Minnesota, Iowa, Wisconsin, Illinois, Indiana, Michigan, Ohio, West Virginia, Maryland, Delaware, Pennsylvania, New Jersey, New York, Connecticut, Massachusetts, Rhode Island, Vermont, New Hampshire, and Maine. The Southeastern region included Missouri, Arkansas, Louisiana, Mississippi, Alabama, Georgia, Florida, North Carolina, South Carolina, Tennessee, Virginia, and Kentucky. Three universities were interviewed from the Northeastern region, three universities from the Southeastern region, two from the Northwestern region, and two from the Southwestern region.

Conclusions

The results of this study provided a description of some aspects of reading centers in the United States. The major focus of the reading centers was clinical experience for the graduate and undergraduate students. The number of clients in the reading centers averaged 25 to 50, with the average number of sessions being 10 to 50, lasting for an hour at a time. The sessions were held mainly after school or during the summer. The tutoring sessions met in clinic rooms for individualized instruction. The average fee for reading center services was \$25.00 for screening and \$50.00 for tutoring.

Elementary students were the most frequently served age group. College students were also served; this was because the reading improvement classes were included in the reading centers. Most of the students were referred by their parents. The most common reading problem of the students was a deficit in reading comprehension.

The reading centers surveyed stated that they did screening as well as diagnostic case studies on their students. Informal reading inventories were the most commonly used diagnostic instrument. The most commonly used materials were materials of high interest but low readability.

The findings of this study came from a small sample size; however, they contributed to a better understanding of the existing conditions of reading centers and may enable those reading centers to observe key variables that are important to each other. This study may also enable those universities who do not presently have reading centers to develop criteria to set up a reading center that would be a valuable asset to their educational program.

Recommendations

The conclusions and implications suggested that more extensive investigations are required in the area of reading centers:

1. Further investigation should be undertaken to examine the full impact of franchised learning centers on the university and college-based reading centers.
2. Reading centers should advertise and publish the activities and successes of their centers so that they might better compete with the franchised learning centers.

3. Reading centers should investigate the use of the center on weekends to accommodate the busy schedules of parents and students. None of the reading centers in this study used Saturdays as tutoring days.

4. Universities and colleges who do not presently have reading centers should research their communities as to the importance of remediation before establishing a reading center.

5. Universities and colleges who do not presently have reading centers should research the franchised learning centers to see what is making them successful.

Since the 1960s, researchers have reported that the goal of reading centers is to help disabled readers by diagnosing their deficit in reading and then following through with remediation. This study indicated that reading centers are losing clientele to the franchised learning centers. It is time to bring the focus of this problem to the directors of the reading centers and to find a way to help correct the problem before the rest of the nation's universities and colleges lose their reading centers.

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APPENDIXES

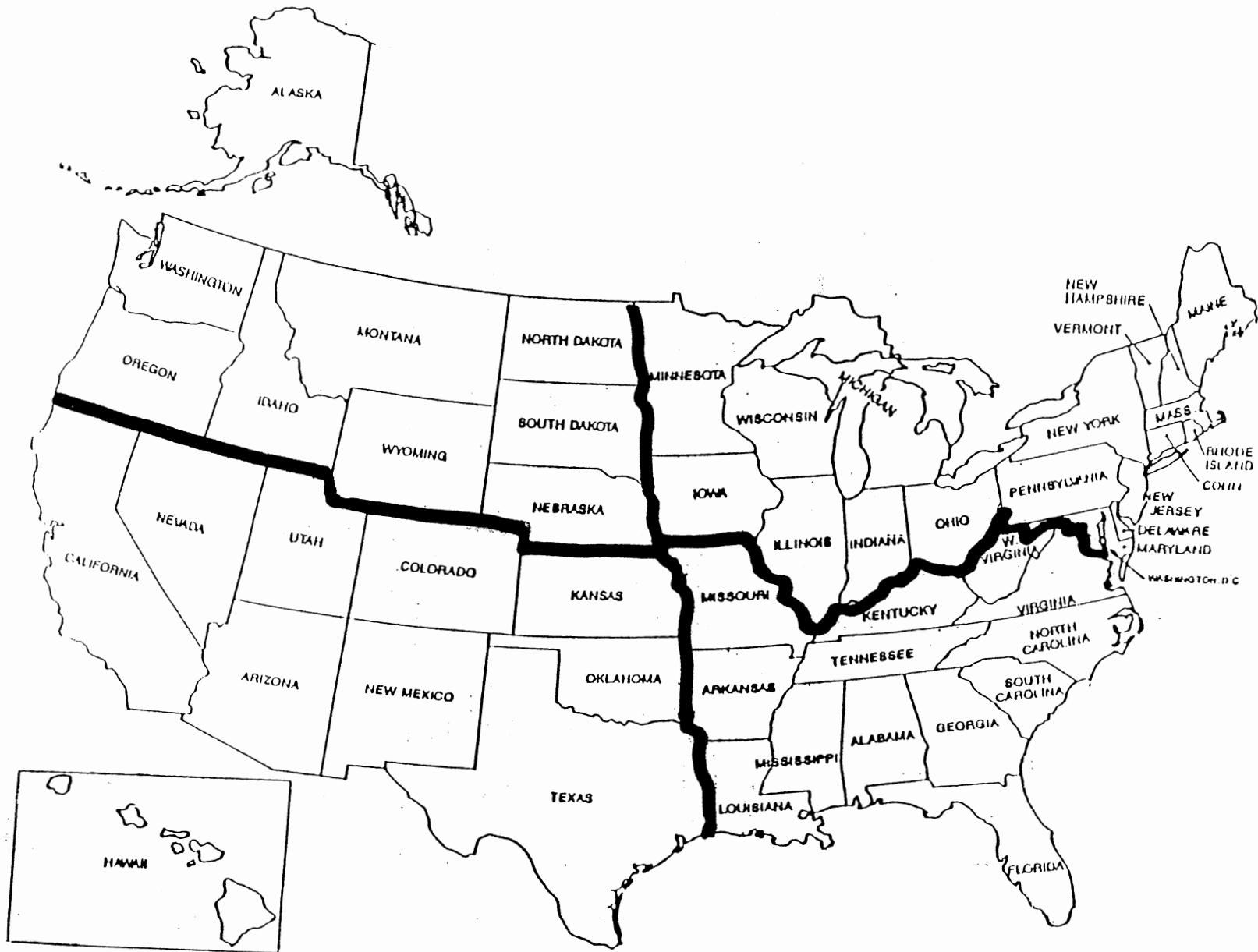


Figure 1. Survey Geographic Location Map

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VITA

Cathy May Moore

Candidate for the Degree of
Doctor of Education

Thesis: SURVEY OF THE FUNCTION AND USAGE IN UNIVERSITY AND COLLEGE
READING CENTERS IN THE UNITED STATES

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Biographical:

Personal Data: Born in Blackwell, Oklahoma, November 27, 1955, the daughter of Stanley and Virginia Forsyth. Married to Warren Moore in May, 1977; two children, Charity Kay and Amanda Jean.

Education: Graduated from Deer Creek-Lamont High School, Lamont, Oklahoma, in May, 1974; received Bachelor of Science degree from Northwestern Oklahoma State University, Alva, Oklahoma, in 1984; received Master of Science degree from Oklahoma State University in 1989; completed requirements for the Doctor of Education degree from Oklahoma State University in May, 1991.

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