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Analytical survey of the organization and policies of college and university reading clinics

Mary Dominic Krivich

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AN ANALYTICAL SURVEY OF THE ORGANIZATION AND POLICIES OF COLLEGE AND UNIVERSITY READING CLINICS

by

Sister Mary Dominic Krivich, O.S.F.

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CHAPTER I

INTRODUCTION

"Reading is both the most important and the most troublesome subject in the elementary-school curriculum."[1] Because reading involves many complex abilities that are not easily detected and observed, pupils fail in the mastery of this fundamental skill. The findings of research within the past twenty-five years indicate that there are many reasons why students fail to learn to read at a level consistent with their grade expectancy. Causes differ with individual pupils. They may be physical, psychological, intellectual or environmental in nature.[2]

To attack these problems, colleges and universities have set up Reading Clinics throughout the country to examine and study the difficulties encountered and thus develop diagnostic measures in this area. They have stimulated interest among teachers, parents, medical professionals, and school administrators. They have assisted in planning and carrying out programs that will help to make children better readers in tomorrow's world. Various research

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[1]Arthur I. Gates, The Improvement of Reading (New York: The Macmillan Company, 1947), p. 1.

[2]Myron Pollack and Josephine Piekarz, Reading Problems and Problem Readers (New York: David McKay Company, Inc., 1963), pp. 27-28.

studies have been made to evaluate reading clinics and the diverse services they have rendered.

The importance of a Remedial Reading Clinic cannot be underestimated. Reading, by its very nature, is a developmental process and its function is to serve as a foundation for learning. It is essential that the needs of the individual are met in order that the individual can develop his reading power in accord with maximum potential. For those children who cannot reach their potential, special services are necessary.

In the Dictionary of Education the definition of a reading clinic is given as "a place where children with reading handicaps are examined, their difficulties analyzed, and remedial treatment prescribed."[3]

Statement of the Problem

The purpose of this study is to investigate research related to the organization of reading clinics. At the present time, there is a dearth of information on the basic groundwork which goes into the blueprints of a functional reading clinic.

This study aims to make a critical summary of studies which should be useful to those interested in planning and developing future clinics.

3Carter V. Good, (ed.), Dictionary of Education (New York and London: Mc Graw-Hill Book Company, Inc., 1945), p. 77.

Scope and Limitation

This study includes unpublished literature gleaned from reading clinics of Colleges and Universities throughout the country.

These "Reading Clinics vary greatly in their specific objectives, their organization and in their modes of functioning. It is impossible to give a generalized description of how reading clinics work."[4]

Therefore, this study will limit itself to the following factors as they relate to reading clinics:

1. Identification of disabled readers
2. Organization of facilities
3. Review of materials used for instructional purposes
4. Examination of reports and evaluation forms

Objectives and Significance of the Problem

Research has shown that the ability to read well is a very important skill. In developing this skill some children need more time and assistance than others. Many reading problems today are beyond the scope of the classroom teacher and hence these children need professional help, both in diagnosis and the corrective measures to be taken. There is a growing need for reading clinics to establish programs which will have a therapeutic effect on a child who is referred to them for correction or remediation.

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[4]Albert Harris, "Reading Clinics, "The Reading Teacher, XIV No. 4 (March 1961), p. 232.

It is hoped that this study will provide research background for those working in clinics. The writer especially hopes to find valuable aid in organizing a Reading Clinic in connection with the College of Saint Francis in Joliet, Illinois. In addition, it is hoped that this clinic can be utilized by undergraduate students as a laboratory observation center to prepare future teachers in reading.

Sources of Data

The major portion of this data was obtained from the dissertations which studied in depth the organization and policies of College and University Reading Clinics. Unpublished literature from other College and University Clinics was also utilized as well as actual observations of clinical situations.

Method

The general method of this study was an analytical survey of materials dealing with Reading Clinics connected with Colleges and Universities. The materials are of two types:

First, those related in dissertations which will be synthesized in order to evaluate the significant factors.

Second, brochures and handbooks which give information for procedures, materials, and organization of College and University clinics.

CHAPTER II

SURVEY OF RELATED LITERATURE

In surveying the literature related to this study it was interesting to note the development, growth and function of reading clinics in general, and the extension of these facilities in university and college clinics today.

The scientific study of reading problems began in the laboratories of Europe about the middle of the nineteenth century. The motive for these studies was interest in the psychological processes involved in reading.[5]

As far as the records show, Lightner Witmer started the first psycho-educational clinic in 1896. This clinic was designed to make intensive studies of children with psychological or educational problems. Many of his terms were borrowed from the medical profession. The word "clinic" is one of these terms. The name given the members of the staff who worked with individual cases was "clinician." Another medical term used by the clinicians was "case studies."[6]

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[5]William S. Gray, Summary of Investigations Relating to Reading (Chicago: University of Chicago Press 1930), p. 1.

[6]Clifford J. Kolson and George Kaluger, Clinical Aspects of Remedial Reading (Springfield, Illinois: Charles C. Thomas, 1963), p. 95.

Other early investigators used such terms as "reading inferiority", "reading deficiency", and "reading disability". It was not until the nineteen-twenties, when the schools took over the problem of disabled readers, that the term "remedial reading" came into general use.[7]

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.[8]

The second milestone was reached in the early thirties as indicated by William S. Gray in 1935:

> Because the needs of many poor readers cannot be determined readily through classroom diagnosis, institutions and school systems in increasing numbers are establishing Educational Clinics. These clinics are rendering very valuable service as shown by the works of Baker and Leland in Detroit, Betts in Shaken Heights, Ohio and Witty at Northwestern.[9]

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[7]William S. Gray, "Summary of Reading Investigations, (July 1, 1933 to June 30, 1943), "Journal of Educational Research, XXVIII (February, 1935), 410.

[8]Dorothy K. Bracken, "The Reading Clinic as an Educational Service," The Reading Teacher, XX (March 1967), 532.

[9]Gray, op.cit.,p.410.

Still another milestone that stimulated interest in the Clinical movement was the study on remedial reading by Monroe. Here she demonstrated that pupils given special reading instruction apart from their regular classroom experience showed gains above their precious achievement in reading.[10]

In 1946, Helen Robinson published an important book, Why Pupils Fail in Reading. She concluded that "no one cause" could be found for failure in reading. In the monograph entitled, "Clinical Studies in Reading." descriptive reports were given of procedures used at the University of Chicago Clinic.[11]

It was noted that many of these early surveys used the terms "remedial reading" or "corrective reading", instead of the more specialized but broader terms of "clinical services" or "specialized reading services". In fact, the term "specialized reading services" did not appear in literature until much later. One of the few exceptions to the above observations may be credited to Kapel and Geerdes, who in 1940, made a survey to determine the extent of "clinical services" to poor readers. They summarized their study with a number of generalizations.

1. A substantial amount of service is provided for poor readers in various kinds of psychological clinics.

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[10]Marion Monroe and Bertie Backus, Remedial Reading (New York: Houghton Mifflin Company, 1937), p.150.

[11]Bracken, op. cit., p. 532.

2. Clinics report that they treat more reading disabilities cases from primary grades than from any other school level.
3. The professional qualifications of clinical personnel appear to be excellent, if we use as criteria for this judgement their extensive academic training and psychological-educational experiences.
4. There is wide public and institutional acceptance of the psychological-psychiatric clinic.
5. The specialized reading clinic, found only in universities and colleges, treated no more than one-tenth of the reading cases seen by clinics.[12]

In 1946, The National Education Association published a list of reading clinics. Eighty-six colleges and universities were represented.[13] In 1949 Walter Barbe made a survey of reading clinics in the United States in order to compile a directory. About 1,800 colleges and universities responded. A questionnaire followed asking for exact address, name of the director, and the procedures used in the clinic. Seven hundred and eighty-nine colleges and universities answered. It was noted that most of the clinics that were established at that time were college or university controlled. The services offered were well divided between the elementary, high school, college levels, and even adult classes.

Fees ranged from fifty cents to five dollars an hour. Many colleges did not charge their own students, but did charge others.

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[12] David Kopel and Harold Geerdes, "Survey of Clinical Services for Poor Readers," Journal of Educational Psychology, XXXIII (March, 1942), 219-220.

[13] "Guide to Reading Centers" National Education Association Journal, XXXV (April 1946), 204-205.

Most directors had a doctoral degree and many of the personnel had their masters degree.

The report showed that there were differences in the extent of the diagnostic program, but the majority included intelligence, reading, vision, hearing and personality tests.[14]

In three articles by Barbe[15,16] and Barbe, Gannaway and Williams[17], the clinic program was explained as it was in operation at the University of Chattanooga. It was sponsored by the Junior League and had the cooperation from all the schools in the area. Public School leaders were assigned to the clinic for two years. Children with reading problems were referred by classroom teachers. Diagnosis and evaluation of cases began with a complete physical examination which was followed by an extensive series of psychological and academic tests to determine intelligence and reading

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[14]Walter B. Barbe, "Study of Reading Clinics", School and Society, LXXXII (October 29, 1955), 138-139

[15]Walter B. Barbe, "For Children Who Have Reading Problems," Elementary English, XXXII (February, 1955), 91-93.

