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# Study of the first five years of the Good Counsel Reading Center at Mankato, Minnesota

Evelyn Ulmen

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A STUDY  
OF THE FIRST FIVE YEARS  
OF THE GOOD COUNSEL READING CENTER  
AT MANKATO, MINNESOTA

**CARDINAL STRITCH COLLEGE**  
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by  
Sister Evelyn Ulmen, SSND

A-RESEARCH PAPER  
SUBMITTED IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR THE DEGREE OF  
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approved for the Graduate Committee  
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Sister Marie Colette OSF  
Advisor

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## CHAPTER I

### THE PROBLEM

#### Introduction

One has only to read the late former U.S. Commissioner of Education, James E. Allen, Jr.'s address, "The Right to Read--Target for the 70's,"<sup>1</sup> to be faced with the appalling statistics of the reading situation in our country.

The causes of these reading problems are many and complex, beyond the competencies of the regular classroom teacher. As Johnson states:

Children who suffer great retardation characterized by associative learning disability, inadequacies in memory span, deficiencies in concept formation, neurological or emotional complication, etc. often cannot be helped in a regular classroom setting. They must have individual and small group instruction on a clinical basis by specially trained personnel.<sup>2</sup>

The causes of such serious reading problems can only be detected by a specialized diagnosis which as Dechant states "is concerned with determining the nature of the problem, identifying the constellation

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<sup>1</sup>James E. Allen, "The Right to Read--Target for the 70's" Address to the National Association of State Boards of Education, Los Angeles, California, September 23, 1969.

<sup>2</sup>Marjorie Seddon Johnson, "Reading Instruction in the Clinic," The Reading Teacher, XV (May, 1962), 416.

of factors that produced it, and finding a point of attack."<sup>1</sup> Thus the importance of reading centers where such thorough diagnosis and remediation can be given.

### Significance of the Study

It was hoped that this paper would give the reader information on reading centers in general, as to their establishment, purpose, and effectiveness. Also the writer wished to show pertinent facts about one specific reading center that has been in operation now for five years.

### Statement of the Problem

The Reading Center at Good Counsel in Mankato, Minnesota has been in operation for five years. The purpose of this paper was to make a study of those five years. In order to do this, the writer pursued such areas as the origin, goals, and subjects served during that five-year period.

### Scope and Limitations

The study showed information gathered from pursuing records, brochures, and newspaper clippings on the Center. Student records from June, 1967, to June, 1972, were each carefully studied in collecting the data. Information was also obtained by means of interviews with Sister Mary Donald, Director of the Center, and by conversations with staff members. The review of the literature on reading centers has been

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<sup>1</sup>Emerald Dechant, "Nature of Diagnosis," in The Nature and Principles of Diagnosis: Readings with Commentaries, ed. by Emerald Dechant (New York: Appleton-Century-Crofts, Inc., 1971), p. 3.



limited to the years since 1960.

### Summary

This chapter introduced the study, stated the problem, told its significance and scope. Subsequent chapters will review related literature on reading centers and their effectiveness in general, and will tell significant features of the first five years of the Good Counsel Reading Center at Mankato, Minnesota.

## CHAPTER II

### SURVEY OF THE LITERATURE

#### The Establishment and Growth of Reading Centers

In surveying the literature on the establishment of Reading Centers, Smith notes that:

The first milestone in the development of reading clinics was laid by Grace Fernald at the University of California, Los Angeles. Dr. Fernald, who previously had been working with deficient readers, was given a room in the University Training School in which to diagnose and treat the reading retarded. From this developed the "Clinic School", the beginning of reading clinics.

Since that time the growth of reading clinics and centers has been phenomenal. They appeared in many forms, under many names, in many places. Reading clinics, reading centers, reading stations, reading institutions are just some of the names by which they are now called.

Smith in speaking of this rapid growth states:

It is interesting to note that the term Reading Clinic had become so popular by 1942 and so many articles were being written about this subject that this phrase was given a separate heading under the general heading Reading in the classification of articles listed in the Educational Index.<sup>2</sup>

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<sup>1</sup> Nila Banton Smith, "Milestones in the Development of Specialized interests in Reading," Some Administrative Problems of Reading Clinics, ed. Brother Leonard Courtney, FSC, Highlights of 1965 Pre-Convention Institutes, (Newark, Delaware: International Reading Association, 1966), p. viii.

<sup>2</sup> Nila Banton Smith, American Reading Instruction (Newark, Delaware: International Reading Association, 1965), p. 304.

Another indication of their rapid growth was that "in 1960 the Educational Developmental Laboratories, Inc. put out a directory of reading clinics which contains a list of 234 clinics in the U.S."<sup>1</sup> Since that time the rapid growth of clinics has continued and they have branched out in new and different ways. By now the number 234 is merely a fragment of the known existing clinics.

One may wonder why this rapid growth. Kolson and Kaluger have given one explanation.

Yesterday, all children who did not work up to a set standard were either labeled "dumb" or "lazy". Today they are grouped into three different classifications, the slow learner, the corrective reader, and the remedial reader. It stands to reason since we have a classification of remedial readers which did not exist in the past we would have more children labeled as such today. With the recognition came the desire to assist. Hence, the phenomenal growth of reading clinics.<sup>2</sup>

Also two factors appeared in the 1950's that focused the attention of the nation as a whole on our educational system. One was the appearance of Rudolf Flesch's book, Why Johnny Can't Read,<sup>3</sup> which openly criticized the way reading was being taught in American schools. The other factor was the successful launching of the Russian satellite, Sputnik. For a rival foreign power to exceed America made the general public more aware of the need for taking a look at educational excellence. "Inter-

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<sup>1</sup> Clifford J. Kolson and George Kaluger, Clinical Aspects of Remedial Reading (Springfield, Illinois: Charles C. Thomas, 1963), p. 95.

<sup>2</sup> Ibid., p. 96.

<sup>3</sup> Rudolf Flesch, Why Johnny Can't Read (New York: Harper and Brothers, Publishers, 1955).

national attention is now focused on education--especially on the pursuit of excellence."<sup>1</sup>

From all this arose the need of "...an institution whose primary function is to diagnose reading disability and prescribe and provide remediation."<sup>2</sup>

### Necessity and Definition of Reading Centers

Children grow in many ways: physically, mentally, emotionally, socially, spiritually. Since ability to read plays a major role in developing the child's self-concept and need for success and approval, growth in reading must be consistent with the child's other growth areas, or many inhibiting factors may enter in which make the full personal development improbable, if not impossible. For some children this complete development will become an actuality through the regular developmental program in the classroom, but as Smith indicates:

It is likely, however, that some students will always require specialized, out of class instruction if their reading ability is to be developed to the extent that their general intellectual growth permits.<sup>3</sup>

These children can be helped. The Reading Center is one place where they will be enabled to reach their potential.

The most effective device for the segregation and teaching of people who cannot profitably use textbooks in the classroom is

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<sup>1</sup>E. A. Betts, "Who Shall Teach Reading?" The Reading Teacher, XV (May, 1962), 409.

<sup>2</sup>Lois I. Michael, "Reading Clinics," Reading and Realism, ed. J. Allen Figurel, International Reading Association Conference Proceedings, Vol. XIII pt. 1 (Newark, Delaware: International Reading Association, Inc., 1969), p. 363.

