SURVEY OF DIAGNOSTIC PROCEDURES IN UNIVERSITY AND COLLEGE READING CENTERS IN THE CONTINENTAL UNITED STATES

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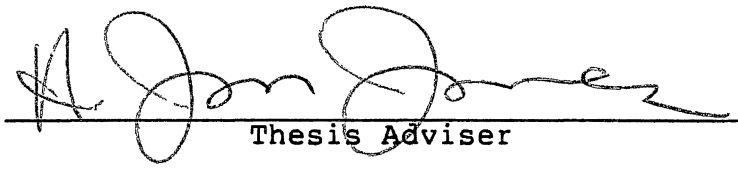

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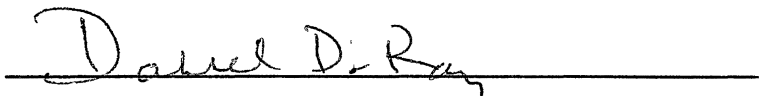

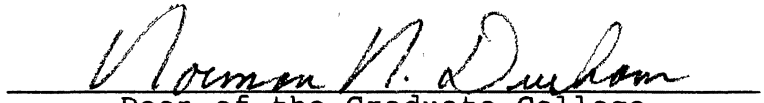

Dean of the Graduate College

ACKNOWLEDGEMENTS

The study of diagnostic procedures in university and college based reading centers in the continental United States is derived from the researcher's desire to increase his knowledge and understanding. Additionally, this study will provide a basis for professional communication which can be used in the planning and evaluation of diagnostic procedures in university and college based reading centers.

The researcher is extremely grateful to all the individuals who contributed to the final form of this document. Special gratitude is extended to Dr. Darrel Ray, Chairman, whose belief that this project would be completed never ceased to be a source of amazement, and whose patience and encouragement provided energy to make one more step. Special gratitude is extended to Dr. Jon Jones, Dissertation Chairman, who always had time to listen, to encourage and to urge forward. Great appreciation is extended to Dr. Rondal Gamble, and Dr. Kenneth St. Clair for their sustaining interest and assistance.

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CHAPTER I

THE PROBLEM

Introduction

The term reading clinic or reading center conjures up a variety of definitions purposes, procedures and methods. However, there seems to be a general division of thought in the literature concerning the reading center. The first purpose would be that of providing training to reading educators and diagnosticians. This would include individuals at the master's and doctorate levels. This training most often occurs in a practicum format with clientele from the community providing the necessary experiences. The second general purpose would view the reading center as a community service. Individuals from throughout the community with reading problems would take advantage of the services provided at the reading center to improve their reading ability.

Few generalizations are apparent concerning the procedures for diagnosis and remediation as performed by university based reading clinics (Bates, 1984). A descriptive study of university based reading clinics would be beneficial in evaluating diagnostic and remediation methods and materials in current use. In addition, this

information may open avenues of communication and sharing with other university based reading centers.

Statement of the Problem

The purpose of this study is to survey the diagnostic and remedial procedures at college and university based reading centers in the United States which offer a doctorate in reading which are engaged in providing diagnosis and remediation to preschool, elementary, secondary, and college/adult individuals.

This study will attempt to answer the following questions:

1. What is the purpose of the center?
2. What are the methods of building individual case referrals?
3. What fee schedule is used, if any?
4. What type of cases are being served?
5. What diagnostic procedures and tests are used?
6. What instructional materials are used?

Definition of Term

The following definition will be utilized for the purpose of this study:

Reading Center--A reading center refers to an organized group of people and materials whose primary purpose is to identify individuals who have reading difficulties and to

help them become better readers. (Harris, 1961, Alexander, 1983).

Need for the Study

Even though there is much written in the literature concerning diagnosis and remediation, there seems to be little information available regarding techniques used across the nation at college or university based reading centers that cater to preschool, elementary, secondary and college/adult individuals. Those studies that are available point to the lack of consistency among centers (Harris, 1961, Bader and Wiesendanger, 1986). It would seem that those diagnostic and remedial procedures and activities that prove successful in one or more centers should be shared with other centers. Such information would prove valuable in conducting in-house evaluations of reading centers. Since reading centers work with clientele from the immediate community, it would be beneficial to be knowledgeable concerning the practices of reading centers across the nation.

Basic Assumptions

It is assumed that there is a need to describe and share information between university reading centers with regard to diagnostic procedures.

It is assumed that there is a need to describe and share information between university reading centers with regard to remedial activities.

Scope of the Study

This study includes a selected number of university or college based reading centers in the continental United States. Only universities or colleges listed in the most current issue of Graduate Programs and Faculty in Reading, 1981 which offer a doctorate in Reading were included.

Limitations of the Study

It is recognized that this study has limitations. First, the study is limited because of its dependence upon the interpretation of the survey by numerous individuals.

Second, the survey itself limits the responses in many areas because of forcing the respondent to select one answer over another.

Third, another limitation is that only universities or colleges offering doctoral level study are included in the survey.

Fourth, this study is limited in that only results from surveys returned are included in the interpretation, which obviously excludes centers not returning surveys.

CHAPTER II

REVIEW OF SELECTED LITERATURE

Introduction

The Review of Selected Literature is divided into two sections: Background and History and Focus of Selected Surveys.

Background History

As reported by DeSanti (1982), the first published attempt to define reading failure and its causes was by Hinshelwood in 1895. Hinshelwood was a medical doctor. Hinshelwood's study focused on visual perceptual problems as related to reading difficulty in children with normal intelligence. He termed this condition "word blindness".

The term remedial reading and the appropriate manner by which reading disability could be addressed were first introduced by Willis Uhl in 1916, (DeSanti, 1982). Based on silent and oral reading tests given to students in grades three through eight, he noted ten types of reading faults and suggested remedial techniques for each. Hinshelwood (DeSanti, 1982) recommended three broad steps of reading remediation: First, have the learner store the letters of the alphabet in the visual part of the brain; Second,

develop the ability to retrieve the entire word from auditory memory through spelling words out loud; Third, transferring the auditory retrieval ability to the visual center of the brain.

During the early 1920's, (DeSanti, 1982) standardized tests were developed and began being used in school systems across the nation. School systems were dismayed to find that many of their students were deficient in reading. The results of standardized reading tests were used to initiate some form of reading improvement services for disabled readers by many of these school systems.

The first reading center for remedial instruction appears to be one established in 1921 by Grace Fernald, (Bracken, 1967). Fernald, who had been working with poor readers, was given a room at the University of California, Los Angeles, Training School. From this austere beginning the Clinic School was established. Fernald promoted a kinesthetic approach for teaching nonreaders. This approach requires the student to use one or two fingers to trace a word that had been written for him. While tracing, the student would say the word in parts. Practice continued until the child could reproduce the word without looking at the example. The word was then to be used in writing a story.

During the 1930's university based reading centers and public school remedial programs were founded. Among the early centers were those founded by Donald Durrell at Boston

University, (Durrell, 1940) and Emmett Betts, Shaker Heights, Ohio, (Betts, 1936). This period also saw the development of machines to assist in remedial instruction. A reading pacer with a motor-driven shutter which would screen a page of print at a rate that could be controlled was introduced by Guy Buswell. A set of motion picture films for college students to practice reading at controlled speeds was introduced by Harvard University, (DeSanti, 1982). In 1937 Earl Taylor introduced the Metron-O-Scope, (Taylor, 1937). This machine exposed a line of print one third at a time at a controlled rate.

The 1940's saw the publication of Helen Robinson's report, (Robinson, 1946). This report viewed reading disability through a broader multiple factor concept of the causes of reading disability. This study incorporated the data of a social worker, a psychiatrist, a pediatrician, a neurologist, three ophthalmologists, a speech-correction specialist, an otolaryngologist, an endrocrinologist, a psychologist, and a reading specialist on each case. Robinson concluded that combined opinions were better than that of the reading examiner alone.

In 1956, Ralph Rabinovitch, (DeSanti, 1982), coined the terms primary and secondary reading disabilities. Primary disabilities were the result of deviations in neurological functioning. Secondary disabilities were those which may be induced by a variety of environmental factors.

The 1960's and 1970's brought continued reports of the multiple causation of reading disabilities and the beginning of efforts to develop techniques and instruments for the early screening of those at risk for reading difficulty, (DeSanti, 1982). Many methods intended to provide for the early detection of potential reading disability cases were presented. Among those included were parent reports, rating scales to be filled out by kindergarten teachers, and combinations of objective group tests and teacher rating scales. Specific testing instruments were introduced to aid in the assessment of reading ability; such as The Frostig Developmental Test of Visual Perception, the Reading Miscue Inventory and the Wepman Auditory Discrimination Test.

As interest in the area of reading disability grew, so did the availability of commercially produced materials specifically designed for remedial reading instruction, (DeSanti, 1982). Along with commercially produced materials new approaches to remedial instruction became evident. These included: perceptual training, initial teaching alphabets, words in color, materials structured along linguistic principles, programmed materials, programmed tutoring, talking typewriters and phonic systems.

Recognition of reading disability by the federal government came with the Elementary and Secondary Education Act of 1965, (DeSanti, 1982). Millions of dollars distributed under Titles I and II, were provided for a large variety of remedial reading projects and programs.