[16]Walter B. Barbe, "Types of Difficulties in Reading Encountered by Eighty Children Receiving Instruction at a Reading Clinic, "Journal of Educational Research, L1 (February 1958), 437-443.

[17]Walter B. Barbe, Virginia Gannaway, and Thelma Williams, "Factors Contributing to Reading Difficulties: Junior League Reading Center," School and Society, LXXXV (October 12, 1957), 285-286.

ability. On the basis of careful diagnosis and consultation with parents, and teacher, the child was accepted to begin the remedial reading program. There was tutoring twice a week and no charges was made for the service.

A news article in School and Society reported on the establishment of a reading clinic at the University of Delaware. One phase of the program emphasized teacher education through;

> instruction in the diagnosis and correction of reading retardation; demonstration and practice of psychological, pedagogical and psychotherapeutic techniques of reading instruction; laboratory courses dealing with corrective and remedial techniques; the analysis of reading disability; the preparation of case reports; and the establishment of public-school remedial-reading programs.[18]

Again in 1951, Barbe reported on another survey which he conducted among 95 colleges and universities. He found that (1) interest was growing in reading improvement centers for college students; (2) institutions for higher learning were placing greater importance on the improvement of reading abilities among students; (3) at the college level there was little agreement regarding the program or method

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[18]"The University of Delaware's New Reading Clinic," School and Society, LXXII (November 4, 1950), p. 299.

used to bring about reading improvement; and (4) increased effort was being expended on the part of colleges to provide clinical facilities for students who need help with reading skills.[19]

Another survey was made on ten eastern reading centers in an effort to evaluate the Reading Clinic at the University of Pennsylvania. These ten centers were evaluated according to staff, facilities, diagnostic procedures, programs offered, materials used, and fees charged. It was noted that in general the clinics had one major goal which was the diagnosis and correction of reading difficulties. Although there was evidence of a wide variety of approaches, all were efficient in reaching their goal.[20]

Bond and Fay explained the program of the reading clinic at the University of Minnesota. The clinical diagnosis consisted of the individual intelligence test, standardized reading tests and diagnostic tests to measure specific reading skills. An informal inventory was used to evaluate oral and silent reading habits. Other casual factors of the students reading difficulties were investigated. These

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[19]Walter B. Barbe, "Reading Improvement Centers in Colleges and Universities," School and Society, LXXIV July 7, 1951), 6-7.

[20]George W. Bond and Morton Botel, "Practices and Procedures in Ten Eastern Reading Centers," School and Society, LXXV (June 21, 1952), 389-391.

included (1) physical condition, (2) attitudes and interest, (3) adjustment of school, home and other children, and (4) past school records. From this diagnosis a special remedial program was planned for each child and his special reading needs. In evaluating the program, the report submitted objective evidence to support the success of the reading clinic in improving of reading performance.[21]

Buswell who operated the adult reading clinic at the University of Chicago found that the unique experiments in increasing reading rate have had wide influences on techniques used with other high school and college students. The diagnosis used in the University Reading Clinic follows a general seven-point outline:

> (1) Case history; (2) Estimate of general intellectual function; (3) Appraisal of reading achievement; (4) Determining whether reading achievement appears to be in harmony with capacity to read and if there are particular areas of weakness; (5) Analysis of the reading problem; (6) Determination of inhibiting factors; and (7) collation and interpretation of the findings with recommendation for remedial instruction.[22]

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[21]Guy L. Bond and Leo C. Fay, "Report on the University of Minnesota Reading Clinic," Journal of Educational Research, XLIII (January, 1950), 385-390.

[22]Helen M. Robinson and Helen K. Smith, "Rate Problems in the Reading Clinic", The Reading Teacher, XV (May 1962), 421-423.

The article points out that there is no magic about any techniques used, but the emphasis indicate high motivation and continuous encouragement made a difference.[23]

Fry reported on methods and techniques used in the Reading Clinic at Loyola University. Diagnostic procedures consisted in testing of hearing, vision, intelligence, word attack skills, vocabulary, oral and silent reading. Remedial teaching methods which followed diagnosis were categorized as follows: psychological, vocabulary, graded material, word attack skills, comprehension and speed.

Since this report deals primarily with methods of diagnosis and remediation, there was no discussion of administrative consideration.[24]

At the University of Alberta, Lampard has recently established a clinic which is both diagnostic and remedial. Emphasis on research is part of the clinical activities stressed by Jenkinson.[25]

A questionnaire survey of current practices in child guidance and remedial reading clinics was made in 1947-48 by Boyd and Schwiering to obtain data which would aid in the planning of new clinical facilities at the University of Wyoming. They found that most centers gave both

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[23]Ibid. p.426.

[24]Bracken, op.cit., p.534.

[25]Harris, "Reading Clinics," op. cit., p.232 .

individual and group instruction, and that some clinics not offering such instruction planned remedial work to be carried out by schools or other agencies. They thought that in the future clinics should have better trained personnel who would emphasize the prevention and alleviation of problem cases and that better methods for evaluating the effectiveness of remedial work should also result in improved clinical methods.[26]

In 1961, Schwartz made an evaluative study of representative reading centers in the city of Milwaukee. The data was gathered from eleven centers. She found that of the 402 children attending the centers, there were twenty-eight percent more boys than girls. Ninety percent of the centers had more boys than girls attending. She also found that the children in these centers represented homes of middle or lower class socio-economic levels. The range of grade level was restricted to fourth through eighth grade students who were considered for instruction at the centers.[27]

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[26]Gertrude Boyd, and O.C. Schwiering, "Survey of Child Guidance and Remedial Reading Practices," Journal of Educational Research, XLIII (March 1950), 494-506.

[27]Ruth Schwartz, "An Evaluation of Representative Reading Center Program: Practices and Results" (unpublished Master's thesis, Department of Education, University of Wisconsin, 1961), p. 16-27.

In a review of the works of clinics connected with Colleges and Universities, Harris comments that many of the reading clinics have access to the services of other professional agencies right within their own colleges or universities, such as a psychological clinic, a speech clinic, or an opthalmological, a pediatric, a neurological or a psychiatric clinics.

He summarizes the objectives and purposes of typical college and university clinics as:

> (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 or courses in which competent undergraduate readers can raise Their skills to higher levels, (4) providing remedial reading programs for undergraduate students whose reading 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 and school systems.[28]

Finally Kolson and Kalugar give eight hallmarks of a good clinic:

1. The clinic will not accept anyone who cannot profit from the clinical services.
2. The clinic has a well trained staff.
3. The clinic does not perform the exact same diagnostic procedure on all of the children referred to the clinic.
4. The clinic does not apply the exact same remedial measures to all of the patients.
5. The clinicians do not promise success but do indicate that the road to success in reading will need a lot of hard work and effort.

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[28]Harris, "Reading Clinics," op. cit., p. 232.

6. The clinic has a procedure for keeping parents informed of the child's progress or lack of progress.
7. The clinic receives referrals from former patients.[29]

Summary

The survey of literature shows that reading clinics developed because of the recognition of the need for diagnosis and remediation of reading difficulties. The data concerning the growth and development of college and university clinics indicated the contribution these institutes have made to the field of reading and research. These studies suggest that "specialized services" are greatly needed in reading at all levels.

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[29] Kolson and Kaluger, op. cit., p. 103.

CHAPTER III

THE PROCEDURE

Purpose of the Study

Many studies have been done on reading clinics in general. The present study's underlying objective was to investigate research relating to the organization and functioning of college and university reading clinics.

In order to build a background the writer first surveyed the related literature. The two areas concentrated on were the growth and function of reading clinics and studies of specific clinics connected with colleges and universities.

In this chapter the writer examined several dissertations. Two were studied in depth, since they were directly connected with a college and had good organizational patterns, with comprehensive suggestions on materials, reports and evaluations. Several other dissertations were reviewed since they were concerned with remedial reading programs not necessarily connected with college and universities.

In order to obtain other unpublished literature a letter of request was sent to reading clinics connected with colleges and universities. The form letter[30] was sent to forty-three Reading Clinics in the United States.

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[30]Appendix II, p. 76.

The address of these clinics were obtained from the Directory of Reading Clinics.[31] Table three in chapter four shows the results from the form letter sent to the clinics.

The unpublished literature received was examined and classified into three major areas: (1) brochures, (2) handbooks, and (3) mimeographed materials. These materials were analysed and the finding tabulated and summarized in chapter four and five.

Analyses of Dissertations Regarding Policies and Organizations

Cardinal Stritch College

An "Analytical Study of the Enrollees in the Cardinal Stritch College Reading Clinic from September, 1943 to June, 1962," was done by Peter.[32]

The purpose of the study was to evaluate the services of the clinic; to determine the characteristics of the enrollees; these characteristics changed over the years; and to see if the clinic meets the needs and purposes for which it was founded.