<sup>3</sup>Richard J. Smith, "Remedial Reading in the Elementary School," The National Elementary Principal, L (January, 1971), 39.

the reading clinic, an institution operated primarily to provide careful diagnosis of reading difficulties and intensive individual or small group teaching. There is no doubt that if clinic teachers are well-trained in diagnostic and remedial techniques, are given enough time and resources to do their work carefully, and are not overloaded with cases, they can get results faster than classroom teachers.<sup>1</sup>

Harris defines a reading clinic simply, but clearly, stating, "A reading clinic is an organized group of people whose primary function or purpose is helping individuals become better readers."<sup>2</sup>

The emphasis is on the individual in all clinical work. As Callaway suggests:

Clinical evaluation is concerned with locating the specific reading needs of the child. It is more specifically aimed at pinpointing areas of weaknesses and strengths within the reader and with the determination of appropriate corrective measures to be used.<sup>3</sup>

Johnson in explaining the setting up of a program of instruction in a reading center, goes on to say:

The basis for planning the specific clinical instructional program must be a thorough analysis of the individual's problems, their sources and their specific manifestations.<sup>4</sup>

A thought-provoking note is added by Churchill when she writes, "the clinic program is justified to the degree that it contributes to

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<sup>1</sup>William Kottmeyer, Teacher's Guide for Remedial Reading (St. Louis: Webster Publishing Co., 1959), p. 2.

<sup>2</sup>Albert Harris, "Reading Clinics," The Reading Teacher, XIV (March, 1961), 232.

<sup>3</sup>Bryon Callaway, "Clinical Evaluation to Determine the Needs of Children," Vistas in Reading, ed. J. Allen Figurel, International Reading Association Conference Proceedings, Vol. XI pt. 1 (Newark, Delaware: International Reading Association, Inc., 1967), p. 559.

<sup>4</sup>Marjorie Seddon Johnson, "Reading Instruction in the Clinic," The Reading Teacher, XV (May, 1962), 416.

effective resolutions of reading difficulties."<sup>1</sup>

### Changing Role of Centers

All reading clinics or centers have one goal in common, namely, helping disabled readers reach their potential. As the years went by, circumstances changed, and new needs arose, better ideas and means of reaching that goal were discovered. As Bracken explains:

Many clinics began with one aim or goal, that of helping children who were experiencing difficulty in learning to read. Through the years this single purpose has, in many instances, been enlarged to include diagnostic and remedial services for adolescents, college students, and adults, so that now many clinics offer clinical services to people of all age levels. Another example of extension of the services of the clinic is the provision of a reading practicum for undergraduate and graduate students enrolled in reading courses. In addition, most reading clinics have become educational units which promote reading research.<sup>2</sup>

Barbe points out that the changing role of reading centers can make a contribution that would have far-reaching effects. He does this by explaining:

By training teachers who would go back into the system, by offering reading conferences which would challenge teachers to do a more effective job of teaching reading, by making available diagnostic services, and by constantly offering a laboratory where new materials and techniques were demonstrated, it was believed that there would be fewer children who needed remedial work.<sup>3</sup>

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<sup>1</sup>Betty L. Churchill, "Developing Reading Clinics in Public Schools," Reading and Realism, ed. J. Allen Figurel, International Reading Association Conference Proceedings, Vol. XIII pt. 1 (Newark, Delaware: International Reading Association, Inc., 1969), p. 367.

<sup>2</sup>Dorothy Kendall Bracken, "Reading Clinic as an Educational Service," The Reading Teacher, XX (March, 1967), 534.

<sup>3</sup>Walter B. Barbe, "A Community Reading Center: Ten Years Later," Education, LXXXI (September, 1960), 51.

Smith provides the same thought in her statement:

Instead of trained clinicians devoting most of their efforts and specialized knowledge to the task of bringing a few children "up to grade", they undoubtedly will make broader contributions. Their most significant functions may be those of research and demonstrations. Through research they will probe more deeply in attempts to find better preventive diagnostic and instructional procedures. Through demonstrations to teacher-in-service as well as to teachers-in-preparation they will show improved procedures which may be used in working with underachievers in the classroom.<sup>1</sup>

The newest idea connected with reading clinics is "...that of making the clinic mobile, equipping a trailer as a clinic and taking the clinic to the students, rather than the students to the clinic. One such trailer operating in New York state is called The Rolling Reader."<sup>2</sup>

In speaking of this type of diagnostic unit, Michael points out the advantages. "This eliminates the need for providing transportation for students to a centralized point and also takes care of the ever-present problem of space for clinical services."<sup>3</sup>

#### Types of Reading Centers

Because reading clinics vary greatly in their specific objectives, their organization, and their modes of functioning, it is impossible to give a generalized description of how clinics work. It is rather, necessary to describe a number of different kinds of reading clinics, and to indicate the points of difference as well as elements there may be in common.<sup>4</sup>

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<sup>1</sup>Nila Banton Smith, Reading Instruction for Today's Children (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1963), p. 12.

<sup>2</sup>Bracken, "Reading Clinic as an Educational Service," 535.

<sup>3</sup>Michael, "Reading Clinics," 364.

<sup>4</sup>Harris, "Reading Clinics," 232.

The writer will explain three types of reading centers; the Private reading Center, the School Reading Center, and the University Reading Center.

The Private Reading Center.--The writer found a dearth in materials written about private reading centers. Kolson and Kaluger summed up their importance and necessity well by acknowledging:

It would be much better for all our children if every school would accept its obligation to provide clinical services for children who need such treatment. Unfortunately there are still a large number of schools which still do not accept their responsibility in this area. Until the schools do accept this responsibility, the commercial reading clinic can perform a valuable service to parents whose children are not achieving in reading. Since these commercial clinics do serve a purpose, they should be encouraged.<sup>1</sup>

In speaking of the establishment of private reading clinics, Michael points out that they "...are usually developed by individuals or groups of individuals who have skills and competencies they wish to sell." She continues stating that "...one of their primary objectives is pecuniary gain," with the precaution and warning that "...at the present time there are no legal requirements as to proof of the competency of individuals who wish to establish a private reading clinic."<sup>2</sup>

Similar views of private reading clinics are held by Smith<sup>3</sup> and Harris, who suggests that before using their services one should "inquire into professional background of the staff and the organization's repute among local educators."<sup>4</sup>

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<sup>1</sup> Kolson and Kaluger, Clinical Aspects, p. 122.

<sup>2</sup> Michael, "Reading Clinics," 364.

<sup>3</sup> Nila Banton Smith, Reading Instruction, p. 534.

<sup>4</sup> Harris, "Reading Clinics," 233.



As with any private business adventure, certain problems must be overcome for smooth-running operation. Qualified personnel, location of the clinic, the validity of its program and the matter of a fee all must be considered. Kottmeyer indicated the deterrents to operating private reading clinics as being readily apparent; namely, "clinic service is expensive and relatively few children can be given help."<sup>1</sup>

Despite all opposing factors private reading clinics do play a vital role in the diagnosis, treatment, and lessening of reading disability. Some persons prefer to receive help from a private source rather than a school or university clinic. Opportunities and programs should be provided for them to do so. Also many competent, trained, certified persons prefer to offer their services on an individual and private basis.

As with any type of reading clinic, so, too, private clinics "have an opportunity and an obligation to provide leadership in improving the instruction of reading and helping children overcome their disabilities in reading."<sup>2</sup>

The School Reading Center.--All writings seem to indicate that the St. Louis Public School System was the pioneer in school reading clinics, beginning in the mid-1940's.