Emphasis in remedial techniques appears to have shifted during this period from what has been described as an individualized approach to a diagnostic and prescriptive method of reading instruction. This method engages a pre- and post-test format for each of a series of objectives as well as materials which follow an instructional sequence. Pre-test performance determines which instructional objectives are appropriate for a learner and mastery of the objectives is determined by post-test performance.

Summary

Hinshelwood (1895) and Uhl (1916) represent early attempts to define reading failures. Hinshelwood recommended three broad steps of reading remediation. Uhl used silent and oral reading tests and identified ten types of reading faults with suggested remedial techniques for each.

DeSanti (1982) and Bracken (1967) reported major events in the 1920's. The nationwide use of the newly developed standardized tests and the establishment of the first reading center by Grace Fernald were to set the stage for future events.

Durrell (1940), Betts (1936) and Robinson (1946) reported changes during the 1930's and 1940's. University based reading centers, the use of machines in remedial instruction and the addition of other professionals, with

the reading specialist, in the diagnosis process were major influences in the center setting.

DeSanti (1982) reported that during the 1950's, 1960's, and 1970's events continued to have influences on reading centers. Multiple causation of reading disabilities, early screening for those at risk, the development of specific reading diagnostic test instruments, the availability of commercially prepared materials and the Elementary and Secondary Education Act of 1965 had major influences on the procedures and materials used in university based reading centers.

Focus of Selected Surveys

Barbe (1955) conducted one of the first surveys of reading centers in the United States. Information as to the existence of a reading center was solicited from colleges and universities listed in the "Education Directory, Higher Education", Part 4; superintendents in all cities with a population over 25,000; and state superintendents of instruction in all the states and the District of Columbia.

Replies were received from 789 colleges and universities, 193 superintendents, and 44 state superintendents. Questionnaires were then mailed to 625 and responses received from 285. The largest group of respondents was university or college based reading centers.

The questionnaire focused on clientele served, fees charged and center personnel. The clientele served was

TABLE I

BACKGROUND AND HISTORY

RESEARCHER/REPORTER	YEAR	INFLUENCE
Hinshelwood	1985	Studied visual perceptual problems as they related to reading. Identified this condition as word blindness.
Uhl	1916	Noted ten types of reading faults and suggested remedial techniques for each.
DeSanti	1982	Reported the development and nationwide use of standardized tests during the 1920's.
Bracken	1967	Reported the establishment of the first reading center by Grace Fernald in 1921.
Durrell and Betts	1940 1936	Established to reading centers.
DeSanti	1982	Reviewed the use of machines in remdial reading instruction, screening for at risk students, use of specific diagnostic test instruments, the availability of commerically prepared remedial reading materials and E.S.E.A.

equally divided between elementary, high school, and college levels. Fees charged ranged from fifty cents an hour for small group tutoring to over five dollars an hour for individual tutoring. A majority of center personnel had masters' degrees with center directors more often holding a doctorate.

Bond and Botel (1952) surveyed ten eastern U.S. reading centers. Personal visits were made to each center with information being collected by inspection and interview. Each center was studied concerning staff, facilities, diagnostic procedures, program offered, instructional aids, and fees charged. The staffs consisted of certified classroom teachers and those in training to become teachers. The facilities were extremely limited in space. Diagnostic procedures varied greatly among the centers. However, all centers gathered extensive case history information. The most frequently used tests were vision, oral reading, silent reading and intelligence. Instruction was limited in all centers to textbooks and workbooks. An average charge of thirty-five dollars was made for diagnosis with an average charge of five dollars for a forty to fifty minute instruction session.

Franklin (1969) surveyed 741 colleges and universities listed in the 1967 edition of "The Education Directory, Part 3, Higher Education" which were classified as offering the Master's and/or second professional degree, and/or those institutions classified as offering the Doctor of Philosophy

and equivalent degrees. There were 292 responses. From that number ninety-nine were selected for analysis.

Although Franklin developed a lengthy and detailed questionnaire, three major areas of concern can be identified: 1) the identification of center personnel administering diagnostic instruments, 2) fees charged, 3) test instruments used for diagnosis. The results of the questionnaire revealed that in 42.5 percent of the centers surveyed, the center personnel administering diagnostic instruments held a Ph.D. or Ed.D. Fees were charged in 64.7 percent of those centers responding. A lengthy list of test instruments revealed that the three most popular were the Wechsler Intelligence Scale for Children, the Durrel Analysis of Reading Difficulty and the Gray Oral Reading Test.

Rogers, Merlin, Brittain, Palmatier and Terrell (1983) conducted a study to determine the diagnosis and remedial practicum requirements in reading for preservice and graduate reading teachers/specialists. Responses were received from 110 institutions across the continental United States. The items surveyed were current practice relative to diagnostic practicum requirements and test instruments. Practicum requirements were thirty plus hours in tutoring for master's and doctoral students. The three most often reported test instruments were informal reading inventories, visual screening and background information.

Bates (1984) reported there was little information available about university based reading centers. Accurate information is not available on how many universities maintain a reading center, much less information on differences in clinical programs in terms of facilities, size, clients served, size of institution providing clinical experiences, materials and hardware used.

Bates reported that the services provided by university based reading centers are valued in communities where they are available and that more such centers for reading diagnosis and remediation are wanted. Also needed are studies of present centers as to what services are provided and the clientele served.

A total of 341 seven page surveys were mailed to all institutions listed in the most current issue of Graduate Programs and Faculty in Reading, 1981. A total of 242 questionnaires were returned. This represented a 71 percent return rate.

Of those responding, 87 percent provided clinical experiences for students in their reading education programs. A center facility was provided in 67 percent of the universities. Classrooms were used by 50 percent of the universities for clinical work. In universities providing a clinical experience, 53 percent were small (enrollment under 10,000), 28 percent were medium sized (enrollment 10,000 - 20,000) and 19 percent were large (enrollment over 20,000).

Of those universities reporting, 19 percent served preschoolers, 85 percent served elementary students, 72 percent served secondary students, 36 percent served college students and 34 percent served adults. Those providing services were in most cases master's candidates. Although full-time and part-time reading faculty members had supervisory roles.

The three most often reported materials used in centers were instructional kits, general books and professional reference books. The three most often reported hardware used in centers were filmstrip projectors, telebinoculars and cassette tape decks.

Bader and Wiesendanger (1986) reported a need for reading centers across the United States to make comparisons concerning practices and procedures. However, only one national survey (Bates, 1984) had undertaken such research. Bader and Wiesendanger focused on scheduling and grouping patterns, parental involvement, changes within the center, cooperation with other departments, instructional emphasis and the center's major strengths.

Questionnaires were sent to 200 center directors who were affiliated either with the International Reading Association or the College Reading Association. Of the original 200 questionnaires 151 were returned. A rate of 75 percent.

Grouping was divided into two general groups. Small group instruction was reported by 53 percent of the

centers. Individual instruction was reported by 47 percent of the centers.

Parental involvement was reported in several ways. Referrals by parents made up 83% of the referrals to the centers. In addition to the referral process, parents were involved in workshops or parent counseling services by 87 percent of the centers.

Of those centers reporting, only 28 percent reported any major change within the last three years. Of those changes, 87 percent reported an emphasis in sustained silent reading, 79 percent reported an emphasis on reading-writing interaction and 53 percent focused more on comprehension monitoring.

Cooperation with other departments was very limited with 94 percent responding that diagnosis did not involve outside departments. Those centers that did report cooperation with speech, psychology or special education departments.

Reading skills and techniques were divided into three age groups, six to nine, ten to thirteen and fourteen to seventeen. The results are presented in Table II.

Another aspect of the survey investigated the perceived strengths of the centers as reported by center directors. Individualized diagnosis and remediation accounted for 86 percent of centers reporting, while 76 percent reported self-concept building. These responses should be considered

significant as factors that are attributed to a center's success.

Irvin and Lynch-Brown (1988) conducted a study to determine clientele served, function, number annually diagnosed and reason for referral. A total of 376 surveys were mailed to all universities listed in the International Reading Association publication Graduate Programs which was also the source of the Bates (1984) survey. Of the 376 surveys mailed, 163 surveys were included in the study which had centers whose primary function was as a training base for graduate students majoring in education.

Clinetele included those individuals in preschool, elementary, middle school or junior high, high school and adults. The number of clients diagnosed annually ranged from less than thirty to more than 120. Universities with less than 10,000 enrolled constituted 46 percent of the clinics. Graduate training was the main function of 100 percent of the clinics. The greatest number of clients served (145) were at the elementary level.

TABLE II

FOCUS OF SELECTED SURVEYS

RESEARCHER	YEAR	NUMBER OF PARTICIPANTS	RESULTS
Bond and Botel	1952	10	Information was collected through personal visits. Staff consisted of certified teachers and teachers in training. Diagnostic procedures varied greatly. Tests most often used were vision, oral and silent reading and intelligence. An average charge of $35 per diagnosis.
Barbe	1955	285	Information was collected through a mail-out survey. The clientele served was equally divided between elementary, high school and college. Fees ranged from 50¢ to $5 an hour. A majority of the clinic staff held a master's degree.
Franklin	1969	99	Information was collected through a mail-out survey. Center personnel involved in diagnostic testing held a Ph.D. or Ed.D. in 42% of the clinics. Fees were charged in 64.7% of the clinics. Three most popular test instruments were identified.
Rogers, Merlin, Brittain, Palmatier & Terrell	1983	110	Information was collected through a mail-out survey. Current practice in diagnostic practicum requirements. Identified three most popular test instruments.

