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reading program. As a matter of fact, no new reading program or thrust can be introduced until a supportive relationship to DORT is established. It is anticipated that the bombardment of new reading programs which have overwhelmed the teachers will be reduced.

Fourth, by dividing the reading process into smaller, more manageable sequential skills, the probability is increased that every child will achieve some success. Once an objective is mastered in DORT, the student and teacher are patterned toward success. Expectations are higher and success breeds success. The classrooms environment becomes more conducive for learning.

Fifth, a special Home Curriculum Project has been developed to encourage more active and meaningful parent involvement. Special parenting inservice, parent-centers in each middle school, weekly

DORT homework lessons, and home visits have resulted in a greater awareness of the role of the parent in the educational process.

Finally, a very tightly structured monitoring system has been incorporated to assure that all reading teachers are implementing the reading system as designed. By incorporating DORT into the district's achievement plan, the specialists who are evaluating the achievement plan of each school are in the position to demand accountability in the implementation of the reading program.

READING IMPROVEMENT REALIZED

The best designed reading program, implemented in the most effective manner, cannot be considered successful if the district's reading performance does not suggest improvement. Since the implementation of the DORT System,

the downward spiral of test scores has been reversed. For the last three years the students in Detroit have done better, for example, on every MEAP objective. The scores on the California Achievement Tests have likewise begun to show improvement. While these scores still do not equal those of most districts in the state and are still not where we want them to be, the trend toward significant improvement is most encouraging.

One district has determined that a smoothly coordinated reading program is of greater value than a multitude of attractive but uncoordinated attempts at reading improvement. The airport analogy is consistent with the student's needs. It is better to plot a meaningful master plan carefully than to flood the schools with a blitz of well-intended reading attempts, none of which hit the target.

The Classroom Teacher as a Reading Diagnostician

Margaret E. Johnson

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Six-and-a-half-year-old Melinda was brought by her mother to our clinical and educational psychology office. Melinda seemed unable to learn to read in the first grade, even though she was of average intelligence and was working up to grade level in all her subjects except reading. On coming into the office, Melinda was noticeably nervous. She appeared to be frightened by her new surroundings and the strangers who were to find out why she was having difficulty learning to read. Consequently, the first session with Melinda was dedicated to establishing friendly relations with her and trying to put her at ease. A complete academic and intellectual evaluation was then conducted, which ultimately revealed that Melinda was suffering from a mild visual-perceptual dysfunction. She was referred to a perceptual therapist, who worked with her for several months. Perceptual therapy proved successful and Melinda is now reading on grade level.

This professional evaluation would have required less time, ef-

fort, and anxiety both for Melinda and her parents had the initial diagnostic tests been performed in the child's classroom, an atmosphere familiar to the child, and by the classroom teacher, a person she already knew and trusted. The elementary grade classroom teacher is the best initial source for an answer to why a child cannot read. The teacher sees the child daily, knows the child's study habits and personality traits, and works regularly with the child on his reading.

Many learning difficulties can be diagnosed within the classroom by use of short, simple, and easily administered tests. These informal observations and screening tests enable the teacher to make a judgment about the need for outside referral. If she decides that the referral is desirable, she can then advise the psychologist or reading specialist of the results of her initial screening.

This article discusses several of the more common causes of reading difficulties in children of elementary

school age and some simple screening procedures that can be used by the classroom teacher to enable their recognition.

VISION AND VISUAL PERCEPTION

The most common forms of vision impairment are short-sightedness and far-sightedness. These are easily recognized by most teachers. While extreme cases might affect motivation and cause students to become tired and have headaches, most forms are milder and do not affect learning to a significant degree. The teacher, however, should be alert to squinting, redness or watering of the eyes, and to complaints of headaches or fatigue. When these occur, an eye examination is recommended.

Binocular vision problems have a more serious impact on learning and are less easily recognized by the teacher. They may be manifested in difficulties in lateral and/or vertical posture. Difficulties in lateral posture, or the inability of both eyes to focus on the same lateral plane,

result in the child losing his place and either skipping words or phrases or rereading words already read on a line.