Adams defines a school reading center as:

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<sup>1</sup>Kottmeyer, Teacher's Guide, p. 2.

<sup>2</sup>Michael, "Reading Clinics," 364.

... "a school within a school system" designed to provide adequate facility, qualified personnel, comprehensive materials, and equipment for the primary purpose of evaluating students' reading difficulties and teaching those students to read and enjoy reading. As a supplement to the traditional academic program, the reading clinic is a specialized resource in basic reading education and an opportunity for retarded readers to become independent in the basic "R".<sup>1</sup>

Bond and Tinker explain a school reading center as "a room well stocked with materials for reading and for special practice exercises. The remedial teacher works with groups of children needing more specialized and individual attention than can be given by the classroom teacher."<sup>2</sup>

Churchill explains that school reading clinics derive their existence "from the needs of the school reading program. The clinic cannot function as an island, but must be cognizant of students' school environments, work closely with classroom teachers, and utilize multidisciplinary talents in helping students." She continues with the possibility that school reading clinics can be the "focal point of concentrated effort to stimulate and foster improvement of the total reading program through services to teachers."<sup>3</sup>

Close communication between school reading center personnel and the classroom teacher is most vital for the program to be effective. Smith sees as a fault of many school reading centers, "...that they are not coordinated with the school's classroom instructional programs. Classroom teacher and remedial reading teacher must be aware of what the

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<sup>1</sup> Anne H. Adams, The Reading Clinic (New York: The Macmillan Co., 1970), p. 7.

<sup>2</sup> Guy L. Bond and Miles A. Tinker, Reading Difficulties: Their Diagnosis and Correction (New York: Appleton-Century-Crofts, Inc., 1957), p. 171.

<sup>3</sup> Churchill, "Developing Reading Clinics," 367.

other is doing to improve the child's reading ability."<sup>1</sup>

This importance of communication between the school reading clinic and all those concerned with the student was also stressed by Adams,<sup>2</sup> Anderson and Benson,<sup>3</sup> and Sherk.<sup>4</sup>

Another danger of school reading centers was cited by Johnson and Kress. They warned that these centers never take the place of the regular developmental program. Where this has happened, "a never-ending and sometimes steadily increasing supply of retarded readers has been guaranteed."<sup>5</sup> In all situations and in all programs, attention and emphasis should always be on prevention first.

Sherk most probably was thinking along the same lines of prevention when he wrote: "The school clinic, in order to justify its extremely high cost, must research for ways to make itself valuable to the school system in ways which extend beyond the walls of the clinic itself."<sup>6</sup>

As in all clinic programs, so, too, the school reading center "is justified to the degree that it contributes to effective resolutions

<sup>1</sup>Richard Smith, "Remedial Reading," 41.

<sup>2</sup>Adams, The Reading Clinic, p. 45.

<sup>3</sup>Lorena A. Anderson and Eunice P. Benson, "Setting Up a Reading Clinic," Peabody Journal of Education, XXXVII (March, 1960), 280.

<sup>4</sup>John K. Sherk, Jr. "School Clinics," Reading and Realism, ed. J. Allen Figurel, International Reading Association Conference Proceedings, Vol. XIII pt. 1 (Newark, Delaware: International Reading Association, Inc., 1969) p. 357.

<sup>5</sup>Marjorie S. Johnson, and Roy Kress, "Programs for Disabled Readers," The Reading Teacher, XXI (May, 1968), 706.

<sup>6</sup>Sherk, "School Clinics," 357.

of reading difficulties."<sup>1</sup>

The following are three examples of specific school reading centers, which cite their establishment and programs in general.

Cohn tells of the establishment of Special Reading Services (Reading Clinics) in the New York Public School System which were authorized by the Mayor's Committee on Juvenile Delinquency after discovering a correlation between juvenile delinquency and failure to learn to read. This clinic is set up to deal with eight-, nine-, and ten-year olds on a preventive basis. The program has goals and purposes for all those concerned with the child--the child himself, the parents, the classroom teacher, and the total school and community.<sup>2</sup>

The Livonia Public Schools in Livonia, Michigan also have reading centers which were started after the discovery that more than 300 elementary school children and at least twenty per cent of secondary students were deficient in basic reading skills. Also it was observed that both elementary and junior high teachers were limited in ability to diagnose and remediate reading difficulties. To overcome these deficiencies the centers were established with a three-fold combination of 1) remedial class instruction, 2) in-service education and 3) research in new approaches in teaching reading.<sup>3</sup>

The Topeka Public Schools Reading Clinic, Centers, and Services

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<sup>1</sup>Churchill, "Developing Reading Clinics," 367.

<sup>2</sup>Stella M. Cohn, "Upgrading Instruction through Special Reading Services," The Reading Teacher, XVIII (March, 1965), 477-81.

<sup>3</sup>J. Slobodian, "Reading Center Program in Action," Educational Leadership, XXII (March, 1965), 386-89.

has a similar three-pronged approach of 1) in-service for teachers, 2) remediation for children and 3) concentrated clinical diagnosis of learning disabilities.<sup>1</sup>

The University Reading Center.--Michael indicates a two-fold purpose for university reading centers with this statement:

University or college reading clinics may be classified in two large categories. It may be part of the institution's training program in teacher education and offer services to elementary and secondary school children or it may be offering clinical services to students of the university who have reading and study problems.<sup>2</sup>

Most writers tend to support the college clinic which is part of the training program in teacher education. Among them are Kolson and Kaluger, who state that "it has been argued that working with remedial readers calls for a great deal more training than working with normal children. Because of this, the university reading clinic must of necessity be part of a graduate program." They go on to say that the university reading clinic "seeks to train clinicians by giving them directed practice in working with children who have serious reading disabilities."<sup>3</sup>

Adams sees the usefulness of the university reading center as being a "demonstration center for observation of remedial reading instruction by regular classroom teachers and by student teachers." She also sees the reading center in the role of a "center of continuing

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<sup>1</sup>D. O. Stevens, "Organization and Operation of the Topeka Reading Clinic," The Reading Teacher, XXIII (February, 1970), 414-17.

<sup>2</sup>Michael, "Reading Clinics," 365.

<sup>3</sup>Kolson and Kaluger, Clinical Aspects, p. 113.

education by the community."<sup>1</sup>

Harris sums up very succinctly the importance of university reading centers by listing seven objectives:

- 1) training of graduate students in the techniques of reading diagnosis and remedial reading instruction.
- 2) conducting research on various problems in reading.
- 3) providing developmental reading programs and courses in which competent undergraduate readers can raise their reading skills to higher levels.
- 4) providing remedial reading programs for undergraduate students whose reading ability is poor.
- 5) providing remedial reading services for elementary and secondary school pupils.
- 6) providing developmental or "speed reading" courses for adults.
- 7) providing consultant services to schools or school systems.<sup>2</sup>

#### Follow-up Studies on the Effectiveness of Reading Centers

Since, as has been stated emphatically in a variety of ways in this paper, no matter what style reading centers have, all are concerned with helping disabled readers, one wonders, how effective are reading centers? What lasting results do they have? Has research been done on retention of gains achieved during the time of attendance?

The writer found most studies reporting only immediate post-instruction results with no evaluation of lasting retention and growth of gains achieved during the period of instruction. Only a few longitudinal studies reporting gains maintained over a period of time were discovered. These are the studies that will be reported.