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[31]Directory of Reading Clinics, Educational Development Laboratories Inc., New York: McGraw-Hill, 1964.

[32]Sister Marie Gerard Peter, O.S.F. "An Analytical Study of the Enrollees in the Cardinal Stritch College Reading Clinic from September, 1943, to June, 1962." (Unpublished Master's thesis, Department of Education, Cardinal Stritch College, 1965), p.15.

Source of Data.--The major portion of the information was obtained from the individual cumulative records, annual reports and personal interviews.

Organization.--The Cardinal Stritch College Clinic was established and began to function in 1943. It was an outgrowth of increased concern for reading problems and a subsequent effort to promote reading efficiency. The clinic was started under Sister M. Nila O.S.F. who saw the necessity for clinical work to help retarded readers in the elementary and secondary schools. Sister Nila continued as director until the summer of 1949. In 1949, Sister M. Julitta served as supervisor to the staff of twelve teachers. Sister Julitta continued as co-director until 1949 when she took full responsibility.

Staff and Personnel.--Since Peter's study deals with the characteristics of the enrollees, only general reference is made to the staff and personnel. The 1962 statistics indicate that the teaching staff consisted of four fully qualified full time and nine part-time clinicians. The director of the clinic also coordinates research, observation, and college course work involving the clinic.

Peter noted that the college offered a Master's Program for Reading Specialists. Because of the clinical in-service training, many of the graduates occupied key positions as consultants or specialists across the country. This program meets the requirements of the International Reading Association.

Philosophy and Aims.--

> The basic philosophy of the clinic stressed the recognition of individual differences, meaning each person has a specific capacity for learning which is to be developed through proper guidance and teaching methods suitable to the individual. The objectives of the clinic aim to offer diagnostic and remedial services to children and adults whose reading is not consistent with their ability, to promote research in the study of reading difficulties, and to give consultative services to teachers and schools.[33]

Population of the Study.--Initially, the clinic served children from elementary schools, but expanded its services to secondary students in 1944. The adult division was opened in 1947. The table gives a breakdown of the total enrollment.

TABLE 1

TOTAL POPULATION OF THE COLLEGE CLINICS FROM 1943 - 1962

Elementary		Secondary		Adult		Total
Boys	Girls	Boys	Girls	Male	Fel.	Male-Fel.
2,360	700	376	181	651	179	4,438

Of those in the Elementary Division, 1,397 were from public schools and 1,663 were from private schools. At the Secondary Level, there were 344 from public schools and 198 from private schools.

The clinic originally started with twenty-five students and continuously grew in number. The latest statistics of the clinic in 1962 indicated 4,438 students had received services in the clinic.

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[33] Ibid., p. 25.

Occupation of Parents.--Peter recognized the occupation of the parents as an important aspect of the total evaluation of the children. In the Elementary Division many of the fathers were classified as (1) laborers, (2) managers, and (3) professionals, while the highest percentage of mothers were designated as homemakers who were not employed outside the home. The secondary division indicated that most of the fathers had careers in business, professional fields and labor areas respectively. The employments most frequently noted for the Adult Division were laborers and homemakers.

Diagnostic and Therapeutic Procedures.--This section dealt with the identification of the disabled reader. Each applicant received a complete diagnostic study of his reading difficulties. Since adequacy of the diagnosis determines, in no small degree the success of the remedial program, the diagnosis was usually conducted in two sessions. Both group and individual tests were administered. This provided observation of the child in two different situations. Special attention was given to determining the type of difficulty, the reading level of the child and the methods of instruction which were best suited to the individual. A modified testing program was given to some of the high school and adult students. The diagnostic testing consisted essentially of the following:

1. Analysis of Specific Reading Difficulties
2. Diagnostic Interest Inventory
3. Individual Intelligence Test
4. Informal Silent and Oral Reading Test

5. Standardized Reading Test
6. Vision and Hearing Screenings
7. Other observations followed by referrals to specialists in related areas when warranted.[34]

Intelligence Quotient.--The clinic considered mental ability as an important factor in determining the rate and degree of achievement to be expected of an individual. Therefore, the I.Q. norm of those who were ordinarily accepted for instruction by the clinic after diagnosis was set at a minimum of eighty. The range of intelligence quotients for those tested from the elementary schools was from forty-four to one hundred seventy. At the secondary level the range was from thirty to one hundred forty-four and the adult level ranged from fifty-one to one hundred forty-one. The lower extremes were not accepted for instruction at the clinic. The breakdown over the years indicated that the general average range of intelligence was from ninety to one hundred ten for both grade and high school. Analysis from the data also showed that the students who attended the clinic from secondary schools were average or above average in intelligence. Therefore, they should have been capable of average or above average performance in their school work. This also implied the need for real challenge.

Interviews.--After the diagnostic tests were completed, an interview was held with the parents, or the student as in the case of an adult, in order to discuss the findings and make plans for the therapeutic work which would follow.

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[34]Ibid.,p. 22.

Sessions.--"The clinic program provides a weekly class with work planned to be done independently by the student between classes."[35] The classes were instructed either individually or in small groups according to specific needs. The school year was divided into two sessions, fall and spring, and the full six week summer session when children came daily. A similar program was held for the adults, although some adults came twice weekly during all three sessions.

Educational Background.--At the time of this research in 1962, it was noted that the greater number of elementary students attending the clinic clustered around the fourth grade level, then the third and then the fifth. At the secondary level, the tenth and ninth grades showed the greatest representation.

Age Range.--The highest number of both boys and girls in the elementary grades were between the ages of nine and eleven. At the secondary level they ranged between sixteen and seventeen years of age. The largest number of male adults ranged between ages nineteen and twenty-two; the largest number of female adults ranged between sixteen and nineteen years of age.

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[35] Ibid., p. 34.

Instructional Level.--Formal and informal diagnostic tests and other recordings in the folders provided the instructional level. At the elementary level, the greatest number of cases were reading at the primary level, mainly between first and second grade. In the secondary division, most boys and girls were reading at the seventh and eighth grade levels, although a fairly large percentage of boys were at the fourth to sixth grade level. The highest percentage of adults, although reading at college level, still needed a program in reading study skills. The other adults were at high school level. In the elementary division, the range of retardation for boys was two to three years, and was from one to two years for girls.

Materials.--After the study of the diagnosis, the clinican's aim was to develop exercises and use materials that met the individuals specific needs. The study did not go into detail on materials and equipment, but it did give evidence that the clinic was well equipped. A wide variety of materials geared to the proper levels for the individual students, and a consideration of the students' personal interests were important. Since a variety of materials were available, it was possible to select materials suited to meet the particular needs and interests of each pupil. An abundance of materials also helped to make individualized instruction possible. The materials themselves were not as important as what was done with them. Since it was realized that spelling gadgets and other incidental aids can never take the place of good multi-level and multi-interest basal

equipment, stress was placed on salient materials which would eliminate the skills vacuum of the individual student. Some of the machines and teaching devices mentioned were films and film projectors, tapes and tape recorders, overhead projectors, with flashmeter attachments, various accelerators, controlled reader, and a collection of numerous games and devices. These materials and instruments were also used for instructional and diagnostic purposes by the graduate students or those in clinical training.

Finances.--This study did not go into details as to fees, but stated that "The clinic fees are one-third to one-half of the fees regularly charged at other similar-type clinics due to the fact that salary is not paid to clinicians."[36] The clinicians were usually religious who contributed their services.

Records and Reports.--It has been the policy of the Cardinal Stritch Clinic to send a complete report of the diagnosis to the parents, and to schools or other agencies at the parents' written request. A copy of the preliminary report, along with test forms and other records, was kept in the folder for each individual. Progress checks were given periodically and reports sent to the parents at the end of each semester.

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[36] Ibid., p. 36.

> In order to insure a sequence of skills and instruction, a complete record of books read, materials used, and skills developed is kept on each individual's folder. The student is urged to continue classes at the clinic until his reading is consistent with his ability, or, in the case of weaknesses in specific areas, until he has made sufficient progress to adequately meet the demands of his grade level.[37]

Implications.--Major implications Peter drew from this study are isolated: (1) As a group, the enrollees at the clinic showed a high degree of retardation. (2) The seriousness of this retardation depended to some extent on the age level and grade placement of the child. (3) Since reading skills are never completely mastered at any given grade level but constitute an on-going process, all levels in educational development have a responsibility to continue with needful specific skills. The diversity of instruction given at the Cardinal Stritch Clinic, as well as the wide range of ages among the clinic students, made it necessary for clinicians to be teachers who were very flexible and able to cope with varied levels.