TABLE II (Continued)

RESEARCHER	YEAR	NUMBER OF PARTICIPANTS	RESULTS
Bates	1984	242	Clinical experience provided in 87% of responding universities. Centers were located in small, medium, and large universities. Clientele included, preschoolers, elementary, high school, college, and adult. Master's degree candidates provided most of the services.
Bader and Wiesendanger	1986	151	Information was collected through a mail-out survey. Instruction provided in small groups and individually. Parents involved in workshops in 87% of the centers. Within the last three years 28% of the centers reported major changes. Approaches of instruction listed.
Irvin and Lynch-Brown	1988	163	Information was collected through a mail-out survey. Information gathered included university enrollment, function of the center, number diagnosed annually, school levels of clients and reason for referral.

CHAPTER III

METHODOLOGY OF THE STUDY

Technique

This study sought a large amount of information from institutions located in every region of the continental United States. Since the study did not require a personal contact to secure responses, a mail-out survey was developed (Good and Scates, 1954). Berdie, Anderson and Neibhur (1986) report there are several advantages to a mail-out survey. One advantage is that it allows the respondent to gather information from files. A mail-out survey also allows for questioning on four levels.

Van Dalen and Meyer (1962) reported that a questionnaire is an instrument that is used by researchers in education seeking information about current practices, attitudes and opinions. The checklist is a form of questionnaire that is useful in gathering a large amount of information from a large sample.

Question Development

The questions included in the checklist are divided into the following categories:

1. Demographic Information
2. Diagnostic Information

These divisions and questions are a result of reviews of past surveys of reading centers, recommendations for further questioning contained in those same reviews and suggestions solicited from reading educators (See Appendix A).

Sample Selection

The most recent issue of Graduate Programs and Faculty in Reading, 1981 published by the International Reading Association was used to obtain a listing of universities and colleges offering a doctorate in Reading. Each institution surveyed is engaged in providing diagnosis and remediation to preschool, elementary and secondary students as well as adults. Every region in the continental United States is represented.

Data Collection

Since the Graduate Programs and Faculty in Reading publication which was used to select institutions was published nearly ten years ago, initial correspondence was directed to the Deans of the Colleges of Education (See Appendix B). This correspondence enlisted the aid of the Deans by inviting participation in the survey. A response form, with a postage-paid return envelope, was enclosed (See Appendix C). The response form provided an opportunity to mark participation in the survey or indicate that a Reading

Center was no longer active at their respective institutions. The response form also provided for the name of the individual responsible for the operation of the Reading Center.

A total of one hundred nine letters were sent to the Deans of Colleges of Education. There were seventy-six responses to the initial request to participate in the survey. This represented a 69.72 percent return. The initial request to participate included thirty-four responses that indicated that a reading center was not in operation at their institution. This represented a 44.73 percent negative response.

The surveys were addressed to the Reading Center Directors. The names and addresses of these individuals were provided by the Deans of the College of Education in the initial request. A total of forty-two surveys were mailed. This represented 55.26 percent of the initial seventy-six. Six weeks after the surveys were mailed a total of twenty-five completed surveys were returned. This represented a 59.52 percent return on forty-two surveys. There were a total of seventeen surveys mailed to institutions that agreed to the initial request to participate that did not return the survey. This means that 22.37 percent of the institutions failed to return the survey.

Procedures for Analyzing Data

Frequencies were calculated for questions classified to always, usually, seldom and never. Frequencies were also calculated for questions concerned with instructional materials and tests. Means were calculated for the remaining questions.

CHAPTER IV

FINDINGS OF THE STUDY

Description of the Respondents

The 25 centers returning completed surveys represented every geographical region in the continental United States. The New England Region was represented by five institutions. The North Central Region was represented by nine institutions. The Southern Region was represented by nine institutions. The Western Region was represented by two institutions.

Analysis of Data

Tables III through XII will reflect the responses to statements in the questionnaire. Additionally, for this analysis, those responses designated as ALWAYS and USUALLY were considered positive responses. Those responses designated as SELDOM and NEVER were considered negative responses. Since numbers one and two on the questionnaire were identification items (address of institution and name of director/coordinator), they were simply compiled and not analyzed. Consequently the analysis begins with item number three.

Data in Table III are related to the question: Our center offers diagnostic services for individuals having reading difficulties? (Questionnaire item number 3.)

Analysis revealed that 100 percent of the institutions returning the survey responded to this question. The data also reveal that 100 percent of the respondents answered positively.

Data in Table IV are related to the question: What is the main purpose of your reading center: Service to the community; training of students; service and training. (Questionnaire item number 4.)

Analysis of the data revealed the main purpose of service to the community was responded positively by six institutions. This represents 42.90 percent of those institutions responding. A total of eight institutions responded in the negative. This represents 57.10 percent of those institutions responding. Failure to respond was recorded for 11 institutions. This represented 44 percent of those institutions surveyed.

Analysis of the data revealed the main purpose of training of students was responded positively by nine institutions. This represented 69.20 percent of those institutions responding. A total of four institutions responded in the negative. This represents 30.80 percent of those institutions responding. Failure to respond was recorded for 12 institutions. This represents 48 percent of those institutions surveyed.

TABLE III

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 3

QUESTION: Our center offers diagnostic services for individuals having reading difficulties.

	FREQUENCY	PERCENT
Affirmative/Yes	25	100.00
Negative/No	0	0.00
Grand Total	25	100.00

TABLE IV

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 4

	FREQUENCY	PERCENT
QUESTION: The main purpose of your reading center is service to community.		
Affirmative/Yes	6	42.90
Negative/No	8	57.10
Grand Total	14	100.00
QUESTION: The main purpose of your reading center is training of students.		
Affirmative/Yes	9	69.20
Negative/No	4	30.80
Grand Total	13	100.00
QUESTION: The main purpose of your reading center is service and training.		
Affirmative/Yes	21	84.00
Negative/No	4	16.00
Grand Total	25	100.00

Analysis of the data revealed the main purpose of both service and training was responded positively by 21 institutions. This represents 16 percent of those institutions responding. All institutions surveyed responded.

Data in Table V is related to the question: What is the average NUMBER of hours usually devoted to the initial diagnosis? (Questionnaire item number 5.)

Analysis of the data revealed that 24 institutions responded to this question. This represents 96 percent of those institutions surveyed. Failure to respond was recorded for one institution. This represents 4.20 percent. The least amount of time devoted to the initial diagnosis was one hour reported by one institution. The most amount of time devoted to the initial diagnosis was 16 hours reported by two institutions. An initial diagnosis of three hours was reported by five institutions, which represented the greatest frequency. A mean of 5.79 hours was calculated for the number of hours devoted to the initial diagnosis.

Data in Table VI is related to the question: The initial diagnostic endeavor is undertaken by a(n) individual(s) who: Is a graduate student in reading; holds a master's degree in reading; holds a doctorate in reading. (Questionnaire item number 6.)

Analysis of the data revealed that 20 institutions responded in the affirmative that the initial diagnostic

TABLE V

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTIONS 5

QUESTION: What is the average NUMBER of hours usually devoted to the inital diagnosis?

NUMBER	FREQUENCY	PERCENT
1	1	4.20
2	3	12.50
3	5	20.80
4	2	8.30
5	4	16.70
6	2	8.30
8	3	12.50
9	1	4.20
12	1	4.20
16	2	8.30
Grand Totals 139	24	100.00

MEAN = 5.70

TABLE VI

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 6

QUESTION: The initial diagnostic endeavor is undertaken by a graduate student in reading.		
	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	9	37.50
Usually	11	45.80
Total	20	83.30
NEGATIVE		
Seldom	3	12.50
Never	1	4.20
Total	4	16.70
Grand Total	24	100.00

QUESTION: The initial diagnostic endeavor is undertaken by an individual who holds a master's degree in reading.		
AFFIRMATIVE		
Yes	2	9.50
Usually	7	33.40
Total	9	42.90
NEGATIVE		
Seldom	10	47.60
Never	2	9.50
Total	12	57.10
Grand Total	21	100.00

TABLE VI (Continued)

FREQUENCY DISTRIBUTION OF REPSONSES TO QUESTION 6

QUESTION: The inital diagnostic endeavor is undertaken by an individual who holds a doctorate in reading.

	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	0	00.00
Usually	4	21.00
Total	4	21.00
NEGATIVE		
Seldom	9	47.40
Never	6	31.60
Total	15	79.00
Grand Total	19	100.00

endeavor is undertaken by an individual who is a graduate student in reading. This represents 83.30 percent of those responding. Negative responses were recorded for four institutions, which represents 16.70 percent of those institutions responding. Failure to respond was recorded for one institution. This represents 4 percent of those institutions surveyed.

Analysis of the data revealed that nine institutions responded in the affirmative that the initial diagnostic endeavor is undertaken by an individual who holds a master's degree in reading. This represents 42.90 percent of those institutions responding. Negative responses were recorded for nine institutions, which represents 47.10 percent of those institutions responding. Failure to respond was recorded for four institutions. This represents 16 percent of those institutions surveyed.

Analysis of the data revealed that four institutions responded in the affirmative that the initial diagnostic endeavor is undertaken by an individual who holds a doctorate in reading. This represents 21 percent of those institutions responding. Negative responses were recorded for 15 institutions. This represents 79 percent of those institutions responding. Failure to respond was recorded for six institutions. This represents 24 percent of those institutions surveyed.