In diagnosing vertical posture difficulties, the teacher should be alert to a pattern in which the child skips entire lines when reading or rereads lines already read. For diagnostic purposes, the teacher should make sure that the child is not using a finger or pointer to maintain his position on the page. In fact, dependency on a pointer to maintain his position on the page. In fact, dependency on a pointer or finger is a symptom lateral or vertical posture difficulties.

Color-coding is fairly widely used, especially in the lower grades. This method of teaching puts the student who is color deficient under a severe handicap. Behavioral observations suggesting color vision deficiency include dislike of or refusal to participate in coloring activities, inability to perform sorting tasks on the basis of color, and difficulty in learning mathematical concepts presented with color devices such as color rods.

The teacher who suspects color deficiency can easily perform the following screening test. First, prepare four groups of cards, each consisting of three cards. The first group should include dark, medium, and light blue cards; the second, dark, medium, and light green cards; the third, dark, medium, and light brown cards; and the fourth, dark red, light red and pink cards. The cards are combined into one pile and presented to the student, who is asked to sort them into four groups according to their colors. A second color screening device might involve writing numbers in different colors on various colored papers. Inability to read these numbers could indicate a color vision deficiency.

Visual memory is the ability to remember that which has been seen. To test for visual memory difficulties, the teacher should prepare four small cards. On one there will be a triangle; on the second, a square; on the third, a circle; and on the fourth, a diamond. The teacher then arranges these cards in a certain sequence and shows this sequence to the child. The cards are then shuffled and the child is asked to rearrange them in their former sequence. Failure to do so would in-

dicate a deficient visual memory.

Visual discrimination is the ability to discern between likeness and differences of visually presented symbols. To test for visual discrimination, the teacher might use a set of cards containing small, medium, and large squares, circles and triangles. The child is presented with all of the cards and asked first to arrange them according to size, putting all the large shapes in one pile, all the medium sized shapes in a second, and all the small shapes in a third. He is then asked to sort the cards according to shapes, putting all the squares in one pile, all the circles in a second, and all the triangles in a third.

Visual-motor coordination is the ability to synchronize the movements of the hand and the thought process of the brain. To test for visual-motor coordination, the teacher should have the child copy a circle, a square, a triangle, and a diamond. The child should be able to copy a circle at age three, a square at age four, a triangle at age 5½, and a diamond, at age 6. At age 8, he should be able to draw two touching circles without an overlap or a large gap. If he is more than one year behind on any of these tasks, he should be checked further for visual-motor coordination problems.

Rotation, such as mirror writing or exchanging *b* for *d* or *p* for *q*, suggests mixed dominance or lack of dominance. The teacher should note the hand with which the child is writing. She should then take a small paper, tear a very small hole in its middle, have the child hold the paper with one hand on each side, and ask him to bring it to his eye and look at her through the hole. If the eye used is not on the same side of the body as the hand used, dominance problems might be present. Because reversals are common until the age of 7 or 7½, a referral for perceptual therapy based on mixed dominance should be considered only after that age.

AUDITORY RECEPTION AND PERCEPTION

Difficulties in auditory reception, or hearing, may be indicated by the child turning or cupping one ear toward the speaker, by failure to answer to his name when it is whispered softly from behind him, and by an excessively loud or ex-

cessively soft voice. If such behavior is observed, an auditory examination should be recommended.

Inadequate auditory reception would affect auditory memory and discrimination. The first memory task, which would be administered to children having difficulty following directions, would assess immediate or short-term memory. It would require the child to repeat a series of claps and pauses of different sequences. The claps should come from behind the child so that he cannot watch what is being done. Minimum performance would involve repetition of a four-item sequence at age six, a five-item sequence at age seven, and a six-item sequence at age eight. Similarly, the child might be asked to repeat digits after the teacher. He should be able to repeat three digits at age six, four digits at age seven, and five digits at age nine. Inability to do so would suggest auditory memory problems. To test for long-term auditory memory, the teacher should name three objects and have the student repeat them after her until she is sure that he has memorized them correctly. Then she should have him repeat these objects 15 minutes later.