Cardinal Cushing Educational Clinic

The second dissertation is the historical study of the Cardinal Cushing Educational Clinic and an evaluation of its first ten years. This study was done by Ganser and covered the period from 1951 to 1961 as a means of evaluating the effects of the reading program on individuals and on society.[38]

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[37] Ibid., p. 23.

[38] Sister Mary Benita Ganser, "A History of the First Ten Years of the Cardinal Cushing Educational Clinic in Boston" (unpublished Master's thesis, Department of Education, Cardinal Stritch College, 1963), p.7.

The data gathered was from clinical documentary reports from the examination of some three thousand five hundred student folders, and the results of a questionnaire sent to former students.

Organization.--In answer to a request made by Cardinal Cushing, the Cardinal Cushing Educational Clinic in Boston, Massachusetts was established by Sister Mary Nila in 1951. Sister Nila, director, was a well known specialist in the field of reading.

In 1961, the clinic was staffed with three certified diagnosticians and several other qualified clinicians. The study cites that, over and above the work done in remediation at the clinic, the staff gave workshops and individual lectures, and published materials, had parent conferences and did research as a part of their educational contribution to the community. There was a full time librarian, and a board of consultants. These specialists contributed their services as physicians, ophthomologist, otologist, neurologist, psychiatrist, and general educators.

Area of Location Served.--During the ten year period, the clinic served not only the Boston area but eighty-five other localities. Children came from one hundred public schools and one hundred twelve private schools. The total enrollment in these ten years was 10,507 students. This enrollment figure is the sum of those attending during the various sessions. It must be realized that many attending more than one session and are therefore counted each session

they attended. The actual number of different enrollees was approximately 3,500.[39] Services were offered to elementary school children, high school and college students and adults who had inadequate reading skills and poor study habits. Of these adults the occupation of the fathers was classified as: (1) those engaged in business or industry; (2) professional men; and (3) laborers. It was noted that eighty-five percent of the mothers were homemakers.

Aim and Purpose.--"The service given were fourfold, including diagnostic testing, regular instructions, reports and conferences, and consultative services for schools."[40] It served children, adolescents, high school and college students, whose reading was not commensurate with their individual abilities, or who were experiencing specific difficulties in content subjects because of reading disabilities.

During the ten years studied, 162 illiterates received help at the clinic. Of these, eighty-two percent reached about a fourth grade or higher reading level and were no longer functional illiterates.

The clinic also worked with adults on the improvement of reading rate, comprehension, and study skills, all the while engaging in continuous research in the study of reading difficulties and preventive measures; extended reading services to parents, schools and other agencies.

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[39] Supra, p. 34-35.

[40] Ibid., p.7 .

Courses were offered for teachers in the improvement of instructional techniques and special education; extensive diagnostic and consultative services.

Referrals.--Registrations were taken by mail or telephone. Applicants were accepted in order of application and when registration reached its quota, the remainder were placed on the waiting list. Once an applicant was accepted he was urged to continue at the clinic until he had reached his regular grade level or capacity level in reading achievement.

The policy of the clinic was not to admit persons whose intelligence Quotient level was below eighty, not because they could not learn, but because progress would be very slow, and would thus prevent admission of more capable students on the waiting list.

Sessions.--There were three sessions: summer session of six weeks with daily classes; fall and spring sessions of approximately fifteen weeks with weekly classes.

Diagnosis.--The diagnosis served to identify the disabled reader as well as to diagnose the problem. Since the policy of the clinic was to attempt to discover the specific needs of each individual, a careful diagnosis of each one's reading disability was considered essential.

Testing.--Testing was usually carried out during two meetings, one being devoted to group testing, and the other meeting to individual testing. A summary of tests given in the group for different levels is given in Table 2.

TABLE 2

GROUP TEST GIVEN FOR DIFFERENT LEVELS

Grades	Tests
Primary.....	Reading-Readiness Test used for discrimination, memory of word forms, auditory discrimination and vocabulary comprehension.
1 and 2.....	California Reading Achievement Primary used to estimate the general ability of the students.
3 to 6.....	Durrell-Sullivan Reading Capacity Test used to measure comprehension of the spoken language. California Reading Achievement Elementary
7 and above.....	California Language Test used to determine whether or not the student had sufficient knowledge of the English language, and the ability to detect errors in misspelled words. California Reading Achievement Advanced
All grades.....	Wide Range Spelling Test
Functional illiterate Adults.....	Gates Reading Survey instead of the California Advanced Reading Test
High school or Adults.....	Kuder Test

During the individual testing, the intelligence test was a regularly administered test as shown in following quotes. "Since mental age is one of the many standard used in determining ability to achieve in reading, one of the first tests given to the applicant is an intelligence test."[41]

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[41] Ibid., pp. 35-36.

The Stanford-Binet, Form L-M, was administered to children below eight years of age while the Wechsler-Intelligence Scale for Children was administered to those below sixteen years of age. The Wechsler-Bellevue Intelligence Scale was used for high school or adults.

The study indicated that from a survey of the records the intelligence quotient range was found to be from eighty to one hundred forty-one. Even among those with high intelligence quotients, serious reading retardation existed and often the rate of progress was slow. "This latter condition was found chiefly with respect to spelling achievement."[42]

Another individual test given in order to determine the nature of the reading disability was the Durrell Analysis of Reading Difficulty. This, along with other informal reading inventory tests, gave the four reading levels: independent; instructional; listening or capacity; and frustration.

The Keystone Telebinocular was used for visual screening while the Audiometer was used for screening hearing. Various tests were used to check laterality.

Interviews.--After the testing was completed, the parents or the students (if adults) were interviewed. The tests were interpreted and discussed, and a suggested program was planned. Results of the testing were sent to parents and, if requested by the parents, to schools or other agencies.

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[42] Ibid., p. 37.

Remedial Procedures.--Ganser notes: "Remedial procedure is necessarily based on individual differences."[43] The type of instruction depends on the outcome of the diagnosis.

Groupings.--In few instances, some private instructions were given. Most of the teaching was done in groups of two to four, which allowed for group activities and individual help as needed.

Initial Reading Level and Retardation.--The range of the initial instructional reading level was from Pre-Primer to College. The range of reading retardation was one to ten years with an "average of 1.6 years."[44]

Gifted and Illiterate Students.--The study noted that some children attended the clinic with I.Q.'s ranging from 121 to 143. Some of these had serious retardation problems in reading, but many were able to make the honor roll before completing instructions. During the ten year period, 162 illiterates were instructed, and some of them persevered and reached a fourth grade level.

Materials.--The clinician began the remedial instructions using materials, skills, and techniques that were in accord with the diagnostic information obtained for each individual. "The materials suited to the individual needs were of crucial importance. The remedial reading teacher must be aware of the age and interest level of the individual."[45]

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[43] Ibid., p.45.

[44] Ibid., p.62.

[45] Ibid., p.46.

Finance.--The clinic was a non-profit organization whose only income was the nominal fee paid by clients for services rendered. Fees for materials each semester ranged from four to six dollars. Diagnosis was fifteen dollars. Other fees were as follows:

	Children Division		
One Semester (15 weeks)	Private	Group of 2	Group of 3-4
Once weekly	$25.00	$20.00	$15.00
Twice weekly	$50.00	$40.00	$30.00

Summer Session of six weeks, daily instruction for one hour:

$50.00	$40.00	

	Adult Division		
Fifteen lessons	$30.00	$25.00	$20.00
Thirty lessons	$60.00	$50.00	$40.00

Records and Reports.--The study noted that careful notations were kept in the cumulative folders along with reports and other testing information. At the end of each session a report was made with recommendations and sent to the home and/or the school. If a student had not reached his reading grade level, it was recommended that further clinical instruction be continued. Students were encouraged to continue instruction in reading until the regular grade level or capacity level in reading was reached.

College Section Functions.--The Cardinal Cushing Educational Clinic was also a branch of the Cardinal Stritch College in Milwaukee, Wisconsin. The purpose was to train

in-service teachers to become efficient instructors. A Master of Arts Degree as Reading Specialists, or teachers of the mentally handicapped was offered. The study mentions several graduates who were engaged as specialists in the field of reading across the country.

Summary and Implications

> The effectiveness of the clinic proper, and of the College Branch, during the first ten years, as viewed by the clinic staff, the public, parents, and the students, toward furthering better teaching of reading in our schools, and toward extending more clinical facilities through the college students who have received graduate training and degrees here at the Boston Branch of Cardinal Stritch College, is an impetus for continuing efforts on the part of the faculties and others, in the much-needed field of increasing the reading efficiency of the citizens of our country.[46]

Other Reading Programs

Harmony Area Elementary School in Minnesota.--Differing from college reading clinic studies was that of Heusindveld who did a research study concerning a remedial reading program at the Harmony Area Elementary School in Minnesota. The aim of the program was to give a quick and effective remediation to each child involved. The study continued for a three year period. The following is a summary of recommendations:

1. The child should have a positive goal for which to work. He should be aware of his strengths and weaknesses and be given encouragement when striving to overcome them.