Data in Table VII is related to the question: The director/coordinator is responsible for formulating

TABLE VII

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 7

QUESTION: The director/coordinator is responsible for formulating diagnostic policies and procedures.

	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	16	72.70
Usually	5	22.70
Total	21	95.40
NEGATIVE		
Seldom	1	4.60
Never	0	0.00
Total	1	4.60
Grand Total	22	100.00

diagnostic policies and procedures. (Questionnaire item number 7.)

Analysis of the data revealed that 21 institutions responded in the affirmative. This represents 95.40 percent of those institutions responding. A negative response was recorded for one institution. This represents 4.60 percent of those institutions responding. Failure to respond was recorded for three institutions. This represents 12 percent of those institutions surveyed.

Data in Table VIII is related to the question: The director/coordinator: Administers the complete diagnosis; administers some of the diagnosis with assistance of the staff; services in an advisory capacity; delegates diagnosis to others. (Questionnaire item number 8.)

Analysis of the data revealed that one institution responded in the affirmative that the director/coordinator administers the complete diagnosis. This represents 4.50 percent of those institutions responding. Negative responses were recorded for 21 institutions. This represents 95.50 percent of those institutions responding. Responses were not recorded for three institutions. This represents 12 percent of those institutions surveyed.

Analysis of the data revealed that five institutions responded in the affirmative that the director/coordinator administers some of the diagnosis with the assistance of staff. This represents 21.70 percent of those institutions responding. Negative responses were recorded for 18

TABLE VIII

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 8

QUESTION: The director/coordinator administers the complete diagnosis.

	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	0	00.00
Usually	1	4.50
Total	1	4.50
NEGATIVE		
Seldom	11	50.00
Never	10	45.50
Total	21	95.50
Grand Total	22	100.00

QUESTION: The director/coordinator administers some of the diagnosis with the assistance of staff.

AFFIRMATIVE		
Yes	1	4.30
Usually	4	17.40
Total	5	21.70
NEGATIVE		
Seldom	12	52.20
Never	6	26.10
Total	18	78.30
Grand Total	23	100.00

TABLE VIII (Continued)

QUESTION: The director/coordinator serves in an advisory capacity.	FREQUENCY	PERCENT
	AFFIRMATIVE	
Yes	16	66.70
Usually	8	33.30
Total	24	100.00
	NEGATIVE	
Seldom	0	0.00
Never	0	0.00
Total	0	0.00
Grand Total	24	100.00

QUESTION: The director/coordinator delegates the diagnosis to others.		
	AFFIRMATIVE	
Yes	9	37.50
Usually	11	45.80
Total	20	83.30
	NEGATIVE	
Seldom	1	4.20
Never	3	12.50
Total	4	16.70
Grand Total	24	100.00

institutions. This represents 78.30 percent of those institutions responding. Failure to respond was recorded for two institutions. This represents 8 percent of those institutions surveyed.

Analysis of the data revealed that 24 institutions responded in the affirmative that the director/coordinator services in an advisory capacity. This represents 100 percent of those institutions responding. No institutions responded in the negative. Failure to respond was recorded for one institution. This represents 4 percent of those institutions surveyed.

Analysis of the data revealed that 20 institutions responded in the affirmative that the director/coordinator delegates the diagnosis to others. This represents 83.30 percent of those institutions responding. Negative responses were recorded for four institutions. This represents 16.70 percent of those institutions responding. Failure to respond was recorded for one institution. This represents 4 percent of those institutions surveyed.

Data in Table IX is related to the questions: Are diagnostic reports prepared for each client; do parents receive a copy of the diagnosis report; does the client's school receive a copy of the diagnosis report? (Questionnaire item number 9.)

Analysis of the data revealed that 24 institutions responded in the affirmative that diagnostic reports are prepared for each client. This represents 96 percent of

TABLE IX

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 9

QUESTION: Are diagnostic reports prepared for each client?		
	FREQUENCY	PERCENT
Affirmative/Yes	24	96.00
Negative/No	1	4.00
Grand Total	25	100.00
QUESTION: Do the parents receive a copy of the diagnosis?		
AFFIRMATIVE		
Yes	20	80.00
Usually	3	12.00
Total	23	92.00
NEGATIVE		
Seldom	1	4.40
Never	1	4.00
Total	2	8.00
Grand Total	25	100.00
QUESTION: Does the client's school receive a copy of the diagnosis report?		
AFFIRMATIVE		
Yes	5	22.70
Usually	10	45.50
Total	15	68.20
NEGATIVE		
Seldom	6	27.30
Never	1	4.50
Total	7	31.80
Grand Total	22	100.00

those institutions responding. A negative response was recorded for one institution. This represents 4 percent of those institutions responding. All institutions surveyed responded.

Analysis of the data revealed that 23 institutions responded in the affirmative that parents receive a copy of the diagnostic report. This represents 92 percent of those institutions responding. Negative responses were recorded for two institutions. This represents 8 percent of those institutions responding. All institutions surveyed responded.

A study of the data reveal that 15 institutions responded in the affirmative that the client's school receives a copy of the diagnostic report. This represents 68.20 percent of those institutions responding. Negative responses were recorded for eight institutions. This represents 31.80 percent of those institutions responding. All institutions surveyed responded.

Data in Table X is related to the question: Does your center charge for diagnostic services? (Questionnaire item number 10.)

Analysis of the data revealed that 22 institutions responded in the affirmative. This represents 88 percent of those institutions responding. Negative responses were recorded for three institutions. This represents 12 percent of those institutions responding. All institutions surveyed responded.

TABLE X

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 10

QUESTION: Does you center charge for diagnostic services?

	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	11	44.00
Usually	11	44.00
Total	22	88.00
NEGATIVE		
Seldom	1	4.00
Never	2	8.00
Total	3	12.00
Grand Total	25	100.00

Data in Table XI is related to the question: Does your center follow a graduated schale of fees, dependent upon the client's ability to pay? (Questionnaire item number 11.)

Analysis of the data revealed that 15 institutions responded in the affirmative. This represents 62.50 percent of those institutions responding. Negative responses were recorded for nine institutions. This represents 37.50 percent of those institutions responding. Failure to respond was recorded for one institution. This represents 4 percent of those institutions surveyed.

Data in Table XII is related to the question: Does the center apply scholarship money toward center fee? (Questionnaire item number 12.)

Analysis of the data revealed that three institutions responded in the affirmative. This represents 13 percent of those institutions responding. Negative responses were recorded for twenty institutions. This represents 87 percent of those institutions responding. Failure to respond was recorded for two institutions. This represents 8 percent of those institutions surveyed.

Data in Table XIII is related to the question: Does the center have a fixed fee? (Questionnaire item number 13.)

Analysis of the data revealed that 14 institutions responded in the affirmative. This represents 60.80 percent of those institution responding. Negative responses were recorded for nine institutions. The represents 39.20

TABLE XI

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 11

QUESTION: Does your center follow a graduated scale of fees, dependent upon the client's ability to pay?

	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	11	45.80
Usually	4	16.70
Total	15	62.50
NEGATIVE		
Seldom	3	12.50
Never	6	25.00
Total	9	37.50
Grand Total	24	100.00

TABLE XII

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 12

QUESTION: Does the center apply scholarship money toward center fees?

	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	2	8.70
Usually	1	4.30
Total	3	13.00
NEGATIVE		
Seldom	6	26.10
Never	14	60.90
Total	20	87.00
Grand Total	23	100.00

TABLE XIII

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 13

QUESTION: Does the center have a fixed fee?

	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	11	47.80
Usually	3	13.00
Total	14	60.80
NEGATIVE		
Seldom	2	8.70
Never	7	30.50
Total	9	39.20
Grand Total	23	100.00

percent of those institutions responding. Failure to respond was recorded for two institutions. This represents eight percent of those institutions surveyed.

Data in Table XIV is related to the question: Does the center operate entirely on fees; entirely on university funds; on both fees and university funds? (Questionnaire item number 14.)

Analysis of the data revealed that nine institutions responded in the affirmative that they operate entirely on fees. This represents 50 percent of those institutions responding. Negative responses were recorded for nine institutions. This represents 50 percent of those institutions responding. Failure to respond was recorded for seven institutions. This represents 28 percent of those institutions surveyed.

Analysis of the data revealed that eight institutions responded in the affirmative that they operate entirely on university funds. This represents 44.40 percent of those institutions responding. Negative responses were recorded for ten institutions. This represents 55.60 percent of those institutions responding. Failure to respond was recorded for seven institutions. This represents 28 percent of those institutions surveyed.

Analysis of the data revealed that twelve institutions in the affirmative that they operate on both fees and university funds. This represents 57.20 percent of those institutions responding. Negative responses were recorded

TABLE XIV

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 14

QUESTION: Does the center operate entirely on fees?		
	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	7	38.90
Usually	2	11.10
Total	9	50.00
NEGATIVE		
Seldom	2	11.10
Never	7	38.90
Total	9	50.00
Grand Total	18	100.00

QUESTION: Does the center operate entirely on university funds?		
AFFIRMATIVE		
Yes	6	33.30
Usually	2	11.10
Total	8	44.40
NEGATIVE		
Seldom	3	16.70
Never	7	38.90
Total	10	55.60
Grand Total	18	100.00

TABLE XIV (Continued)

QUESTION: Does the center operate on both fees and university funds?