Pearlman and Pearlman made a study of children in grades 1-6 two years after they attended the Valley Reading Center in Los Angeles,

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<sup>1</sup>Adams, The Reading Clinic, p. 11.

<sup>2</sup>Harris, "Reading Clinics," 232.

California. These children averaged three months' gain for each month in the program. The results of their study showed that primary children made greater gains during the program and had greater retention of gains after dismissal. Pearlman and Pearlman believe this to be the result of this age youngster having faced fewer defeats and having maintained a greater degree of self-confidence and a better self-image. Results indicated that if children are continued in the program until they have been taught the skills necessary for independence, they will make growth after dismissal. If remediation is terminated prematurely, the youngster will not keep pace with his peers.<sup>1</sup>

Robinson and Smith reported an evaluative study of enrollees ten years after attendance at the University of Chicago Reading Clinic. The study had two major concerns, the school progress made after dismissal and the types of positions the former clients hold. Questionnaires were sent to forty-four former clients and their parents. Results showed that only three had not finished high school, more than half had finished college, three had received a master's degree, and two of these were enrolled in a doctoral program. One had finished medical school and was an intern. From all results it was clear that these disabled readers had been sufficiently rehabilitated educationally to obtain a formal education. Only one of the former clients was unemployed; the rest were all doing well in various occupations or careers.

These findings seem to be in direct opposition to the critics who point out that once a pupil gets behind in reading, he is never

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<sup>1</sup>Erwin Pearlman and Ralph Pearlman, "Effect of Remedial Reading Training in a Private Clinic," Academic Therapy, V (Summer, 1970), 293-304.

able to catch up with his classmates. They also add the encouraging note that able students who are retarded in reading can be rehabilitated educationally so as to fulfill their occupational ambitions.<sup>1</sup>

Preston and Yarrington did a follow-up study of fifty retarded readers eight years after attending the University of Pennsylvania Reading Clinic. The purpose was to explore the hypothesis that a typical sample of retarded readers after eight years fulfill educational and vocational roles similar to those fulfilled by their peers in the general population. Information was collected by means of telephone interviews. The subjects' rate of enrollment in high school and their rate of success in graduating conformed to national norms. Almost as high a proportion of the group gained admission to college as in the general population. Their ability to obtain white-collar employment and their unemployment were normal. This progress, though, came about slowly. Many repeated grades in the passage through school. None had plans of pursuing professional or graduate study. This study showed that even though a reading disability need not hamper competency in high school, desire to enter college or engage in a white-collar occupation, it does slacken educational pace, limit academic aspiration and ultimate academic achievement, and consequently, narrows vocational possibilities.<sup>2</sup>

A study of continued growth in reading skill after termination

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<sup>1</sup>Helen M. Robinson and Helen K. Smith, "Reading Clinic Clients-- Ten Years After," Elementary School Journal, LXIII (October, 1962), 22-27.

<sup>2</sup>Ralph C. Preston and David J. Yarrington, "Status of Fifty Retarded Readers Eight Years after Reading Clinic Diagnosis," Journal of Reading, XI (November, 1967), 122-29.



of intensive tutoring was conducted by Balow at the Psycho-Educational Clinic at the University of Minnesota. Balow had three sample groups consisting of boys and girls bright enough to achieve at or above their fifth or sixth grade average age level, but who were reading three years or more below expectancy. The youngsters in the first group had no further remedial assistance after dismissal from the clinic. Results showed they did not lose the reading skill they had acquired during the time of instruction, but neither did they continue to develop on their own. In contrast the second and third groups were given supportive help during the follow-up period. They continued to develop in reading at a pace more rapid than that preceding intensive tutoring. From these findings, Balow drew the conclusion that severe reading disability is probably best considered a relatively chronic illness needing long-term treatment rather than the short course typically organized in current programs.<sup>1</sup>

Balow and Bloomquist designed a study to obtain an overview of the social and psychological status of young readers, reading four years below age expectancy level, during their elementary school years. The sample consisted of thirty-two males who had attended the Minnesota Psycho-Educational Clinic. At the time of the follow-up study they were twenty to twenty-six years of age. The procedure to gather information consisted of two phases. Phase one was a telephone interview to assess the subject's academic accomplishments, occupational status and pursuits, marital status, extent of remedial reading aid and general attitude

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<sup>1</sup>Bruce Balow, "The Long Term Effect of Remedial Reading Instruction," The Reading Teacher, XVIII (April, 1965), 581-86.

toward reading. Questions were not standardized in the belief that flexibility in format and style of questioning was necessary to establish rapport and to encourage spontaneous expressions of information. The second phase was direct testing for those who would come to the clinic for personality and reading tests. The sample was divided into three groups: those who agreed to come in for testing, those who did not agree to come in for testing, and those not available for interview. Of this third group, in some cases a mother, father, uncle or close friend of the family supplied information. Results showed that most subjects graduated from high school with perhaps 20 per cent eventually graduating from college. Less than half were in occupations of a semi-skilled or unskilled nature; none were unemployed. Most did not like school and did not read for pleasure or interest. Most felt their own efforts had been the important element in improving their reading skill, giving little credit to agencies, institutions, or teachers. Of those who did agree to come in for the testing session, results showed approximately a tenth grade reading level, compared to a grade two level at the time of instruction. Balow and Bloomquist concluded that severely disabled readers who had received clinic help will attain average adult reading proficiency, graduate from high school, possess mild emotional disorders of a neurotic type, and find jobs over a wide range of occupational levels.<sup>1</sup>

Hardy made a study pursuing the academic, vocational, and social adjustment of forty young people who had attended the London (Canada)

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<sup>1</sup>Bruce Balow and Mariys Bloomquist, "Young Adults Ten to Fifteen Years after Severe Reading Disability," Elementary School Journal, LXVI (October, 1965), 44-48.

Board of Education Clinic. At the time of the follow-up study half of the subjects were employed and half were still attending school. The study revealed that the forty subjects could be divided into four broad categories with respect to the outcome of the clinical treatment: those who overcame their learning difficulties (eleven cases), those whose learning difficulties persisted (thirteen cases), those who experienced severe learning disabilities which persisted and which were probably of neurological origin (ten cases) and those with learning difficulties and social difficulties which persisted (six cases). Four representative case studies were then cited, one for each category.<sup>1</sup>

A study by Buerger had for its purpose to reveal the effects of remedial reading instruction upon the long-term, post-remedial educational progress and attitudes of the pupils. The long-term effects were approached through multiple measures; letter grades, standardized achievement and intelligence test scores, and self-report inventory and questionnaire results. The seventy-two subjects, in grades three through seven, of this study attended the Lakewood Schools' Reading Center in Lakewood, Ohio. Buerger used a similar control group in his study. Time lapse of the post-remedial period ranged from .3 to 5.6 years from the remedial period. His findings show that pupils who received remedial reading instruction did not make greater long-term educational progress than a similar control group. In testing the results of remedial instruction on attitudes of the pupils, Buerger's study reported fewer problems shown among the boys in the

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<sup>1</sup> Madeline I. Hardy, "Follow-up of Four Who Failed," Journal of Reading, XII (February, 1969), 379-382.

remedial group than the boys in the control group. Most remedial sample responses appeared to indicate that reading help was of value to them.<sup>1</sup>

### Summary

In this chapter the writer told of different types of reading centers and their purposes. Some examples of the long-term effectiveness of reading centers were also cited. The justification for reading centers can best be described by a quote from Adams:

There is need for a reading clinic--not "in name only" but staffed with qualified personnel and fully equipped with materials to use in a variety of instruction programs. The report of the success of a reading clinic cannot be described in number of students, personnel, or materials. The real success of the reading clinic is found when a student begins to read and does not dread the situation.<sup>2</sup>

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<sup>1</sup>Theodore A. Buerger, "A Follow-up of Remedial Reading Instruction," The Reading Teacher, XXI (January, 1968), 329-34.