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[46] Ibid., p.79.

2. The teaching of word recognition skills should be strongly emphasized, together with the development of silent reading skills involving comprehensional aptitudes.
3. There should be wide variety of supplementary reading materials at all grade levels.
4. Help should be given to all children not reading up to their potential, even in the primary grades.
5. A conference should be arranged with the child's parents at the end of a remedial reading session to keep parents informed.
6. Parents should be alerted as to the type of remedial reading program involved so that they can provide constant encouragement and help in developing a zeal for reading.
7. Classroom teachers need professional training to teach skills necessary for children to learn to read. They must know how and when to teach reading skills to correlate with all the subject areas. They should be equipped with standard textbooks, workbooks, and library materials. They should have access to reading materials of high interest at various levels of difficulty and an abundance of audio-visual aids.
8. Adequate physical facilities strengthen a remedial reading program. If possible, it would be good to have a special educational room adjoining the central library. It should be equipped with a chalkboard, cupboard space,

and room for small group work. There should be a librarian on duty to help these children find books at their levels of reading achievement and interest.

9. It is important that remedial teachers are selected on not only years of experience and qualifications, but on actual classroom ability to evaluate and program each student.[47]

Reading Center Program in the City of New Haven,--In another study done on "The Organization and Operation of a Reading Center" by George V. Belbusti, he makes this observation and conclusion:

> The desire to overcome recognized deficiencies in pupils' reading abilities has resulted in the establishment of special reading centers and the use of specialized reading teachers. The reading center program, spurred by the reading needs of The Beginning Period of the Space Age (1940-1950) are now common in public school systems, universities and private enterprise. These centers contribute in various ways to improve the reading abilities of children and adults according to the needs of the communities they serve.[48]

This study shows evidence of the crucial need of a reading center in the city of New Haven. Mr. Belbusti, states that a reading center must be well organized and competently supervised: there must be prolonged supervision

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[47] Leland C. Heusinkveld, "The Effectiveness of the Remedial Reading Program in an Elementary School" (unpublished Master's Thesis, Department of Education, Winona State College 1963), pp. 60-71.

[48] George V. Belbusti, "The Organization and Operation of a Reading Center" (unpublished Master's Thesis, Department of Education, Southern Connecticut State College, March 1967), p.55.

and coordination between special reading teachers and other school personnel. He suggests that some of the primary objectives of a reading center be:

1. To expand the use of evaluative methods of judging and recording pupils' reading abilities.
2. To standardize procedures in providing pre-reading activities and use of supplementary reading materials.
3. To establish some criteria for grouping, and the use of workbooks.
4. To involve all teachers in a program of in-service training in reading, using special reading personnel as consultants. He recommended a minimum of nine specialists under a director to coordinate the program providing those services necessary for an effective overall reading program in grades one through eight.[49]

Reading Center at West Virginia University,--Cipolloni used a new statistical procedure, residual gain, to determine the effectiveness of a program at the Reading Center of the West Virginia University. Only students with I.Q.'s of ninety and above were admitted into the regular clinical program under the supervision of a member of the reading staff.

An analysis of the date collected indicated that:

1. The program at the Reading Center has been effective in meeting current needs.

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[49]Ibid., pp. 56-57.

2. Greatest gains were made in the area of comprehension.
3. Both primary and secondary groups scored more than a .2 standard deviation above the expected gain.
4. Data from this study indicated that greater gains are made during the year as compared to the summer program.[50]

With the exception of the statistical data and comparisons, this thesis gave a rather meager amount of information about ordinary procedures at the Reading Center, of West Virginia University. Methods and materials were covered in a sketchy manner and generalizations were the common means of recounting operational data.

Various Remedial Reading Programs.--Hattie Wright's did a study of various remedial reading programs which existed in elementary schools in the United States from 1950 through 1962. She concluded that there was a need for some form of developmental reading program from the grade school through college level, further indicating the need of well qualified teachers in charge of remedial rooms who have additional training in reading, diagnosing, and treating reading disabilities. The two tests mentioned were the Gates Diagnostic Reading Test and the Durrell Analysis of Reading Difficulties. Speaking of reading groups in the classroom, she indicated that there was a growing trend among flexible teachers to group children according to their specific needs or performances in various reading skills. Despite the fact that the

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[50]Cynthia Rose Cipolloni, "An Evaluation of the Program at the Reading Center West Virginia University" (unpublished Master's thesis, Department of Education, West Virginia University 1965), pp.1-42.

approaches to the problem of diagnosis and remediation differed, there remained the common element of structuring and individually effective and utilitarian prognosis. The important thing was that the teacher study the diagnostic findings and arrange a situation that will enable the child to grow in reading at his speed of learning.[51]

University of Utah Program.--The purpose of this thesis was to describe the principles and practices involved in establishing and maintaining a university reading clinic. Specifically, the study was to describe the reading services currently offered at the University of Utah with suggestions from research and practices elsewhere as to possible improvements.

The larger portion of the thesis was spent in discussing the general aims, organizational patterns, curriculum, instructional provisions, facilities, and procedural and interdisciplinary relationships involved in a university reading service geared mainly to helping its own student-body.

The section on reading services which pertained to the diagnosis and the remedial and developmental reading training of the university students was given the major emphasis.

From the results of the findings, a proposal for expanding and improving the offerings to the student-body of the University was made. The topics covered were: (1) The

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[51]Hattie L. Wright, "A Selected Study of Remedial Reading Programs in Elementary Education from 1950 to 1962" (unpublished Master's thesis, Department of Education De Paul University, June 1964), pp. 1-59.

introduction, statement of the problem, and other facts. (2) Research showing how college students need and benefit from reading diagnosis. (4) Organizational patterns of University reading services. (5) Typical university reading programs found throughout the nation. (6) Review of standard techniques for better reading skills. (7) Discussion of complex reading problems. (8) Review of mechanical devices and their reading program. (9) Suggestions on the possible organization and operation of an improved reading skills program at the University of Utah.[52]

In this chapter there has been a cursory examination and analysis of the theses that have been written on Reading Clinics. Two of these studies were directly connected with a college; others presented information on clinical policies and procedures.

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[52]Ruth Stone Lyon, "Provisions for Establishing and Maintaining an Improved Reading Service for the University of Utah" (unpublished Master's thesis, University of Utah Department of Education, Utah, 1967), pp.1-378.

CHAPTER IV

SURVEYS OF BROCHURES, HANDBOOKS AND OTHER MATERIALS

In order to obtain unpublished literature from other reading clinics the writer sent a form letter (see appendix) to a random sampling of forty-three Reading Clinics connected with Colleges and Universities in thirty-four states in the United States. Of these, eighteen were connected with colleges and twenty-one with universities. This letter was a request for helpful ideas contained in unpublished literature which would enrich this study. Specifically, the types of materials requested were: (1) brochures, (2) handbooks, and (3) mimeographed materials.

Of the forty-three clinics contacted seventeen did not reply. A summary of the type of literature and responses received is given in Table 3. Of the twenty-five that replied, eight indicated that they had no available literature for various reasons. The data show the results from the form letters sent to the clinics connected with colleges and universities.

TABLE 3

SUMMARY OF CLINICS CONTACTED FOR INFORMATION AND THE RESPONSES

Types of Responses	No.
Clinics contacted	43
Clinics not answering	18
Replies received	25
No Clinic specified	1
Letters returned unclaimed	1
No available information indicated	3
No remedial reading clinic indicated	2
Organizing a reading clinic presently	1
Clinical report card	1
News Letters	1
Brochures	5
Handbooks	4
Mimeographed materials	9

Two clinics specified that they had no remedial service but rather a program designed to develop reading and study skills. This program provided services for students, faculty members and staff in connection with the university, for the purpose of increasing skills in reading rate, comprehension and flexibility.

One clinic sent a News Letter which described the history and function of the reading clinic. The clinics sending materials are listed in the appendix of this study.[53]

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[53]See Appendix I, p. 73.

In order to evaluate this material it was necessary to divide the literature into three major areas: (1) brochures, (2) handbooks, and (3) mimeographed materials. These headings were again sub-divided under several main points in order to tabulate the information.

In tabulating the data for the clinics sending brochures, each clinic was given a number which was used instead of the name to assure objectivity. In all tables following the symbol, (x) the clinic sending literature under this particular heading (-) means no literature.

Brochures

In analyzing the brochures the following factors were considered:

1. Purposes of the reading clinic
2. Applicants for the reading clinic
3. Testing and diagnostic services
4. Instruction

Table 4 indicated the specific purposes listed in the individual brochures.