	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	9	19.00
Usually	3	23.80
Total	12	57.20
NEGATIVE		
Seldom	4	19.00
Never	5	23.80
Total	9	42.80
Grand Total	21	100.00

for nine institutions. This represents 42.80 percent of those institutions responding. Failure to respond was recorded for four institutions. This represents 16 percent of those institutions surveyed.

Data in Table XV is related to the question: Is a record (journal or log) of diagnostic sessions and interviews kept by the center? (Questionnaire item number 15.)

Analysis of the data revealed that 25 institutions responded in the affirmative. This represents 100 percent of those institutions responding. All institutions surveyed responded.

Data in Table XVI is related to the question: If the center does compile a record (journal or log) does the center record such information as formal test results; information test results; medical history; academic progress; parent/family information? (Questionnaire item number 16.)

Analysis of the data revealed that 24 institutions responded in the affirmative that form test results are included in the record (journal or log). This represents 96 percent of those institutions responding. A negative response was recorded for one institution. This represents four percent of those institutions responding. All institutions surveyed responded.

Analysis of the data revealed that 25 institutions responded in the affirmative that informal test results are

TABLE XV

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 15

QUESTION: Is a record (journal or log) of diagnostic sessions and inteviews kept by the center?

	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	22	88.00
Usually	3	12.00
Total	25	100.00
NEGATIVE		
Seldom	0	0.00
Never	0	0.00
Total	0	0.00
Grand Total	25	100.00

TABLE XVI

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 16

QUESTION: Does the center record formal test results in a record (journal or log)?		
	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	22	88.00
Usually	2	8.00
Total	24	96.00
NEGATIVE		
Seldom	1	4.00
Never	0	0.00
Total	1	4.00
Grand Total	25	100.00

QUESTION: Does the center record informal test results in a record (journal or log)?		
AFFIRMATIVE		
Yes	25	100.00
Usually	0	0.00
Total	25	100.00
NEGATIVE		
Seldom	0	0.00
Never	0	0.00
Total	0	0.00
Grand Total	25	100.00

TABLE XVI (Continued)

QUESTION: Does the center record medical history in a record (journal or log)?

	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	12	48.00
Usually	11	44.00
Total	23	92.00
NEGATIVE		
Seldom	2	8.00
Never	0	0.00
Total	2	8.00
Grand Total	25	100.00

QUESTION: Does the center record academic progress in a record (journal or log)?

AFFIRMATIVE		
Yes	19	76.00
Usually	6	20.00
Total	24	96.00
NEGATIVE		
Seldom	0	0.00
Never	1	4.00
Total	1	4.00
Grand Total	25	100.00

TABLE XVI (Continued)

QUESTION: Does the center record parent/family information in a record (journal or log)?

	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	21	84.00
Usually	2	8.00
Total	23	92.00
NEGATIVE		
Seldom	1	4.00
Never	1	4.00
Total	2	8.00
Grand Total	25	100.00

included in a record (journal or log). This represents 100 percent of those institutions responding. No institutions surveyed responded in the negative. All institutions surveyed responded.

Analysis of the data revealed that 23 institutions responded in the affirmative that medical history is included in the record (journal or log). This represents 92 percent of those institutions responding. Negative responses were recorded for two institutions. This represents 8 percent of those institutions responding. All institutions surveyed responded.

Analysis of the data revealed that 24 institutions responded in the affirmative that academic progress is include in a record (journal or log). This represents 96 percent of those institutions responding. A negative response was recorded for one institution. This represents 4 percent of those institutions responding. All institutions surveyed responded.

Analysis of the data revealed that 23 institutions responded in the affirmative that parent/family information is included in the record (journal or log). This represents 92 percent of those institutions responding. Negative responses were recorded for two institutions. This represents 8 percent of those institutions responding. All institutions surveyed responded.

Data in Table XVII is related to the question: Does your center attempt to determine what might generally be

TABLE XVII

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTIONS 17

QUESTION: Does your center attempt to determine what might generally be classified as a particular learning modality, style or preference by which the student appears to learn more readily?

	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	3	12.00
Usually	4	16.00
Total	7	28.00
NEGATIVE		
Seldom	13	52.00
Never	5	20.00
Total	8	72.00
Grand Total	25	100.00

classified as a particular learning modality, style or preference by which the student appears to learn more readily? (Questionnaire item number 17.)

Analysis of the data revealed that seven institutions responded in the affirmative. This represents 28 percent of those institutions responding. Negative responses were recorded for 18 institutions. This represents 72 percent of those institutions responding. All institutions surveyed responded.

Data in Table XVIII is related to the question: Is reexamination of active cases a part of diagnosis? (Questionnaire item number 18.)

Analysis of the data revealed that 17 institutions responded in the affirmative. This represents 73.90 percent of those institutions responding. Negative responses were recorded for six institutions. This represents 26.10 percent of those institutions responding. Failure to respond was recorded for two institutions. This represents 8 percent of those institutions surveyed.

Data in Table XIX is related to the question: Does the center employ follow-up of dismissed cases as a part of diagnosis? (Questionnaire item number 19.)

Analysis of the data revealed that five institutions responded in the affirmative. This represents 20 percent of those institutions responding. Negative responses were recorded for 20 institutions. This represents 80 percent of

TABLE XVIII

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 18

QUESTION: Is the reexamination of active cases a part of diagnosis?

	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	8	34.80
Usually	9	39.10
Total	17	73.90
NEGATIVE		
Seldom	6	26.10
Never	0	0.00
Total	6	26.10
Grand Total	23	100.00

TABLE XIX

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 19

QUESTION: Does the center employ follow-up of dismissed cases as a part of diagnosis?

	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	4	16.00
Usually	1	4.00
Total	5	20.00
NEGATIVE		
Seldom	13	52.00
Never	7	28.00
Total	20	80.00
Grand Total	25	100.00

those institutions responding. All institutions surveyed responded.

Data in Table XX is related to the question: Is the follow-up done by telephone; letter; contact with school representative; conference with student; conference with parents? (Questionnaire item number 20.)

Analysis of the data revealed that one institution responded in the affirmative that the follow-up is done by telephone. The represents 7.10 percent of those institutions responding. Negative responses were recorded for 13 institutions. This represents 92.90 percent of those institutions responding. Failure to respond was recorded for 11 institutions. This represents 44 percent of those institutions surveyed.

Analysis of the data revealed that five institutions responded in the affirmative that the follow-up is done by letter. This represents 33.30 percent of those institutions responding. Negative responses were recorded for ten institutions. This represents 66.70 percent of those institutions surveyed.

Analysis of the data revealed that four institutions responded in the affirmative that the follow-up is done by contact with school representative. This represents 26.70 percent of those institutions responding. Negative responses were recorded for 11 institutions. This represents 73.30 percent of those institutions responding.

TABLE XX

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 20

QUESTION: Is the follow-up done by telephone?		
	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	0	0.00
Usually	1	7.10
Total	1	7.10
NEGATIVE		
Seldom	9	64.30
Never	4	28.60
Total	13	92.90
Grand Total	14	100.00

QUESTION: Is the follow-up done by letter?		
AFFIRMATIVE		
Yes	3	20.00
Usually	2	13.30
Total	5	33.30
NEGATIVE		
Seldom	8	53.40
Never	2	13.30
Total	10	66.70
Grand Total	15	100.00

TABLE XX (Continued)

QUESTION: Is the follow-up done by contact with school representative?	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	1	6.70
Usually	3	20.00
Total	4	26.70
NEGATIVE		
Seldom	9	60.00
Never	2	13.30
Total	11	73.30
Grand Total	15	100.00

QUESTION: Is the follow-up done by conference with student?	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	0	0.00
Usually	5	31.30
Total	5	31.30
NEGATIVE		
Seldom	9	56.20
Never	2	12.50
Total	11	68.70
Grand Total	16	100.00

TABLE XX (Continued)

QUESTION: Is the follow-up done by conference with the parents?

	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	2	11.80
Usually	11	64.70
Total	13	76.50
NEGATIVE		
Seldom	3	17.60
Never	1	5.90
Total	4	23.50
Grand Total	17	100.00

Failure to respond was recorded for 10 institutions. This represents 40 percent of those institutions surveyed.

Analysis of the data revealed that five institutions responded in the affirmative that the follow-up is done by conference with the student. This represents 31.30 percent of those institutions responding. Negative responses were recorded for 11 institutions. This represents 68.70 percent of those institutions responding. Failure to respond was recorded for nine institutions. This represents 36 percent of those institutions surveyed.

Analysis of the data revealed that 13 institutions responded in the affirmative that the follow-up is done by conference with the parent. This represents 76.50 percent of those institutions responding. Negative responses were recorded for four institutions. This represents 23.50 of those institutions responding. Failure to respond was recorded for eight institutions. This represents 32 percent of those institutions surveyed.

Data in Table XXI is related to the question: Are intellectual levels determined as a part of diagnosis? (Questionnaire item number 21.)

Analysis of the data revealed that 14 institutions responded in the affirmative. This represents 58.30 percent of those institutions responding. Negative responses were recorded for 10 institutions. This represents 41.70 percent of those institutions responding. Failure to respond was

TABLE XXI

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 21

QUESTION: Are intellectual levels determined as a part of diagnosis?