<sup>2</sup>Adams, The Reading Clinic, p. 205.

CHAPTER III  
THE GOOD COUNSEL READING CENTER

Origin

In the fall of 1966, Sister Mary Donald Miller, SSND, a certified reading consultant who holds a master's degree as a reading specialist from Cardinal Stritch College in Milwaukee, Wisconsin, received the assignment of associate coordinator of the Sisters' Education Commission, an organization which is now extinct. She took up residence in Mankato, Minnesota at Good Counsel Hill which is the Motherhouse for the Northwest Province of the School Sisters of Notre Dame. Before this, Sister Mary Donald had been principal and teacher of eighth grade at St. Casimir's School in Wells, Minnesota where she had tutored individuals or small groups who needed extra help in reading. Sister continued private tutoring in her office at Good Counsel with favorable results.

At that time a three-story red brick building, a former dormitory and living quarters for aspirants to the Congregation of the School Sisters of Notre Dame was vacant on the hill. The idea was suggested to set up the building as a Reading Center. Sister Mary Donald capitalized on the idea and accepted the challenge. A year of planning and six months refurbishing at a cost of \$34,000 went into transforming the building into a well-equipped, well-planned Reading Center.<sup>1</sup>

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<sup>1</sup>Sister Mary Donald Miller, SSND, interview with the Director of the Good Counsel Reading Center, August 1, 1972.

On the first floor are the reception room, office of the director, the library, materials room, and testing room with an audiometer and telebinocular. Twenty individual teaching stations, carrels with reading accelerators, and staff room are found on the second floor. The supply room on the ground floor contains testing materials and workbook-type materials. On this same floor are the resource library with the latest editions of most basic readers and their accompanying manuals and workbooks. Also on this floor are the audio-visual room used for filmstrips and tachistoscopic devices.

#### Aim

In keeping with the Christian philosophy of education, a warm friendly atmosphere permeates the entire structure, all students are respected for their own worth and ability, particular interest is shown to an individual's needs, and trustful relationships between teacher and student developed. A proof of this happening is that after dismissal, many students return for friendly visits or continued help.

At the entrance of the Reading Center, a large banner holding the saying, "The Key to Life is Learning" stands out in prominence. The director and the staff of the Reading Center believe strongly that this key is reading. All personnel connected with the Center realize that "a deficiency in reading ability is recognized as leading to poor life adjustment and as being the basis for future school dropouts."<sup>1</sup>

Sister Mary Donald was also quoted in the Mankato Free Press as pinpointing the objectives of the Reading Center by saying: "To

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<sup>1</sup>Feature article, Mankato Free Press, May 16, 1967.

teach the non-reader to read, and the inefficient reader to read better."<sup>1</sup>  
To meet this objective, the purpose of the Center is to diagnose reading deficiencies and set up programs designed to overcome the handicaps.

Along with the reading program designed to meet the needs of students, emphasis is placed on developing a wholesome self-concept, a feeling of achievement and success. Students are helped to set before themselves realistic goals which can be achieved. For the older student job opportunities are pursued. Skills necessary to attain them are taught.

#### Staff and Services

The Reading Center officially opened for its first session on June 19, 1967, with fifty-nine students enrolled. The staff included nine teachers, all holding master's degrees as reading specialists, one librarian and seven other certified teachers, which made a total teaching staff of sixteen.

Since that time the staff has included local area lay teachers during both academic year and summer sessions. These are teachers who have had a background in the teaching of reading from Mankato State College. This experience is mutually beneficial to the teachers and the Reading Center. They receive help to become more effective reading teachers in their classrooms while performing a service to the Center through their teaching.

Many teaching sisters from the local area schools availed themselves of the opportunity to become familiar with materials and

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<sup>1</sup> Feature article, Mankato Free Press, February 24, 1967.

learn techniques in the teaching of reading by offering their services to teach on Saturdays and after school hours during the school year. In recompense for their services they can borrow materials for their classroom use.

Throughout an entire session, Sister Mary Donald conducts regular staff meetings where problems can be discussed and help given. Also former Reading Center teachers continue to return to the Reading Center to discuss and receive guidance and encouragement in handling individual reading problems they meet in their classrooms.

Training sessions, or workshops in the teaching of reading are an added service of the Reading Center. These are available to any teacher, principal, paraprofessional, or teacher-aide interested in the improvement of reading skills in schools.

In order to be available to all teachers and to give help in a variety of skills, these workshops cover various areas of reading and are set up for the different levels. An example of one of these series of workshops can be seen by examining the invitation included in the appendix of this paper.<sup>1</sup>

The Reading Center is always open to visitors. Each of these visits includes a guided tour and explanation of the work of the Center. Teachers attending statewide meetings, students from Mankato State College and individual school faculties have availed themselves of the opportunity.

Sister Mary Donald also is available to speak at faculty or Home-School Association meetings. These services are available for all

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<sup>1</sup>See Appendix, p. 41.



schools--public and parochial.

Twice a year during the spring and fall quarters speed reading classes are offered for college and professional people. The attendance has usually averaged ten to twenty persons per session. Each class consists of eleven sessions in a six to eight week period.

Besides the inservice and teacher preservice training, the services of the Reading Center have expanded in other ways. Foreign exchange students from Mankato State College are helped to overcome language barriers. There has been a broadening of the Adult Basic Program. Plans are being made to help inmates from the St. Peter State Hospital in St. Peter, Minnesota.

#### Areas Served

At first, the majority of students enrolling at the Center came from the Mankato area, or from neighboring towns. As the work of the Center spread and became better known, its program attracted individuals from distances, including some out-of-state students. Table 1 shows the areas served by the Center during the first five years.

TABLE 1  
NUMBER OF PUPILS FROM AREAS SERVED  
BY THE READING CENTER

City of Mankato	Radius of 20 mi.	Radius 20-50 mi.	Radius over 50 mi.	Out of State
344	64	30	13	5

In the Mankato area, diagnostic testing and clinical reading services are also available at Mankato State College. In reading Table 1 and noting the large number of students from the city of Mankato itself, it is shown that only in a limited way have these services hindered the enrollment at the Good Counsel Reading Center. Fine cooperation exists between the staffs of the two centers.

#### Enrollment Data

The year at the Reading Center is divided into two sessions of thirty hours each. One runs for six weeks during the summer, meeting daily for an hour on a five-day basis. The other session is from September to May, meeting once a week for an hour. The time for these instructional periods is usually after school hours, Saturdays, or early evening hours.

During the first five years, the Center served a total number of 456. Table 2 shows this total enrollment broken down into the two sessions of summer and school year from June, 1967, to June, 1972.

In studying Table 2 one can see that the enrollments during the Sept.- May sessions remained fairly stable with the largest enrollment during the 1970-71 school year. Since the first summer session of 1967 there has been a steady increase in enrollment until the summer session of 1972 when there was a considerable decrease. Some possible reasons for this decrease could be the expansion of the diagnostic and clinical reading services available at Mankato State College. These are free services which could be a deciding factor in some cases. The public school system also offered free enrichment and remedial services during

the summer of 1972 for all levels--elementary, Junior High and Senior High.