TABLE 4

CLASSIFICATION OF PURPOSES INDICATED BY RESPONSES FROM FIVE CLINICS

Types of Purposes	Clinics				
	1	2	3	4	5
Diagnostic	x	x	x	x	x
Remedial	x	x	x	x	x
In-service training	x	-	-	-	x
Research	-	x	-	-	x
Not mentioned	x	-	x	x	-
Extended consultation services	-	x	x	-	x
Not mentioned	x	-	-	x	-

These purposes were fully identified in both the diagnostic and the remedial aspects. Further analysis follows:

Diagnostic.--Before any remedial instruction is offered to an individual with reading difficulties, a series of diagnostic tests is administered. This is done in order to identify and evaluate the individual's reading problems and to make effective recommendations for planning a systematic program to meet his specific needs.

In-Service Training.--Two of the clinics are used to accommodate teachers in in-service training and act as a professional preparation for undergraduate and graduate students in the field of reading.

In general, this in-service training of teachers included

assistance in organizing and setting up remedial reading programs, administrating individual and group reading tests, screening vision and eye movement photography, and holding discussion groups on reading programs with interested persons.

Research.--In the area of research, the two major purposes were: (1) cooperation with those publishing materials, (2) to participate and participation in evaluating materials and techniques.

Extended Consultative Services.--Three of the clinics indicated that they work with parents, schools, social agencies, communities, and other personnel who desire professional advice or information on reading problems.

After analyzing the purposes of the reading clinics as stated on the brochures, it seemed natural to investigate the categories that the clinics would service. Table 5 shows the academic levels of those making application for clinical services.

TABLE 5

CLASSIFICATION OF APPLICANTS INDICATED BY RESPONSES FROM FIVE CLINICS

Types of Responses	Clinics				
	1	2	3	4	5
Elementary school children	x	x	x	x	x
High school children	x	x	x	x	x
College and university	x	x	x	x	x
Adults	x	x	x	x	x

The following generalizations were made concerning applicants.

Applicants.--From the literature examined the reading clinics in general served a wide range of applicants: elementary school children, high-school students, undergraduates, graduate students from colleges and universities, and adults from diversified walks of business and professional life. Referrals came from public and private schools, social agencies, parents and former students.

The third step in analyzing the brochures was to consider some of the factors included in the testing and disgnostic services.

Testing and Grouping.--The identification of the specific nature of the reading deficiencies and the casual factors involved were established through testing. Both group and individual testing sessions were planned. They ranged from one to several meetings, usually distributed over a period of time. It was noted that testing and diagnosis, should be thorough enough to enable the diagnostician to obtain a rather complete inventory of the factors associated with reading disability. The literature seemed to imply that all testing had as its goals: (1) to identify the child's strengths and weaknesses in reading and his attitude toward learning, (2) to make the remedial work more effective, and (3) to lessen the hazard of failure.

Table 6 indicated the time allotted to the testing and diagnosis; the grouping and the reporting.

TABLE 6

TESTING AND DIAGNOSTIC SERVICES

Responses to Factors Concerning Diagnoses	Clinics				
	1	2	3	4	5
Grouping					
Groups of 2-4	-	-	-	-	-
Groups of 2-5	-	-	-	x	-
Individual	x	x	-	-	x
Small group with unspecified number	-	-	-	-	-
Grouping not mentioned	-	-	x	-	x
Conferences					
Parent	x	x	x	-	-
Not mentioned	-	-	-	x	x
Time					
More than one session	-	-	x	-	x
One session	-	-	-	x	-
Not mentioned	x	x	-	-	-
Reports and Evaluations					
Written reports	x	x	-	x	x
Not mentioned	-	-	x	-	-

The literature indicated that the instructional program for each student is based upon his interest and reading needs as evidenced by a comprehensive study of his difficulties. The instructional activities encompassed both individual and small-group work as carried out in reading and related areas.

Intelligence.--While some of the brochures made no stipulation on the range of intelligence, others, mentioned that remedial reading instruction was available to pupils of average or superior intelligence whose present reading performance was below their potential.

Length of Instruction.--The number of periods of instruction and grouping varied according to the various needs and programs of the individual clinics.

Tuition.--Tuition fees varied from $2.50 an hour for instruction in small groups to approximately $5.00 an hour for individual instruction. The time devoted to class instruction was another variable influencing price range.

Reading Status.--The reading status of those who applied for clinical service ranged from that of the non-reader with serious problems to those of average or superior students who wished to develop a specialized aspect of reading, as study skills, oral reading, and/or mechanics.

The last factors analyzed on the brochures were those considered under the remedial reading instruction. In Table 7 these factors are considered under intelligence, grouping, and length of instruction.

TABLE 7

REMEDIAL READING INSTRUCTION

Responses to Factors Concerning Remedial Instruction	Clinics				
	1	2	3	4	5
Intelligence					
Above average	x	x	x	x	x
Average	-	-	-	-	-
No mention	-	x	x	x	x
Grouping					
Group 2-4	-	-	-	-	-
Group 2-5	-	-	x	-	-
Individual	x	x	x	x	x
Small grouping, unspecified number	x	x	-	-	x
No mention	-	-	-	-	-
Length of Instruction					
Daily	-	-	-	-	-
Summer group daily (6 weeks)	x	-	-	x	x
Three to five times week	-	x	-	x	-
Two to three times week	-	x	-	x	-
Weekly	x	-	-	-	-
No mention	-	-	x	-	x

Handbooks

The second type of unpublished literature that was received was handbooks. From the clinics sending material there were four handbooks included. Table 8 indicates the types of handbooks sent.

TABLE 8

TYPES OF HANDBOOKS RECEIVED

Handbooks Recived	Clinics 1	2	3	4
Child Study Manual for Clinical Psychology	x			
Handbook for Remedial and Corrective Reading Instruction and Therapy				x
Laboratory Manual for Speed Reading Course		x		
Manual for Student Teachers Working in Children's Reading Clinic			x	

It should be evident from the title of the Handbooks that each one had a very specific goal according to the clinical objectives where they were used, therefore, each will be reviewed according to its specific purpose.

The Child Study Manual used for clinical psychology gives an overview of the services of the Child Study Center. Since this is a Child Study Center and not specifically a Reading Center, they consider reading, and justly so, as one part of an overall situation which may involve family difficulties, school administrative difficulties, and the general social and emotional growth of the child.

The material included in this manual were: (1) general guidelines for the training of a Team Captain, (2) release forms requesting permission for an exchange of information, (3) suggested ideas for the clinical practicum.

Comprehensive directions and samples for testing, reports, feedbacks and case studies were included.

The Manual for Speed Reading is a course book. It is designed primarily for adults with average reading ability who want to increase their reading rates. The objectives include the improvement of such reading skills as directed reading, skimming techniques, the development of rhythmic eye movements, phrase reading, the determination of a reading purpose and the reduction of regressions and subvocalization while reading. The course is useful in effecting a general improvement of reading comprehension and organizational skills.

The Handbook for Remedial and Corrective Reading Instruction and Therapy actually contained many of the mimeographed forms tabulated in Chapter IV under Clinic #7 in various tables. This handbook indicates that the students using this handbook have had some previous training in diagnostic work and reading problems.

The various forms included in this Handbook will give information on the procedures, methods, and techniques employed as well as indicating some of the tests and measures used in determining the individual student's difficulties, abilities, aptitudes, and interests.

The suggestions for plans and approaches in the laboratory manual included:

The Basal Reader Approach

Combination Approach

The Experience Approach

Fernald Method

The Interest Motivated Method

The Kinesthetic Approach

The Therapeutic Approach

Some Guiding Principles were given in Counseling, Guidance, and Therapy procedures.

One of the handbooks is used as part of the clinical course work, the introductory pages give the student a background about the clinic.

The second section covers a comprehensive review of remedial teaching procedures. Such topics as oral and silent reading, word analysis skills, and the Gillingham Method are explained. Many motivational devices are discussed and games suggested. Direction and samples of clinical forms and reports were included in the appendix.

In summary Table 9, indicates the types of material included, in these handbooks.

TABLE 9

TYPES OF CONTENT FOUND IN HANDBOOKS

Topics	Clinics			
	1	2	3	4
Basic principle for remedial reading	-	-	x	x
Clinical forms	x	-	-	x
Clinical procedures	x	-	x	x
Devices - material and equipment	-	-	x	x
Lesson plans	-	-	x	x
Reports	x	-	x	x
Sample letters for diagnostic purpose	x	-	-	x
Skills	-	-	x	x
Suggested forms	x	x	-	x
Techniques in teaching	-	-	x	x
Testing information	x	-	-	x
Word list	-	x	x	-

Mimeographed Materials

Much of the unpublished literature received was in mimeographed form. The materials sent under this section were summarized in tabular form under the following headings given in Table 10.