	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	8	33.30
Usually	6	25.00
Total	14	58.30
NEGATIVE		
Seldom	4	16.70
Never	6	25.00
Total	10	41.70
Grand Total	24	100.00

recorded for one institution. This represents 4 percent of those institutions surveyed.

Data in Table XXII is related to the question: If intellectual levels are determined, what is the NUMBER of reading cases diagnosed annually above 130; 120-129; 110-119; 90-109; 80-89; and 70-79; below 70. (Questionnaire item number 22.)

Analysis of the data revealed that three institutions responded in the affirmative with a total of 19 classes that have intellectual levels above 130. This represents 42.85 percent of those institutions responding. A negative responses was recorded for four institutions. This represents 57.15 percent of those institutions responding. Failure to respond was recorded for 18 institutions. This represents 72 percent of those institutions surveyed.

Analysis of the data revealed that six institutions responded in the affirmative for a total of 63 cases that have intellectual levels 120-129. This represents 85.71 percent of those institutions responding. A negative response was recorded for one institution. This represents 14.29 of those institutions responding. Failure to respond was recorded for 18 institutions. This represents 72 percent of those institutions surveyed.

Analysis of the data revealed that six institutions responded in the affirmative for a total of 140 cases that have intellectual levels 100-119. This represents 100 percent of those institutions responding. There were no

TABLE XXII

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 22

QUESTION: If intellectual levels are determined, what is the NUMBER of cases diagnosed annually above 130?

	NUMBER	FREQUENCY	PERCENT
	0	4	57.10
	3	1	14.30
	5	1	14.30
	11	1	14.30
Grand Totals	19	7	100.00

MEAN = 2.71

QUESTION: If intellectual levels are determined, what is the NUMBER of cases diagnosed annually between 120-129?

	0	1	14.30
	3	2	28.60
	5	1	14.30
	6	1	14.30
	17	1	14.30
	29	1	14.30
Grand Totals	63	7	100.00

MEAN = 9.00

TABLE XXII (Continued)

QUESTION: If intellectual levels are determined, what is the NUMBER of cases diagnosed annually between 110-119?

	NUMBER	FREQUENCY	PERCENT
	6	1	16.70
	6	1	16.70
	10	1	16.70
	15	1	16.70
	40	1	16.70
	64	1	16.70
Grand Totals	140	6	100.00

MEAN = 23.33

QUESTION: If intellectual levels are determined, what is the NUMBER of cases diagnosed annually between 90-109?

	10	1	16.70
	20	3	50.00
	30	1	16.70
	34	1	16.70
Grand Totals	134	6	100.00

MEAN = 22.33

TABLE XXII (Continued)

QUESTION: If intellectual levels are determined, what is the NUMBER of cases diagnosed annually between 80-89?

NUMBER	FREQUENCY	PERCENT
0	1	14.30
3	1	14.30
5	1	14.30
6	1	14.30
20	1	14.30
22	1	14.30
30	1	14.30
Grand Totals 86	7	100.00

MEAN = 12.29

QUESTION: If intellectual levels are determined, what is the NUMBER of cases diagnosed annually between 70-79?

NUMBER	FREQUENCY	PERCENT
0	1	14.30
1	1	14.30
3	2	28.60
4	1	14.30
5	1	14.30
10	1	14.30
Grand Totals 26	7	100.00

MEAN = 3.71

TABLE XXII (Continued)

QUESTION: If intellectual levels are determined, what is the NUMBER of cases diagnosed annually below 70?

NUMBER	FREQUENCY	PERCENT
0	3	42.90
1	3	42.90
21	1	14.30
Grand Total 35	7	100.00

MEAN = 3.43

negative responses recorded. Failure to respond was recorded for 19 institutions. This represents 76 percent of those institutions surveyed.

Analysis of the data revealed that six institutions responded in the affirmative for a total on 134 cases that have intellectual levels 90-109. This represents 100 percent of those institutions responding. Failure to respond was recorded for 19 institutions. This represents 76 percent of those institutions surveyed.

Analysis of the data revealed that seven institutions responded in the affirmative for a total of 86 cases that have intellectual levels 80-89. This represents 100 percent of those institutions responding. Failure to respond was recorded for 18 institutions. This represents 72 percent of those institutions surveyed.

Analysis of the data revealed that seven institutions responded in the affirmative for a total of 26 cases that have intellectual 70-79. This represents 100 percent of those institutions responding. Failure to respond was recorded for 18 institutions. This represents 72 percent of those institutions surveyed.

Analysis of the data revealed that four institutions responded in the affirmative for a total of 25 cases that have intellectual levels below 70. This represents 57.15 percent of those institutions responding. Negative responses were recorded for three institutions. This represents 43.45 percent of those institutions responding.

Failure to responded was recorded for 18 institutions. This represents 72 percent of those institutions surveyed.

Data in Table XXIII is related to the question: List the assessment instrument(s) used to attempt to determine a particular learning modality, style or preference. (Questionnaire item number 23.)

Analysis of the data revealed that the top five assessment instruments or activities listed in decending order are: Kid Watching (3), Individual Intelligence Test (2), Carbo Learning Style Inventory (2), Trial Lessons (2), and Mills Learning Methods Test.

Data in Table XXIV is related to the question: What is the NUMBER of clients actively served by the diagnostic program during the Fall; Spring; Summer; Total? (Questionnaire item number 24.)

Analysis of the data revealed that a total of 24 institutions responded. A total of 660 clients are served during the Fall. Failure to respond was recorded for one institution. This represents four percent of those institutions surveyed.

Analysis of the data revealed that a total of 24 institutions responded. A total of 750 clients are served during the Spring. Failure to respond was recorded for one institution. This represents four percent of those institutions surveyed.

Analysis of the data revealed that a total of 24 institutions responded. A total of 962 clients are served

TABLE XXIII

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 23

QUESTION: List the assessment instrument(s) used to attempt to determine a particular learning modality, style or preference.

	FREQUENCY
Kid Watching	3
Individual Intelligence Test	2
Carbo Learning Style Inventory	2
Trial Lessons	2
Mills Learning Methods Test	2
Prognostic Lesson	1
Detroit Test of Learning Aptitudes	1

NOTE: Twenty-two out the twenty-five institutions responded. Some institutions gave multiple responses which are reflected in the frequencies.

TABLE XXIV

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 24

QUESTION: What is the NUMBER of clients actively served by the diagnostic program during the Fall?

	NUMBER	FREQUENCY	PERCENT
	0	1	4.20
	5	1	4.20
	10	5	20.80
	12	2	8.30
	15	3	12.50
	20	4	16.70
	25	3	12.50
	50	2	8.30
	60	1	4.20
	100	1	4.20
	120	1	4.20
Grand Totals	660	24	100.00

MEAN = 27.50

QUESTION: What is the NUMBER of clients actively served by the diagnostic program during the Spring?

	0	3	12.50
	8	1	4.20
	10	2	8.30
	12	1	4.20
	15	4	16.70
	20	3	12.50
	25	3	12.50
	30	1	4.20
	50	2	8.30
	60	1	4.20
	65	1	4.20
	100	1	4.20
	160	1	4.20
Grand Totals	750	24	100.00

MEAN = 31.25

TABLE XXIV (Continued)

QUESTION: What is the NUMBER of clients actively served by the diagnostic program during the Summer?

	NUMBER	FREQUENCY	PERCENT
	0	4	16.70
	10	1	4.20
	12	1	4.20
	18	1	4.20
	20	1	4.20
	22	1	4.20
	25	2	8.30
	30	3	12.50
	35	1	4.20
	40	1	4.20
	50	2	8.30
	60	1	4.20
	80	1	4.20
	85	1	4.20
	110	2	8.30
	120	1	4.20
Grand Totals	962	24	100.00

MEAN = 40.08

QUESTION: What is the total NUMBER of clients actively served by the diagnostic program annually?

	20	2	8.30
	30	4	16.70
	32	1	4.20
	36	1	4.20
	45	1	4.20
	50	2	8.30
	70	1	4.20
	80	1	4.20
	100	3	12.50
	108	3	12.50
	128	1	4.20
	130	2	8.30
	170	1	4.20
	200	1	4.20
	310	1	4.20
	365	1	4.20
Grand Totals	2,364	24	100.00

MEAN = 98.50

during the Summer. Failure to respond was recorded for one institution. This represents four percent of those institutions surveyed.

Analysis of the data revealed that a total of 24 institutions responded. A total of 2,364 clients are served annually. Failure to respond was recorded for one institution. This represents four percent of those institutions surveyed.

Data in Table XXV is related to the question: What is the NUMBER of reading cases diagnosed annually at the preschool level of educational placement; elementary level of educational placement; secondary level of educational placement; college/adult level of educational placement? (Questionnaire item number 25.)

Analysis of the data revealed that a total of 23 institutions responded. A total of 30 cases were identified at the preschool level of educational placement. A total of 15 institutions responded that zero reading cases were diagnosed annually at the preschool level of educational placement. This represents 65.55 percent of those institutions responding. Failure to respond was recorded for two institutions. This represents eight percent of those institutions surveyed.

Analysis of the data revealed that a total of 23 institutions responded. A total of 1,215 cases were identified at the elementary level of educational placement. Failure to respond was recorded for two

TABLE XXV

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 25

QUESTION: What is the NUMBER of reading cases diagnosed annually at the preschool level of educational placement?