TABLE 2  
YEARLY ENROLLMENT FROM JUNE, 1967, TO JUNE, 1972

1967-1968	No.	1968-1969	No.
June, 1967-July, 1967	59	June, 1968-July, 1968	73
Sept. 1967-May, 1968	62	Sept. 1968-May, 1969	64
Total	<u>121</u>	Total	<u>137</u>
1969-1970	No.	1970-1971	No.
June, 1969-July, 1969	73	June, 1970-July, 1970	80
Sept. 1969-May, 1970	58	Sept. 1970-May, 1971	88
Total	<u>131</u>	Total	<u>168</u>
1971-1972	No.	1972	No.
June, 1971-July, 1971	89	June, 1972-July, 1972	47
Sept. 1971-May, 1972	79		
Total	<u>168</u>		

The total enrollment was also broken down into groups showing the comparison of male to female and of children to adults. Adults included anyone eighteen years or over. Table 3 gives this information.

The study of the enrollment during the first five years of the Good Counsel Reading Center shows that 65 per cent of the students were boys and 35 per cent were girls.

A similar characteristic was discovered in a study done by Durrell at the Boston University Educational Clinic. His study

stated that "among children brought to the clinic for study the ratio of boys to girls is ten to one."<sup>1</sup>

TABLE 3  
TOTAL ENROLLMENT FROM JUNE, 1967, TO JUNE, 1972

Male	Female	Total	Children	Adults	Total
296	160	456	420	36	456

In preparing the material for Table 3, the writer noted that most of the adult enrollees had come in recent years. The apparent reason for this could be that as the Center became better known, more referrals were made by organizations such as the Minnesota Vocational Rehabilitation Center.

Also, college students, who are recognizing their inability to meet educational goals they have set for themselves, have begun to come for help.

#### Diagnosis and Testing

Diagnostic tests were given to each applicant and were used to determine the reading deficiencies and provide the basis for a prescriptive, corrective program.

Most students enrolling were given an individual IQ test,

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<sup>1</sup>Donald D. Durrell, Improvement of Basic Reading Abilities (New York: World Book Co., 1940), p. 281.

either the Stanford-Binet,<sup>1</sup> WISC,<sup>2</sup> or WAIS,<sup>3</sup> depending on the age level of the enrollee. Many times the Slosson Intelligence Test,<sup>4</sup> which is a much shorter test of mental ability and can be used with all age levels, was given.

The entire Stanford Diagnostic Reading Test<sup>5</sup> was administered to all enrollees. The Wide Range Achievement Test<sup>6</sup> which checks spelling and word recognition was also administered to each individual. Parts of the Durrell Analysis of Reading Difficulty<sup>7</sup> were used.

If the student was of primary grade age, the Botel Reading Inventory, Phonics Mastery Test<sup>8</sup> was given. For these students also, either the Gates MacGinitie Reading Test<sup>9</sup> or the Pupil Progress Series

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<sup>1</sup>Lewis M. Terman and Maud A. Merrill, Stanford-Binet Intelligence Scale (Boston: Houghton Mifflin Co., 1960).

<sup>2</sup>David Wechsler, Wechsler Intelligence Scale for Children (New York: The Psychological Corporation, 1949).

<sup>3</sup>David Wechsler, Wechsler Adult Intelligence Scale (New York: The Psychological Corporation, 1949).

<sup>4</sup>Richard L. Slosson, Slosson Intelligence Test (New York: Slosson Educational Publication, 1963).

<sup>5</sup>Bjorn Karlsen, Richard Madden, and Eric Gardner, Stanford Diagnostic Reading Test (New York: Harcourt, Brace, and World, Inc., 1966).

<sup>6</sup>J. F. Jastak, S. W. Bijou, and S. R. Jastak, Wide Range Achievement Test, 1965 Revision (Wilmington, Delaware: Guidance Associates, 1965).

<sup>7</sup>Donald Durrell, Durrell Analysis of Reading Difficulty (New York: Harcourt, Brace, and World, Inc., 1955).

<sup>8</sup>Horton Botel, Botel Reading Inventory, Phonics Mastery Test (Chicago: Follett Publishing Co., 1966).

<sup>9</sup>Arthur I. Gates and Walter H. MacGinitie, Gates MacGinitie Reading Test (New York: Teachers College Press, Columbia University, 1965).

Diagnostic Reading Test<sup>1</sup> was available, both of which test vocabulary and comprehension.

Intermediate grade age students usually received, besides the regular standardized tests, an informal word analysis and phonics test, which was composed one summer by two of the clinicians on the staff.

High school students, college students, and adults receive the Nelson-Denny Reading Test<sup>2</sup> and the Cooperative English Test.<sup>3</sup> For a test of their phonetic knowledge, the Phonics Knowledge Survey<sup>4</sup> was usually administered. The Adult Basic Learning Examination<sup>5</sup> which is designed to be used with adults and consists of items of adult content, was used to assess achievement as low as first grade. It was developed to determine the general education level of adults who have not completed formal eighth-grade education.

Since some clinicians had favorite tests they preferred to give, a variety of other tests, such as the Gray Oral Reading

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<sup>1</sup>Oliver Anderhalter, R. Stephen Gawkoski, and Ruth Colestock, Pupil Progress Series Diagnostic Reading Test (Bensenville, Illinois: Scholastic Testing Service, 1968).

<sup>2</sup>M. J. Nelson and E. C. Denny, The Nelson-Denny Reading Test (Boston: Houghton Mifflin Co., 1960).

<sup>3</sup>Cooperative English Tests (Princeton, New Jersey: Educational Testing Service, 1960).

<sup>4</sup>Dolores Durkin and Leonard Meshover, Phonics Knowledge Survey (New York: Teachers College Press, Columbia University, 1964).

<sup>5</sup>Bjorn Karlsen, Richard Madden, and Eric Gardner, Adult Basic Learning Examination (New York: Harcourt, Brace, Jovanovich, Inc., 1971).

Test,<sup>1</sup> the Diagnostic Reading Scales,<sup>2</sup> and the Silent Diagnostic Reading Test<sup>3</sup> were also available for the clinician to use as she preferred and saw fit.

Reading tests that accompany basal readers were often used to determine a child's readiness for the next level.

For those clinicians who were trained to administer it, the Illinois Test of Psycholinguistic Ability<sup>4</sup> was also available. This was used only occasionally as the need arose.

#### Referrals and Enrollees

Anyone interested in improving his/her reading skills was eligible for classes at the Center. It was open both to the slow and to the advanced reader. No distinction was made regarding race or creed.

Most referrals for children came directly from their parents or school personnel. These were students at any level who were not making satisfactory progress or whose reading achievement was below their capacity level.

Since enrichment programs, study skills instructions, and

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<sup>1</sup>William S. Gray, Gray Oral Reading Test (New York: Bobbs-Merrill Co., Inc., 1967).

<sup>2</sup>George D. Spache, Diagnostic Reading Scales (Monterey, California: California Test Bureau, 1963).

<sup>3</sup>Guy L. Bond, Theodore Clymer, and Cyril J. Hoyt, The Developmental Reading Tests, Silent Reading Diagnostic Test (Chicago: Lyons and Carnahan, 1955).