TABLE 10

CATEGORIES OF MIMEOGRAPHED MATERIALS

Categories	Clinics								
	1	2	3	4	5	6	7	8	9
Case history information	x	x	x	x	x	x	x	x	-
Check list	x	-	-	-	-	x	-	x	-
Diagnostic forms (testing)	-	x	x	x	x	x	x	x	x
Diagnostic techniques	x	x	-	x	x	-	-	-	-
Evaluation and summary lists	x	x	x	x	-	-	-	-	-
Interest inventories	x	x	-	-	x	x	x	-	-
Informal reading inventories	x	-	-	-	-	-	-	x	-
Professional materials	x	-	x	x	-	-	-	x	-
Reading bibliography	x	-	-	-	-	-	-	-	-
Report card	x	-	-	-	-	-	-	-	-
Suggested remedial materials	-	-	-	-	x	-	x	-	x
Word lists	-	x	-	-	x	-	-	-	-

(x) Materials included (-) No material included

In tabulating the data for the nine clinics supplying mimeographed materials, each clinic was given a number which was used instead of its name to assure objectivity. Table 8 describes the categories into which the materials were examined.

Case History.--It was evident that the first step in diagnosis was the identification of the retarded reader. The clinical forms surveyed indicated that the children were screened. This screening included: (1) information obtained from application from parents and/or the school; (2) case history. These records included information about the child's birth, development, medical and school history. Forms disclosed the results of evaluation of the child's adjustments to his peers, his school, and his family. Table 11 indicated the specific types of information that were included in the case history.

TABLE 11

TYPES OF INFORMATION INCLUDED IN CASE HISTORY

Types of Information	Clinics Responding								
	1	2	3	4	5	6	7	8	9
Admission Data									
Health record	x	x	x	x	x	x	x	-	-
Family background	x	x	x	x	x	x	x	x	-
School Information									
Mental ability	-	x	x	-	-	-	x	-	-
Miscellaneous information	-	-	x	-	x	-	-	-	-
Reading history	-	x	x	x	x	x	x	-	-
School history	x	x	x	x	x	x	x	-	-
Testing information	-	-	-	x	-	-	-	-	-

It should be noted that this preliminary data serves as a foundation for part of the diagnostic work that will follow. The medical and school history also presents some guidelines that must be evaluated before going into the formal diagnostic procedures.

Check List.--In the materials studied it was noted that various types of check list were used. All nine clinics used some type of a check list for the case history. Other check list included reading skills and analysis of difficulties in reading.

The writer feels that these check lists are of an evaluative nature since they serve as guidelines for pinpointing weakness and strengths.

Diagnostic Forms (Testing).--Of major importance is the area of diagnostic testing.

From the literature reviewed in this area it is safe to say there are no specific norms to specify the "best" test. Authorities agree that it is up to the understanding and knowledge of the diagnostician to choose those tests which are best suited for the individual. It is the responsibility of the diagnostician to record and analyze the errors, and collate the disabilities for therapeutic correction.

Table 12 indicated the general types of tests used as indicated on the clinical forms.

TABLES 12

TYPES OF TESTS UTILIZED

Specific Types of Test	Clinics								
	1	2	3	4	5	6	7	8	9
Achievement (group)									
Diagnostic	-	-	-	x	x	x	-	x	x
Survey	-	-	-	x	x	x	-	x	x
Informal Inventory									
Reading	-	x	-	x	-	x	x	x	x
Others	-	-	-	x	x	x	-	x	x
Intelligence									
Group	-	-	x	-	-	-	-	x	x
Individual	-	-	x	x	x	x	-	x	x
Physical									
Audiometer	-	-	x	-	-	x	-	x	x
Laterality	-	-	x	-	-	x	-	x	x
Telebinocular	-	x	x	-	-	x	-	x	x
No mention	-	-	-	x	-	-	-	-	-

It should be noted from Table 12 that all those clinics which made reference to testing emphasize the same types in general.

Diagnostic Techniques.--From the literature examined under this heading it was noted that many clinics have devised suggestions and guides for class activities.

Research has proved that there is no single way to describe the clinical tutoring process, since it is based upon individual needs evidenced by the comprehensive study of his difficulties in diagnosis. The literature denotes that these techniques include both small-group and individual work. All materials reiterate the fact that there can never be one method which assures most successful results in all cases. The teacher of remedial reading in the clinic must have at his command many different techniques, so that he can apply the particular combination needed for any one case. The teacher at a clinic deals with the difficulties involved in meeting needs for learning. The skilled and devoted teacher works closely with an individual child. The teacher is one of the most important factors in helping a child to learn to read.

Interest Inventories.--Since it is necessary for a teacher to understand a student's personality, attitudes, fears, wants, and interests, some type of interest inventories are used. These will often suggest or give evidence to a teacher of specific areas that will be beneficial to pursue or that need to be examined.

Informal Reading Inventories.--Two clinics sent literature on the Informal Reading Inventory. One gave suggestions as to ways of finding the four levels, (1) Hearing Capacity Level, (2) Independent Reading Level, (3) The Instructional

Reading, and (4) The Frustration Reading Level.

Evaluation and Summary Lists.--Table 13 indicates some of the factors considered on those forms marked specifically "evaluation or summary". This group appeared to be more inclusive and detailed and could be used for enrichment of staff meeting, conferences and records.

TABLE 13

EVALUATIVE FORMS AND SUMMARY LISTS

Topics	Clinics								
	1	2	3	4	5	6	7	8	9
Basal Readers - Workbooks	x	x	x	-	-	-	-	-	-
Case history	x	-	x	x	-	-	-	-	-
Factors related to reading	-	-	-	x	-	-	-	-	-
Informal testing	x	-	x	-	-	-	-	-	-
Mechanical devices	x	-	-	-	-	-	-	-	-
Other materials	x	x	-	-	x	-	-	-	-
Skills	x	-	x	x	-	-	-	-	-
Test utilized	x	-	x	x	-	-	-	-	-

Briefly summarizing Table 13, it is apparent that these general headings give a fairly good projection of areas of weaknesses and strengths.

Reading Bibliography.--One comprehensive list of professional books was included with the unpublished literature. This list comprised both professional books and a listing of microfilms on reading.

Report Cards.--One clinic sent a sample of the progress report card which is presently being developed. It gives an explanation of independent, instructional, listening and frustration levels in addition to areas that require strengthenin as well as general attitudes. The other side of the card has a check list for the corresponding materials mentioned.

Material.--Although the response was limited to three, it is evident from the Table 14 that a wide variety of material is being used in developmental, corrective and remedial work. Besides building attitudes and interest, an abundance of easy material helps strengthen good reading habits, and recognition techniques, reading comprehension and reading motivation. A wealth of good materials does not constitute a panacea for all reading problems, but it represents a good foundation for a remedial program.

With machines, games, pictures, chalk, blackboards, cards, charts, and books, the clinical teacher systematically leads the children across reading's magic threshold. Careful effort should be expended to provide materials at levels which will permit youngsters to move ahead. The literature revealed that continuous attempts are made to use a wide variety of materials for remedial purposes.

The other was a sample sheet of the procedure for giving the informal inventory.

Professional Material.--Some of these materials could also be classified under diagnostic techniques but, in general, they seem to be more inclusive. These are listed rather than tabulated, since each is unique in itself.

1. A sequential Reading Program in the Elementary School.
2. Causes of Reading Difficulty
3. Dual Classification of the Disabled Reader
4. Effective Reading for the Socially Deprived Child
5. Fifty Ways to Make a Book Popular
6. Outline of Some Basic Reading Skills
7. Questions to be Answered in Reading Diagnosis
8. Remedial Procedures
9. Report on Child Having Difficulty with Reading
10. Sample of Informal Reading Test
11. Some Definitions Pertinent to Reading Diagnosis
12. Specific Reading Disabilities and Suggested Classroom Techniques
13. Suggested Diagnostic and Remedial Practices for the Primary Grades
14. Suggestions for Helping Children with Problems
15. Suggested Outline for Clinical Case Study Report

Of the nine clinics only three included a compiled list of suggested materials. Table 14 indicates these types.

TABLE 14

TYPES OF MATERIALS AND AIDS

Classified Types	Clinics		
	1	2	3
Word Attack Skills			
Activity books	x	x	x
Charts	x	x	x
Filmstrips	x	x	x
Other aids	x	x	x
Basic Reading Series	x	-	x
Word Recognition and Vocabulary			
Work texts	x	-	x
Dictionaries	x	-	x
Games	x	-	x
Other aids	x	-	x
Comprehension and Study Skills			
Activity text	x	x	x
Kits	x	x	x
Laboratories	x	x	x
Current magazines	x	x	x
Miscellaneous aid	x	x	x
Reading Power and Extended Interests			
Books of high interest-lower vocabulary level	x	-	x
Series of Mechanical Aids	x	-	x
Word List			
Dolch	x	-	-
Primary	-	-	x

CHAPTER V

SUMMARY AND CONCLUSIONS

In chapter one, it was established that an American child born in the Space Age and victimized by a problem of reading disability becomes an increasingly handicapped and frustrated individual. He is deprived of a tool that is basic to life in our Twentieth century.

To attack these problems, colleges and universities have set up Reading Clinics throughout the country to examine and study the difficulties encountered and thus develop diagnostic measures in this area. They have assisted in planning and carrying out programs that will help to make children better readers in tomorrow's world.