	NUMBER	FREQUENCY	PERCENT
	0	15	65.20
	2	3	13.00
	3	3	13.00
	5	1	4.30
	10	1	4.30
Grand Totals	30	23	100.00

MEAN = 1.30

QUESTION: If intellectual levels are determined, what is the NUMBER of cases diagnosed annually above 130?

	10	1	4.30
	18	1	4.30
	20	4	17.4
	25	1	4.30
	30	3	13.00
	40	1	4.30
	41	1	4.30
	50	3	13.00
	70	2	8.70
	75	1	4.30
	77	1	4.30
	87	1	4.30
	100	1	4.30
	140	1	4.30
	172	1	4.30
Grand Totals	1,215	23	100.00

MEAN = 54.13

TABLE XXV (Continued)

QUESTION: What is the NUMBER of reading cases diagnosed annually at the secondary level of educational placement?

NUMBER	FREQUENCY	PERCENT
0	2	8.70
2	2	8.70
3	1	4.30
5	1	4.30
6	2	8.70
7	1	4.30
10	7	30.40
15	2	8.70
20	1	4.30
25	2	8.70
50	1	4.30
70	1	4.30
Grand Totals 320	23	100.00

MEAN = 13.96

QUESTION: What is the NUMBER of reading cases diagnosed annually at the college/adult level of educational placement?

0	11	47.80
1	1	4.30
2	1	4.30
3	1	4.30
4	2	8.70
5	2	8.70
10	2	8.70
13	1	4.30
20	1	4.30
35	1	4.30
Grand Totals 112	23	100.00

MEAN = 4.87

institutions. This represents eight percent of those institutions surveyed.

Analysis of the data revealed that a total of 23 institutions responded. A total of 321 cases were identified at the secondary level of educational placement. Two institutions responded that zero reading cases were diagnosed annually at the secondary level of education placement. This represents 8.65 percent of those institutions responding. Failure to respond was recorded for two institutions. This represents eight percent of those institutions surveyed.

Analysis of the data revealed that a total of 23 institutions responding. A total of 112 cases were identified at the college/adult level of educational placement. A total of 11 institutions reported that zero reading cases were diagnosed annually at the college/adult level of educational placement. This represents 47.82 percent of those institutions responding. Failure to respond was recorded for two institutions. This represents eight percent of those institutions surveyed.

Data in Table XXVI is related to the question: What is the NUMBER of reading cases diagnosed annually that are below grade level; at grade level; above grade level? (Questionnaire item number 26.)

Analysis of the data revealed that a total of 23 institutions responded. A total of 1,438 cases were identified at the below grade level. Failure to respond was

TABLE XXVI

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 26

QUESTION: What is the NUMBER of reading cases diagnosed annually below grade level?

NUMBER	FREQUENCY	PERCENT
18	1	4.30
20	1	4.30
24	1	4.30
25	1	4.30
30	3	13.00
32	1	4.30
35	1	4.30
36	1	4.30
39	1	4.30
40	2	8.70
45	1	4.30
55	1	4.30
75	1	4.30
80	1	4.30
99	1	4.30
110	2	8.70
130	1	4.30
143	1	4.30
192	1	4.30
Grand Totals 1,438	23	100.00

MEAN = 62.52

TABLE XXVI (Continued)

QUESTION: What is the NUMBER of reading cases diagnosed annually at grade level?

	NUMBER	FREQUENCY	PERCENT
	0	7	31.80
	2	1	4.50
	3	1	4.50
	5	4	18.20
	6	2	9.10
	15	1	4.50
	20	2	9.10
	25	3	13.60
	40	1	4.50
Grand Totals	207	22	100.00

QUESTION: What is the NUMBER of reading cases diagnosed annually above grade level?

	0	11	50.00
	1	1	4.50
	2	3	13.60
	3	2	9.10
	4	1	4.50
	15	2	9.10
	20	1	4.50
	40	1	4.50
Grand Totals	106	22	100.00

MEAN = 4.86

recorded for two institutions. This represents eight percent of those institutions surveyed.

Analysis of the data revealed that a total of 21 institutions responded. A total of 15 institutions responded that 207 cases are diagnosed annually that are at grade level. This represents 68.18 percent of those institutions responding. A total of seven institutions responded that zero cases are diagnosed annually that are at grade level. This represents 31.82 percent of those institutions responding. Failure to respond was recorded for three institutions. This represents 12 percent of those institutions surveyed.

Analysis of the data revealed that a total of 21 institutions responded. A total of 11 institutions responded that 106 cases are diagnosed annually that are above grade level. This represents 50 percent of those institutions responding. A total of 11 institutions responded that zero cases are diagnosed annually that are above grade level. This represents 50 percent of those institutions responding. Failure to respond was recorded for three institutions surveyed. This represents 12 percent of those institutions surveyed.

Data in Table XXVII is related to the question: Does your center refer clients to an optometrists; an opthamologist; a neurologist; a pediatrician; a psychiatrist; an audiologist; a physician? (Questionnaire item number 27.)

TABLE XXVII

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 27

QUESTION: Does your center refer clients to an optometrist?	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	5	20.80
Usually	1	4.20
Total	6	25.00
NEGATIVE		
Seldom	11	45.80
Never	7	29.20
Total	18	75.00
Grand Total	24	100.00

QUESTION: Does your center refer clients to an opthalmologist?		
AFFIRMATIVE		
Yes	7	29.10
Usually	1	4.20
Total	8	33.30
NEGATIVE		
Seldom	12	50.00
Never	4	16.70
Total	16	66.70
Grand Total	24	100.00

TABLE XXVII (Continued)

QUESTION: Does you center refer clients to a neurologist?	FREQUENCY	PERCENT
AFFIRMATIVE		
Yes	1	4.20
Usually	2	8.30
Total	3	12.50
NEGATIVE		
Seldom	14	58.30
Never	7	29.20
Total	21	87.50
Grand Total	24	100.00

QUESTION: Does you center refer clients to a pediatrician?		
AFFIRMATIVE		
Yes	1	4.20
Usually	2	8.30
Total	3	12.50
NEGATIVE		
Seldom	16	66.70
Never	6	20.80
Total	21	87.50
Grand Total	24	100.00

QUESTION: Does your center refer clients to a psychiatrist?		
AFFIRMATIVE		
Yes	2	8.30
Usually	3	12.50
Total	5	20.80
NEGATIVE		
Seldom	12	50.00
Never	7	29.20
Total	19	79.20
Grand Total	24	100.00

TABLE XXVII (Continued)

QUESTION: Does your center refer clients to an audiologist?	FREQUENCY	PERCENT
	AFFIRMATIVE	
Yes	2	8.30
Usually	5	20.80
Total	7	29.10
	NEGATIVE	
Seldom	13	54.20
Never	4	16.70
Total	17	70.90
Grand Total	24	100.00
QUESTION: Does your center refer clients to a physician?		
	AFFIRMATIVE	
Yes	1	4.20
Usually	3	12.50
Total	4	16.70
	NEGATIVE	
Seldom	15	62.50
Never	5	20.80
Total	20	83.30
Grand Total	24	100.00

Analysis of the data revealed that 24 institutions responded. A total of six institutions responded that clients are referred to an optometrist. This represents 25 percent of those institutions responding. A total of 18 institutions responded in the negative. This represents 75 percent of those institutions responding. Failure to respond was recorded for one institutions. This represents four percent of those institutions surveyed.

Analysis of the data revealed that 24 institutions responded. A total of eight institutions responded that clients are referred to an ophtholmologist. This represents 33.33 percent of those institutions responding. A total of 16 institutions responded in the negative. This represents 66.60 percent of those institutions responding. Failure to respond was recorded for one institutions. This represents four percent of those institutions surveyed.

Analysis of the data revealed that 24 institutions responded. A total of three institutions responded that clients are neurologist. This represents 12.50 percent of those institutions responding. Failure to respond was recorded for one institution. This represents four percent of those institutions surveyed.

Analysis of the data revealed the 24 institutions responded. A total of three institutions responded that clients are referred to a pediatrician. This represents 12.50 percent of those institutions responding. a total of 21 institutions responded in the negative. This represents

87.50 percent of those institutions responding. Failure to respond was recorded for one institutions. This represents four percent of those institutions surveyed.

Analysis of the data revealed that 24 institutions responded. A total of five institutions responded that clients are referred to a psychiatrist. This represents 20.80 percent of those institutions responding. A total of 19 institutions responded in the negative. This represents 79.20 percent of those institutions responding. Failure to respond was recorded for one institution. This represents four percent of those institutions surveyed.

Analysis of the data revealed that 24 institutions responded. A total of seven institutions responded that clients are referred to an audiologist. This represents 29.10 percent of those institutions responding. A total of 17 institutions responded in the negative. This represents 70.90 percent of those institutions responding. Failure to respond was recorded for one institution. This represents four percent of those institutions surveyed.

Analysis of the data revealed that 24 institutions responded. A total of four institutions responded that clients are referred to a physician. This represents 16.70 percent of those institutions responding. A total of 20 institutions responded in the negative. This represents 83.30 percent of those institutions responding. Failure to respond was recorded for one institutions. This represents four percent of those institutions surveyed.

Data in Table XXVIII is related to the question: What is the NUMBER of referrals per year received from the client's school; parents; social agencies; voluntary? (Questionnaire item number 28.)

