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Conversations with Project Directors

Reading Recovery

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interviewed by

Emily Rodgers
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Reading Recovery is an early, short-term intervention literacy program. It helps the lowest achieving first grade children develop effective and efficient problem solving processes and strategies used by successful children in the classroom. The goal of the program is to bring those children who are having most difficulty developing literacy skills to a level of achievement at or beyond their peers. This way, they can participate in and benefit from regular classroom literacy instruction.

Q: Would you describe the implementation of the Reading Recovery program in the United States?

A: Marie Clay initiated the Reading Recovery program in New Zealand in the 1970s as a result of her research into the early reading behaviors of young children. The program was adopted nationwide in New Zealand in the early 1980s. In 1983 Gay Su Pinnell wrote a proposal to implement Reading Recovery in six central Ohio public school districts. As a result of the positive outcomes at the end of that pilot year in 1984-1985, the state legislature agreed to fund Reading Recovery as a state-wide program in 1985-1986. That same year, The Ohio State University mounted a program to train Reading Recovery teacher leaders. There were 28 people in the first training program.



Diane DeFord

Q: How has the program grown in the U.S. since its pilot year in 1984?

A: It's staggering how it has expanded. In 1984-1985, the program's pilot year, just one school district in Ohio and 16 teachers were involved. That first year, 110 children were served by Reading Recovery. By comparison, 99,617 children were served by the program in the United States in 1995-1996, nearly 100,000 more than the implementation year. Over the last 14 years, 2939 school districts involving 9062 schools and 14,153 teachers have participated in the Reading Recovery program.

Q: The name "Reading Recovery" begs the question: What are children recovering from?

A: There are many ways the term "recovery" can be used. The U.S. tends to think of a medical terminology before other possible uses—recovery from a disease, for example. However, in New Zealand where the program originated, "recovery" is a nautical term. It means to "right one's course" and is not to be associated with the medical uses.

Q: How have you gone about securing funding for the program?

A: Initially, for the pilot year, funding was secured through a combination of grants from several foundations. Following the pilot year, we received a grant from the Ohio Department of Education to provide further training and a research grant from the MacArthur Foundation. Ongoing funding is definitely a concern because the scope of our work and responsibility have continued to expand but the funds have declined.

Q: How is Reading Recovery different from traditional remedial reading programs where students are pulled out from their regular classrooms for extra help with reading?

A: It is both similar and different. It is a "pull-out" program in that a teacher must work one-to-one with a child, and a quiet place insures the child's ability to attend carefully in every lesson. However, it is an early intervention program,

not a remedial program. In this sense, Marie Clay, the program's developer, wanted a program that would intervene early while the least difference between the child's current abilities and the average performing child might be made up in a short program. Most children are in Reading Recovery from 12-15 weeks, although 20 weeks is an outside limit. This insures that the child will rapidly achieve accelerative learning, and lessen the need for further remedial services. If, however, after an intense program of this nature it is deemed that the child would benefit from a longer service program such as special education or more typical remedial services, the child may be referred to that program.



Gay Su Pinnell

Q: What are the theoretical underpinnings of Reading Recovery instruction. Where does it fit in the body of current research on early reading and writing?

A: The fundamental underpinnings of Reading Recovery include 35 years of research in language learning which have illustrated the theory of learning as a constructive process. The early language research demonstrated that children use language to communicate meaning. Marie Clay's early research demonstrated that young children construct meaning as they read. Bruner's theory of serial order, Luria's theory of the complex brain functioning in speech and writing processes, theories of perceptual and cognitive processing and theories about phonology have all contributed to Clay's theory of text reading. Clay's theory of literacy acquisition incorporates theories of other scholars (e.g. Bruner, Luria, Elkonin, Goswami, Bryant, Smith) and stresses that during acquisition of literacy, the child must learn what to attend to in the text and how to access that information. She calls these processes "divided attention".

The current research on early reading is changing, so one of the challenges is to keep up with and incorporate

current research into the program. Differences in editions of Clay's published material reflect the theoretical changes that have occurred over time. These theoretical changes are also evident in the refinement of the Reading Recovery procedures. The changes are not haphazard but the result of careful evaluation over time. The changes in Reading Recovery practice are gradually assimilated through ongoing professional development of teacher leaders and Reading Recovery teachers.

Q: As program directors of Reading Recovery, you have conducted a considerable amount of research into the effectiveness of the program. What have been your major findings?

A: Reading Recovery has been proven an effective program for first grade children. In tests against other one-on-one tutorials, Reading Recovery was significantly better (Pinnell, Lyons, DeFord, Bryk, & Seltzer, 1994). In 1995-1996, we were successfully able to bring 57% of all children who received Reading Recovery lesson, to within the average of their class. This reference includes every child who received a Reading Recovery lesson in the United States during that school year, even if the child received just one lesson. Few programs have this stringent a requirement, not this type of success.



Carol Lyons

Q: Since 1984, over 200,000 first graders in North America who received a Reading Recovery program reached the average reading levels of their peers in about 16-20 weeks. How do you account for this accelerated progress?