<sup>4</sup>Samuel Kirk, James J. McCarthy, and Winifred Kirk, Illinois Test of Psycholinguistic Abilities, Revised Edition, (Urbana, Illinois: University of Illinois, 1968).

speed reading were also offered, many college students came for their own self-improvement and help in meeting college course requirements.

High school students who wished to improve their reading power or to prepare for college work were also attracted to the Center. School drop-outs or adults who needed to correct reading deficiencies also came.

Referrals were made by organizations such as the Minnesota Vocational Rehabilitation Center, or Services for the Blind for the purpose of evaluating an individual's ability to learn to read and to discover the achievement level the individual had in reading. Families of former students were another source of referral.

Some individuals came to the Reading Center for testing and evaluative purposes only. Since its beginning the Center has offered these testing services to forty-six individuals. This number is not counted in the total enrollment.

The grade placement of students enrolled during the first five years is given in Table 4.

TABLE 4  
GRADE PLACEMENT AT TIME OF ENROLLMENT

Prim. (1-3)	Inter. (4-6)	Jr. H.S. (7-9)	Sr. H.S. (10-12)	Adult	Ungraded*
154	149	85	27	36	5

\*Children assigned to a special education room in a school.

During the first five years the majority of students, 67 per cent, were in the elementary school, both primary and intermediate level.

Since most students were given an individual test of mental ability



as part of the diagnosis, information was collected showing the range of mental ability of the enrollees. These scores were derived from a variety of individual intelligence tests which were given at the Reading Center at time of enrollment. This information is shown in Table 5.

TABLE 5  
RANGE OF MENTAL ABILITY AT TIME OF DIAGNOSTIC TESTING

60-79 Low	80-89 B. Av.	90-109 Normal	110-119 H. Av.	120-146 Sup.	Not Tested*
29	50	223	82	51	21

\*This number includes adults reading on a primary level, who came principally for help in being more productive on their job. A mental test was not administered.

During the first five years of the Reading Center, 51 per cent of students tested scored within the average or normal range of mental ability.

#### Instructional Program

Instruction is begun on the student's reading level and according to the needs indicated in the preliminary diagnosis.

A thoroughly eclectic approach was pursued. Basal readers and workbooks, independent workbooks, programmed materials, remedial kits, games, and linguistic approaches were all employed. Most frequently a combination of several such approaches was used. The use of audio-visual aids, such as filmstrips, records, controlled readers, tapes, tachistoscopic devices all added variety and interest to the instructional period.

The program was designed to supplement and complement other reading programs offered in schools throughout the area. With the elementary student, the clinicians often used the same basic text as the youngster was using in school. In this way reinforcement and re-teaching of skills missed in the regular school program was supplied. Any faulty learnings that may have taken place could also be corrected.

The library and the encouragement of library reading is a vital part of the entire program. In addition to the instructional and corrective work during the class period, the clinician plans and directs study which can be done at home.

Along with instruction, the development of favorable attitudes towards reading and towards the individual himself as a person was pervasive.

#### Interviews

An initial interview with the parents was held at the time of referral. At the end of the session another interview for evaluative purposes was held. At these interviews the clinician interprets test data, offers pertinent advice about overcoming reading disabilities, and gives guidance in planning future educational careers. Parents are encouraged to stop in for informal discussion and clarification of any matter during the time of instruction. This could be done when they call for their youngsters after classes. With older students and adults, analysis of their reading problems and evaluation of progress are an integral part of their instructional period.

Records and Reports

A cumulative folder was kept for every student enrolling at the Center. It contains the complete diagnosis of the student with results of tests given, materials used, library books read, anecdotal reports and recommendations made by the clinicians at the end of the session. The record form was revised in 1972.<sup>1</sup>

As a result of the diagnosis, the instructional level for each student enrolling at the Center was ascertained. At the end of the instructional period when tests were given for evaluative purposes, the instructional level was again found. Table 6 shows gains made according to the instructional level from the time of enrollment to the time of dismissal or termination of attendance.

TABLE 6  
GAINS MADE ACCORDING TO INSTRUCTIONAL LEVEL  
DURING THE TIME OF ATTENDANCE

No Gain in Level	One Level	Two Levels	Three Levels	Four or More Levels	Inf. Not Available*
40	185	93	62	46	30

\*This information was lacking on some students because of moving before final testing could be given, fluctuating attendance during the instruction period, or unexplained termination of attendance.

Since length of attendance varied for the enrollees during these first five years, it was not possible to say that those who gained four

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<sup>1</sup>See Appendix, p. 42.

or more levels grew more rapidly. Some of these attended longer, and thus gained more than those who attended a shorter time. Some also had greater deficits between achievement and potential to overcome. This allowed them to gain more than those who had lesser need for improvement.

#### Summary

In this chapter the writer described the following characteristics of the Good Counsel Reading Center: origin, aim, staff and services, areas served, enrollment data, diagnosis and testing, referrals and enrollees, instructional program, interviews, and reports and records. In making this study similarities between the Good Counsel Reading Center and other reading centers became apparent. Most outstanding among these similar traits were the facts that the large majority of the students were male and most of the students fell within the normal range of intelligence.

Since this paper gave information on reading gains made during the time of attendance only, the writer would suggest that future research include a follow-up study of the retention of gains made by the enrollees who were served by the Reading Center during these first five years.