Auditory discrimination tasks should be administered to students with spelling difficulties. Pairs of identical and non-identical letters and words are presented and the child is asked to state whether they are the same or different. Commonly confused consonant sounds are *B* and *D*, *S* and *PH*, *S* and *SH*, *T* and *TH*, *B* and *P*, *M* and *N*, *V* and *F*, *V* and *TH*, and *F* and *H*. Commonly confused vowel sounds are *E* and *I* (as in *pen* and *pin*), *U* and *O* (as in *put* and *pot*), *U* and *OO* (as in *full* and *fool*), and *A* and *O* (as in *call* and *coal*). It is suggested that the teacher not use a prepared list of letters or words for such an evaluation, but rather that she look at the student's spelling errors and present same and different pairs, emphasizing letters and words with which the child has had difficulty.

CONCLUSION

The screening devices mentioned above are especially suited to be the classroom teacher in that they can be easily, quickly, and inexpensively administered. It should be noted, however, that there are a great many standardized and professionally developed tests available to

the teacher for use in diagnosing the various causes of reading difficulties. The devices suggested here are cursory; if any difficulties are indicated by their use, further testing and evaluation should be recommended and carried out.

Wilson has noted that, the day is past when diagnosis of reading problems could afford the aura of mystery which once surrounded it. In facing the problem realistically, the reading specialist will not be able to handle the number referred unless the classroom teacher starts to assume major responsibilities in diagnosis (6, p.1). The advantages of classroom diagnosis are obvious. First, the child will be more at ease in the familiar atmosphere of the classroom and with a teacher whom he knows and trusts. Second, when simple diagnostics are carried out

by the classroom teacher, the reading specialist is freed to deal with remedial work and with more complicated testing when it is deemed necessary. Third, should there be a need for an outside referral, the classroom teacher will have some idea of the nature of the child's difficulty and, thus, have a better idea to whom to refer the child for help.

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Research Perspectives: Disseminating Research Results to Practitioners

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During the past decade there has been increased pressure upon the classroom teacher to produce demonstrable increases in reading achievement. This pressure can emanate from administrators, state departments of education, federal funding agencies, or communities in general. At the same time there have been inordinate amounts of time, monies, and intellectual energy put into reading research. And much of this research does offer the classroom teacher some further direction in this major undertaking of developing competent readers. The problem, however, is the difficulty of bringing the research results to the practitioner in a clear and timely fashion.

An example of this problem relates to the use of the cloze procedure. Berger and Andolina surveyed 454 administrators to determine how they learned about reading research and the extent to which the results were used in their schools (6). Regarding the cloze procedure, they found the 44% of their respondents were familiar with it, and only 20% reported it was being used in their schools. This is a

discouraging finding, since the original work on the cloze procedure was done in the 1950s. This result, however, was not expected. In 1921, E.L. Thorndike said he expected a usual lag of thirty to fifty years before some of his most significant discoveries would be implemented (8).

This situation reflects the critical role of dissemination in research and development efforts. The importance of dissemination is recognized by the government, which now sponsors 21 major dissemination networks and enforces 208 federal laws which mandate it (2). Nevertheless, a common definition of dissemination was not established in this legislation (19).

Schultz defines dissemination as,

a two-way sharing process for communicating educational needs and problems among educational practitioners, policy-makers, and knowledge producers; and for facilitating rational consideration and the appropriate utilization of the outcomes of research, development, effective educational practices, and other knowledge that can be used for the improvement of education (16, p.1)

The important concepts here are *two-way sharing* and the broad use

of research—for policy, for other researchers, ultimately for improvement of schooling.

The Dissemination Analysis Group (DAG), a U.S. Office of Education committee, has devised a dissemination model which expands upon Schultz's definition. Fletcher describes the DAG model:

Level 1: **Spread**—The one-way casting out of knowledge in all its forms: information, products, ideas, and materials, "as though sowing seeds;" e.g. radio and T.V. broadcasts, ERIC, journal articles.

Level 2: **Exchange**—The two-way or multi-way flow of information, products, ideas, and materials as to needs, problems, and potential solutions: e.g. conferences, site visits.

Level 3: **Choice**—The facilitation of rational consideration and selection among effective educational practices; e.g. traveling exhibits, catalogs comparing alternatives.

Level 4: **Implementation**—The facilitation of adoption and installation of improvements; e.g. on-site technical assistance, locally tailored training programs (11).

This provides a realistic model viewing dissemination as a complex, multi-faceted process. It emphasizes the need to progress from simply "telling" to a communication process with the ultimate goal of pro-