In chapter two a survey of the related literature indicated that reading clinics connected with colleges and universities had evolved because of obvious need.

Since the establishment of the first psycho-educational clinic in 1896, there has been a continuous interest and growth in clinics and the services they offer. Studies show that many clinics originated with colleges and universities to help applicants from all walks of life. Evaluation of the organization and services of other clinics and centers confirms the fact that "specialized services" are greatly

needed in reading at all levels.

In chapter three the writer examined several dissertations, but found only two that presented a study of the foundation and organizational pattern of a clinic connected with a college or university.

The study by Gerard, "Analytical Study of the Enrollees in the Cardinal Stritch College Reading Clinic from September 1943 to June 1962," had four goals: (1) to evaluate the services of the clinic; (2) to determine the characteristics of the enrollees; (3) to examine how these characteristics changed over the years; and (4) to determine if the clinic meets the needs and purposes for which it was founded.[54]

The major source of data was obtained from individual cumulative records, reports and interviews. The study underscores continuous growth of the clinics which had extended their services to other pertinent areas, witnessed by a new clinic building which will be opened for the summer session of 1968.

In the second study, by Ganser, an evaluation of the first ten years of the Cardinal Cushing Educational Clinic in Boston, Massachusetts was given. It was undertaken to uncover the effect of the reading programs on individuals and on society and indicated that the disabled reader must be recognized and identified through diagnostic tools and technique. The study followed a good organization pattern, with suggestions on materials, reports and evaluations.

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[54]Gerard, "Analytical Study of the Enrollees," p. 15.

A short review of other dissertations was given since they too contributed vital information to a reading clinic even though they were not studies directly connected with a college or university clinic.

The fourth chapter surveys the materials received as a result of a letter sent to forty-three clinics connected with a college or university.

Eighteen of these were connected with c olleges and twenty-one with universities. Seventeen clinics did not reply. Of the twenty-five that replied eight of them had no available literature for various reasons as indicated in Table 3. Since the letter was a request for brochures, handbooks and mimeographed materials, a summary of these will follow.

It was evident from the literature that the clinics served elementary school children, high-school students, undergraduates, graduate students from colleges and universities, and adults from all walks of life.

The second factor was the case history information that is so vital for diagnostic work. This was either done by conference or some type of forms sent to the home and/or the school. Such information regarding the child's development, health, family, school relationship and attitudes were considered. Some of the literature included reports with school or medical information which also added to a profile of the whole child.

The third section in general considered the diagnostic and remedial instruction. The literature gave evidence of

the importance of testing. Both group and individual sessions were mentioned and even conducted in one to several meetings. The purpose of the diagnosis was (1) to identify the child's strengths and weaknesses in reading and his attitude toward learning, (2) to make the remedial work more effective and (3) to lessen the hazard of failure. The tests were both formal and informal in nature. They included an evaluation of his mental ability, his capacity to read, his present level of reading achievement, and his particular type of reading difficulty. It is very important in the prognosis of each case to know the mental ability of the student in order that materials, and instruction can be adjusted to the student's capacity.

Many of the forms received had some type of check list or evaluation form on which this diagnostic information was recorded. The literature implied that there is no single way to describe the remedial instruction, since it is based on individualized needs. This instruction included both small-group and/or individualized work. These groups ranged from two to six students. Some of the literature had some comprehensive suggestions for different approaches and techniques. Some of those explained were: the basal approach, combination approach, the experience approach, the interest-motivated method, the kinesthetic approach, and the Fernald approach. Regardless, of the methods or techniques used, all instructions had some type of continuous evaluation or check list.

In regard to materials, there were three complete compilations that included:

1. Materials, books, and aids to develop word recognition.
2. Activity books, games, aids, charts and filmstrips to develop word attack skills.
3. Activity text, kits, laboratories, current magazine, and miscellaneous aids to develop comprehension and study skills.
4. Books of high interest-low vocabulary level for developing reading power and extended interests.

Also included was a comprehensive bibliography of professional books and microfilms.

There was one sample report card that is presently being developed. It gave an explanation of the four levels of reading and a corresponding check list.

Fees varied according to the purpose, type and length of instruction.

Finally, it was noted that the materials used were also evaluated and used for summaries or progress reports. The evaluation or reports were inclusive, detailed and related to the objectives toward which the reading was directed. It would be assumed that these reports were used by staff as a feedback in order to counteract weaknesses in the program. Other reports were sent to parents, schools, and agencies with parents' approval.

There was some indication, mainly stated in the purposes of the clinic, that teacher training was an important aspect of the clinical work.

Conclusions

There are many factors to be considered if one hopes to achieve success in organizing a reading clinic.

The basis for planning the specific remedial program must be a thorough analysis of the child's background and his disabilities. This is important since an effective remedial program should be aimed at correcting weaknesses and should be concerned with removing any factors that may bear a casual relationship to the disability. This is done by means of a complete testing program. This enables the diagnostician to have a good estimate of the difficulties the child is experiencing. From here a remedial program can be set up.

Suggestions for further research.--More research ought to be directed to the problem of getting the retarded reader to approach the reading situation in a wholesome way, particularly when his home and environmental conditions seem very favorable.

There appeared to be a great wealth and wide variety of unpublished materials for clinical use. These would include forms, aids, approaches, check list etc. Further research could formulate these into a handbook that would lead to greater effectiveness in organizing a clinic.

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APPENDIX I

Brochures

Reading Clinic Eastern Montana College, Billings, Montana 59101

Reading and Study Program, Millersville State College, Millersville, Pennsylvania

The Reading Clinic Temple University, Philadelphia, Pennsylvania

Reading Clinic University of Chicago, Chicago, Illinois

University of Pennsylvania Reading Clinic, Philadelphia, Pennsylvania

Handbooks

Directory of Reading Clinics, Educational Development Laboratories Inc., New York: Mc Graw-Hill, 1964.

Fisher, Joseph A., Ph.D. (compiled), A Laboratory Manual for Speeded Reading, Study Skills Clinic, Drake University, Des Moines, Iowa

Forell, Elizabeth R. (compiled), Children's Reading Clinic, University of Iowa, Iowa City, Iowa

Maier, Lucille S. (compiled), Reading Center, St. Cloud State College, St. Cloud, Minnesota

Stack, James J., Ph.D. (compiled), Child Study Center, Peabody College, Nashville, Tennessee

Mimeographed Materials

Appalachian State University Reading Center, Boone, North Carolina

Central State College - Reading Clinic, Edmond, Oklahoma

Chico State College Reading Center, California

Fort Hayes Kansas State College, Hayes, Kansas

Kansas State Teacher's College Reading Center, Emperia, Kansas

Oklahoma State University Reading Center, Stillwater, Oklahoma

St. Cloud State College, Psychological Services Center, St. Cloud, Minnesota

Teacher's College Columbia University, Reading Center
University of Chicago, Reading Clinic, Chicago, Illinois

APPENDIX II

Cardinal Stritch College
6801 North Yates Rd.
Milwaukee, Wisconsin
February 24, 1968

Director of Reading Clinic

Dear Sir:

Presently, I am interested in studying various organizational plans, policies, and procedures of Reading Clinics connected with colleges and universities, in preparation for reorganizing a clinic begun at our College in Illinois. There have been surveys made of clinics and I am trying to bring the ideas together. At the same time, it seems to me that there are many helpful ideas contained in the unpublished literature of Clinics which would enrich the collection of information.

Because of the need for bringing together helpful information for greater availability to all and my personal interest in learning more about setting up a clinic, I have taken this for a research paper in partial fulfillment of requirements toward a Master's degree. I shall greatly appreciate your response to my request. I am particularly interested in the following types of materials you may have: Handbooks for the Reading Clinic: brochures and mimeographed materials, and aids you may have. I shall, of course, be happy to reimburse you for the cost of the materials and postage.

If you are interested in a summary of the findings, please let me know. I am enclosing my address and a slip concerning costs to be enclosed with the materials.

Thank you for your cooperation in this endeavor. I am sure you will see the value of this collection to all those working in clinics.

Sincerely yours,

Sister M. Dominic O.S.F.

Sr. Mary Dominic, O.S.F.

Reading Clinic
Cardinal Stritch College
Milwaukee, Wisconsin

To Whom It May Concern:

Sr. Mary Dominic is presently working to collect from published work and from brochures and/or Handbooks of Clinics information concerning organization and policies of Reading Clinics. This, I believe, is a much needed work. I shall appreciate any cooperation you give to Sister.

She will be happy to send you a summary of the findings when completed.

Thank you for your cooperation in this study.

Sincerely yours,

Sister Mary Julitta, O.S.F.
Professor of Education
Graduate Division
The Cardinal Stritch College
Milwaukee, Wisconsin

****

Cost of materials_____.

Please remit to the amount of_____.

I am interested in receiving a summary of the study.

Yes_____ No_____

Name_____ Address_____

_____Zip Code_____