A: There are several factors, but the highly skilled decision-making of teachers is the major influencing factor. The teachers report that ongoing professional development keeps them apprised of most recent developments, and makes skillful teaching a continuous pursuit. In addition, there are issues of

implementation that can facilitate this program. For example, a site needs an adequate number of teachers serving the proportion of children in greatest need. This may vary by site, but usually 10-15% is a initial goal of most schools. If a school's level of need is 20% and their level of service is only 5%, the effectiveness of the program may suffer.

Q: Since Reading Recovery instruction has been demonstrated to be so effective, why is it limited to first graders? What about older students who are having difficulty with reading?

A: Reading Recovery is limited to first graders because that is when children are most likely to catch up to their peers. You have to put efficiency and economy in a *prevention* mode, not a *remediation* mode.

Can it work with older students? Yes, but it would take longer than 12 - 20 weeks of individual instruction. If you took a Reading Recovery teacher's understanding of the reading and writing process and their understanding of developing self-regulatory behaviors and what that means, certainly Reading Recovery would work. You would get improvement in older students' ability to read. We have two dissertations that did this with adults. It's not Reading Recovery anymore, though. It's taking the knowledge and some of the procedures as well as the rationales behind those procedures and applying them to a different population.

Q: In a recently published document, *Learning Disabilities—A Barrier to Literacy Instruction* (1995), the International Reading Association identified Reading Recovery as a program that reduces the number of students who are labeled learning disabled. Is there evidence that Reading Recovery can reduce the learning disabled population? If so, how do you account for this effect?

A: There is research that shows that it is doing that (see Lyons, in press). But there are problems collecting LD data. It's not as readily available because school districts often do not release retention and LD referral data to the public.

Can Reading Recovery reduce the learning disabled population? Yes, because in our view the children were mislabeled in the first place. They never had a learning disability, they were instructionally disabled. For example, if the instructional approach is to focus on learning letter sounds and words in isolation then children who are most at risk and who are vulnerable to instruction will rely on these unproductive reading strategies.

In 1986-1987, 110 children were served by the Reading Recovery teacher-training class in Ohio. One third of these 110 children had been labeled "learning disabled". Yet 83% of them successfully completed the program and were reading at or near the average reading levels of their peers.

Q: What do we know now, 13 years after the program was first implemented about the long term effects of Reading Recovery? Do Reading Recovery students maintain their gains in reading after first grade?

A: In early 1998 an annotated bibliography of follow-up studies on Reading Recovery students will be available. The Ohio follow-up study has control groups (see Reading Recovery in Ohio, 1997). Three others that come to mind, are in Massachusetts (see Reading Recovery in Massachusetts, 1995-1996); Texas (see Reading Recovery in Texas, 1988-1996), and New York (see Jaggar, Smith-Burke, Ashdown, & Simic, 1996). Each of them used their state assessments to see how Reading Recovery children, who were discontinued, do. They've maintained their gains.

Q: Wilson and Daviss, authors of *Redesigning Education*, have stated that "Reading Recovery is the best evidence yet of the direct link between good design and educational excellence" (see Wilson & Daviss, 1994, p.76). Would you comment on the design of the program and how this is linked to the effectiveness of Reading Recovery.

A: Because Reading Recovery invests in teachers' professional development (intense training, continuous professional development) and maintains an extensive research base, it is able to make each implementation an effective one. No teacher is alone in this program. The networks within a given district, through the teacher leader in the district, the state department in each state, to the training institution, makes this program unique.

Q: Michael Fullan has described the challenges in bringing about long-lasting change in education. Have you faced such challenges with implementing Reading Recovery? How have you dealt with them?

A: Every year, there have been challenges related to change. At first, the challenges were local and were related to administrative competition, program competition, etc. We dealt with them by forming relationships and bridges with individuals. We've found that the most powerful way to achieve collaboration is to establish a personal relationship with individuals and to focus on what we can do together. That becomes more and more difficult as the project gets larger.

There have been challenges at every level and in each period of growth. Challenges such as transporting children for the "behind the glass" session shook everyone up in the beginning. We no longer get calls about that factor. Also, the long term training was just seen as unnecessary. Now, everyone wants year long training. Other challenges have surfaced. Right now, Reading Recovery is caught up in the discussion over phonics vs. whole language. The issues are muddied because special programs like Reading Recovery are being confused with classroom approaches that include all children. We can not design classroom approaches based solely on what we have learned from special education. Reading Recovery fits into that. We simply wouldn't want all children to have Reading Recovery or anything like it.

Other challenges come from the creation of bureaucracy, even within Reading Recovery, as it grows larger. We are always trying to balance individual agendas and ambitions with the good of the whole.

Education, and therefore any act of teaching, must be accountable. So one of the challenges is to keep this system accountable at every level, to make necessary improvements, and to meet the needs of children in very diverse settings. Consequently, while there is a model of implementation and national guidelines that all teachers, teacher leaders, and trainers must use, there also must be a way to flexibly relate to each new site, each new teacher, and each new student to keep evolving to meet new demands. Other challenges are to keep the public we serve informed, to conduct research to address important questions related to program success, and to keep educational systems working together.

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