**APPENDIX**

**READING CENTER**

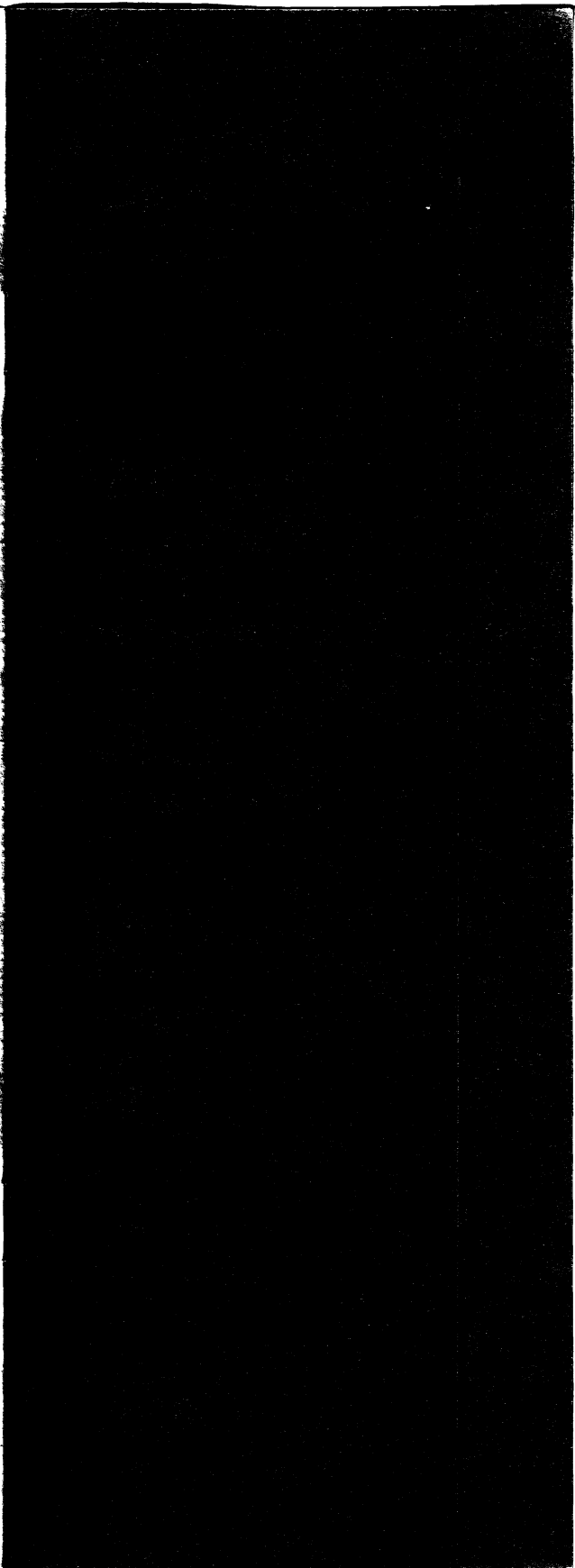
**GOOD COUNSEL HILL**



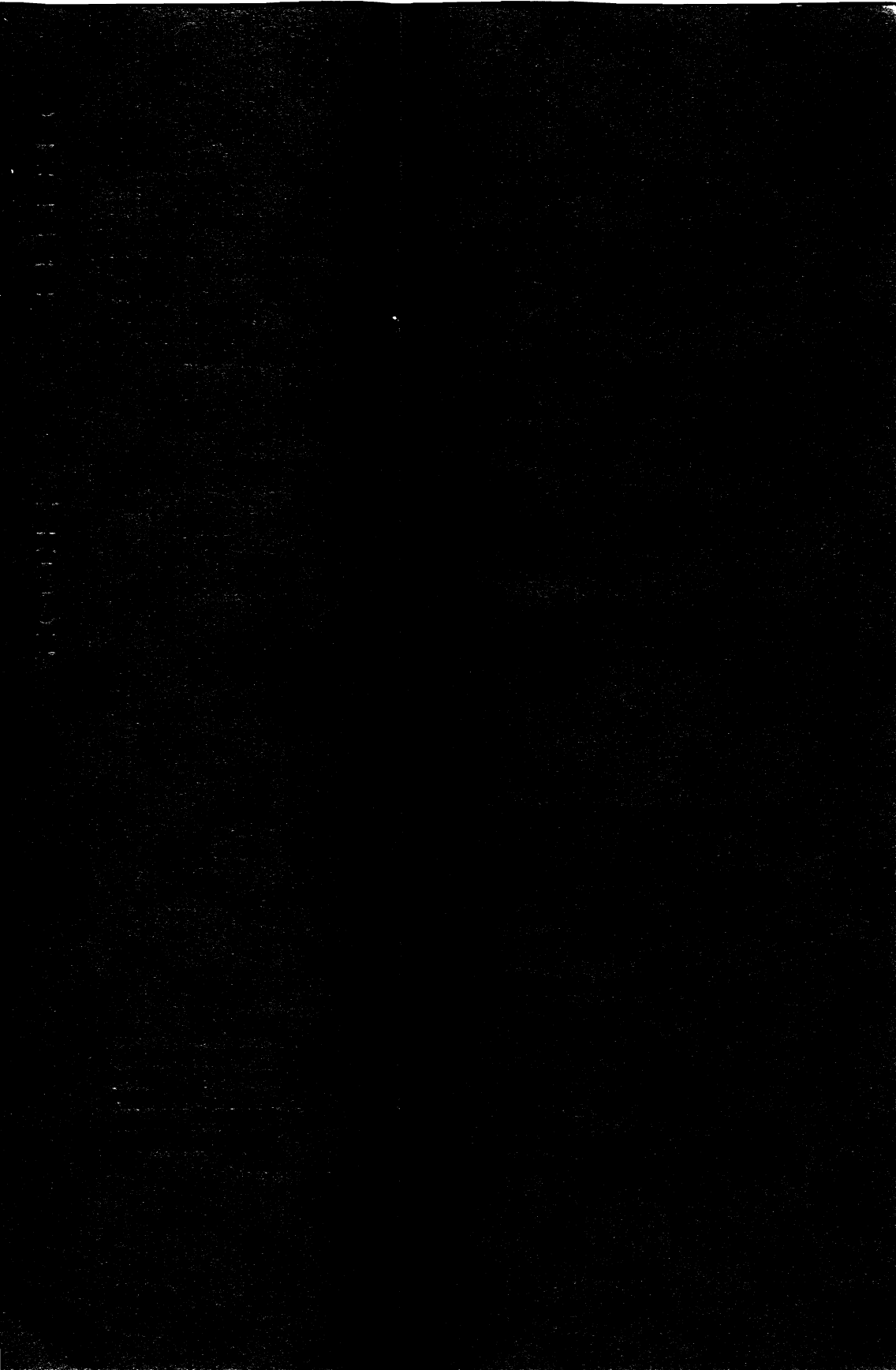
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Instructional work is given in a series of 15 or 30 classes, depending upon the needs noted in the original findings. In order to give the individual time to develop permanent and efficient reading habits, the lessons are preferably spaced at intervals over a period of 30 weeks. In the summer, however, a concentrated course, 30 classes, is conducted during a six week session.

The instructional work is begun at the student's reading level and according to the needs indicated in the preliminary diagnosis. In addition to the instructional and corrective work during the class periods, the clinician plans and directs study which can be done at home, so that the student advances more rapidly. The greater the cooperation of the school, the home and the Center in the reading program, the greater the progress of the individual.

**SUMMER SESSION** (30 classes) 1 hr. each

- \* Daily Instruction June - July
- \* Testing Dates will be scheduled

**SCHOOL YEAR** (30 classes)

September - May

- \* Classes are scheduled after school hours and on Saturday
- One 60 minute period a week

**FEES**

- \* Preliminary Diagnosis \$15.00
- \* Returning students-diagnosis 5.00
- \* Individual instruction (per hour) ~~4.00~~  
3.00
- \* Checks are made payable to:

**READING CENTER**

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GOOD COUNSEL READING CENTER

YOU ARE INVITED!!

WHO?----- Any teacher, teacher-aide, principal - interested in Reading from Grades 1 through 8. Cost is \$1.00 per person, per session.

WHAT?----- Five workshops geared to specific skills for specific grades.

WHEN?----- Wednesdays, 2:30 to 4:30 p.m.

WHERE?----- Room 311, College Building, Good Counsel Hill  
Mankato, Minnesota 56001 Phone: 345-5058  
Contact: Sister Mary Donald, Reading Center.

October 11 - "COME TO THE MAIN IDEA" Grades 4-5-6  
by Sister Mary Donald, Director of Reading Center.

October 25 - "DIAGNOSING READING DIFFICULTIES AND SHARING WAYS  
OF DEVELOPING SIGHT VOCABULARY" Grades 1-2-3  
by Mrs. Joan Bennett, Shakopee School Reading  
Consultant.

November 1 - "USING THE NEWSPAPER TO TEACH READING SKILLS"  
Grades 6-7-8 by Sister Mary Donald, Director of  
Reading Center.

November 8 - "GAMES TO DEVELOP DICTIONARY SKILLS"  
Grades 4-5-6 by Sister M. Emeria Jirik, Reading  
Consultant of Title I Schools, Mankato.

November 16- "ORGANIZATIONAL SKILLS" Grades 4-5-6-7-8  
Sister Mary Donald, Director of Reading Center.





INSTRUCTIONAL MATERIALS

Year	Materials used	Gr. Lev.	Date Begun	Date Completed

INSTRUCTIONAL MATERIALS

Year	Materials used	Gr. Lev.	Date Begun	Date Completed

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