Analysis of the data revealed that a total of 20 institutions responded. A total of 16 institutions responded that 762 referrals per year are received from clients' schools. This represents 80 percent of those institutions responding. A total of four institutions responded that zero referrals per year are received from the client's school. This represents 20 percent of those institutions responding. Failure to respond was recorded for five institutions. This represents 20 percent of those institutions surveyed.

Analysis of the data revealed that a total of 21 institutions responded that 1,184 referrals per year are received from parents. This represents 100 percent of those institutions responding. Failure to respond was recorded for four institutions. This represents 16 percent of those institutions surveyed.

Analysis of the data revealed that a total of 10 institutions responded that 156 referrals per year are received from social agencies. This represents 50 percent of those institutions responding. A total of 10 institutions responded that zero referrals per year are received from social agencies. This represents 50 percent of those institutions responding. Failure to respond was

TABLE XXVIII

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 28

QUESTION: What is the NUMBER of referrals per year received from the clients' school?

	NUMBER	FREQUENCY	PERCENT
	0	4	20.00
	10	5	25.00
	20	2	10.00
	30	1	5.00
	40	1	5.00
	41	2	10.00
	50	1	5.00
	65	1	5.00
	80	1	5.00
	124	1	5.00
	200	1	5.00
Grand Totals	762	20	100.00

MEAN = 200.00

QUESTION: What is the NUMBER of referral per year received from parents?

	2	1	4.80
	10	1	4.80
	17	1	4.80
	20	4	19.00
	25	1	4.80
	30	2	9.50
	50	1	4.80
	60	3	14.30
	65	1	4.80
	80	1	4.80
	100	2	9.50
	111	1	4.80
	124	1	4.80
	200	1	4.80
Grand Totals	200	21	100.00

MEAN = 57.33

TABLE XXVIII (Continued)

QUESTION: What is the NUMBER of referrals per year received from social agencies?

	NUMBER	FREQUENCY	PERCENT
	0	10	50.00
	2	3	15.00
	3	1	5.00
	5	3	15.00
	20	1	5.00
	50	1	5.00
	62	1	5.00
Grand Totals	156	20	100.00

MEAN = 7.80

QUESTION: What is the NUMBER of referrals per year received voluntarily?

	0	11	52.40
	2	1	4.80
	3	4	19.00
	10	1	4.80
	16	1	4.80
	20	1	4.80
	28	1	4.80
	35	1	4.80
Grand Totals	131	21	100.00

MEAN = 6.24

recorded for five institutions. This represents 20 percent of those institutions surveyed.

Analysis of the data revealed that a total of 10 institutions responded that 131 referrals per year are received voluntarily. This represents 47.61 percent of those institutions responding. A total of 11 institutions responded that zero referrals per year are received voluntarily. This represents 52.39 percent of those institutions responding. Failure to respond was recorded for four institutions. This represents 20 percent of those institutions surveyed.

Data in Table XXIX is related to the question: To what degree does you center use standardized intelligence diagnostic measures; standardized personality diagnostic measures; standardized readiness diagnostic measures; standardized general achievement measures; standardized diagnostic reading measures. (Questionnaire item number 29.)

Analysis of the data revealed that a total of 13 institutions responded in the affirmative to the use of standardized intelligence diagnostic measures. This represents 61.90 percent of those institutions responding. A total of ten institutions responded in the negative. This represents 38.10 percent of those institutions responding. Failure to respond was recorded for two institutions. This represents eight percent of those institutions surveyed.

TABLE XXIX

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 29

QUESTION: To what degree does your center use standardized intelligence diagnostic measures?	FREQUENCY	PERCENT
	AFFIRMATIVE	
Always	10	43.50
Usually	3	13.00
Total	13	56.50
	NEGATIVE	
Seldom	3	13.00
Never	7	30.50
Total	10	43.50
Grand Total	23	100.00

QUESTION: To what degree does your center use standardized personality diagnostic measures?		
	AFFIRMATIVE	
Always	1	4.30
Usually	0	0.00
Total	1	4.30
	NEGATIVE	
Seldom	13	56.50
Never	9	39.20
Total	22	95.70
Grand Total	23	100.00

TABLE XXIX (Continued)

QUESTION: To what degree does your center use standardized readiness diagnostic measures?

	FREQUENCY	PERCENT
AFFIRMATIVE		
Always	1	4.30
Usually	3	13.00
Total	4	17.30
NEGATIVE		
Seldom	13	56.50
Never	6	26.20
Total	19	82.70
Grand Total	23	100.00

QUESTION: To what degree does your center use standardized general achievement diagnostic measures?

AFFIRMATIVE		
Always	8	34.80
Usually	1	4.30
Total	9	39.10
NEGATIVE		
Seldom	10	43.50
Never	4	17.40
Total	14	60.90
Grand Total	23	100.00

TABLE XXIX (Continued)

QUESTION: To what degree does your center use standardized reading diagnostic measures?

	FREQUENCY	PERCENT
AFFIRMATIVE		
Always	17	70.80
Usually	2	8.30
Total	19	79.10
NEGATIVE		
Seldom	4	16.70
Never	1	4.20
Total	5	20.90
Grand Total	24	100.00

Analysis of the data revealed that a total of one institution responded in the affirmative to the use of standardized personality diagnostic measures. This represents 4.30 percent of those institutions responding. A total of 22 institutions responded in the negative. This represents 95.70 percent of those institutions responding. Failure to respond was recorded for two institutions. This represents eight percent of those institutions surveyed.

Analysis of the data revealed that a total of four institutions responded to the use of standardized readiness diagnostic measures. This represents 17.30 percent of those institutions responding. A total of 19 institutions responded in the negative. This represents 82.70 percent of those institutions responding. Failure to respond was recorded for two institutions. This represents eight percent of those institutions surveyed.

Analysis of the data revealed that a total of nine institutions responded to the use of standardized general achievement diagnostic measures. This represents 39.10 percent of those institutions responding. A total of 14 institutions responded in the negative. This represents 60.90 percent of those institutions responding. Failure to respond was recorded for two institutions. This represents eight percent of those institutions surveyed.

Analysis of the data revealed that a total of 19 institutions responded to the use of standardized reading diagnostic measures. This represents 79.10 percent of those

institutions responding. A total of five institutions responded in the negative. This represents 20.90 percent of those institution responding. Failure to respond was recorded for one institution. This represents four percent of those institutions surveyed.

Data in Table XXX is related to the question: Are clients assessed as to reading capacity or potential? (Questionnaire item number 30.)

Analysis of the data revealed that 23 institutions responded. A total of 17 institutions responded in the affirmative. This represents 73.90 percent of those institutions responding. A total of six institutions responded in the negative. This represents 26.10 percent of those institutions responding. Failure to responded was recorded for two institutions. This represents eight percent of those institutions surveyed.

Data in Table XXXI is related to the question: Is reading capacity or potential is assessed, list instruments used. (Questionnaire item number 31.)

Analysis of the data revealed that the top five instruments are Informal Reading inventory, Slosson intelligence Test, Peabody Picture Vocabulary Test - R, Wechsler Intelligence Scale for Children and Stanford Binet Intelligence Test.

Data in Table XXXII is related to the question: To what degree does your center use informal intelligence diagnostic measures; informal personality diagnostic

TABLE XXX

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 30

QUESTION: Are clients assessed as to reading capacity or potential?

	FREQUENCY	PERCENT
Affirmative/Yes	17	73.90
Negative/No	6	26.10
Grand Total	23	100.00

TABLE XXXI

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 31

QUESTION: If reading capacity or potential is assessed list instruments used.

TEST OR ACTIVITY	FREQUENCY
Informal Reading Inventory	13
Slosson Intelligence Test	5
Peabody Picture Vocabulary Test - R	5
Wechsler Intelligence Scale for Children	3
Standford Binet Intelligence Test	1
San Diego Quick Assessment List	1
Dolch Basic Sight Word List	1
DeSanti Cloze Reading Inventory	1
Woodcock-Johnson	1
Peadbody individual Achievement Test	1
Slosson Oral Reading Test	1

NOTE: Twenty-five of twenty-five institutions responded. Some institutions gave multiple responses which are reflected in the frequencies.

TABLE XXXII

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 32

QUESTION: To what degree does your center use informal intelligence diagnostic measures?	FREQUENCY	PERCENT
AFFIRMATIVE		
Always	4	19.00
Usually	2	9.50
Total	6	28.50
NEGATIVE		
Seldom	6	29.60
Never	9	42.90
Total	15	72.50
Grand Total	21	100.00

QUESTION: To what degree does your center use informal personality diagnostic measures?		
AFFIRMATIVE		
Always	3	13.00
Usually	4	17.40
Total	7	30.40
NEGATIVE		
Seldom	10	43.50
Never	6	26.10
Total	16	69.60
Grand Total	23	100.00

TABLE XXXII (Continued)

QUESTION: To what degree does your center use informal readiness diagnostic measures?

	FREQUENCY	PERCENT
AFFIRMATIVE		
Always	5	22.70
Usually	7	31.80
Total	12	54.50
NEGATIVE		
Seldom	7	31.80
Never	3	13.70
Total	10	45.50
Grand Total	22	100.00

QUESTION: To what degree does your center use informal interest diagnostic measures?

AFFIRMATIVE		
Always	13	59.10
Usually	7	31.80
Total	20	90.90
NEGATIVE		
Seldom	2	9.10
Never	0	0.00
Total	2	9.10
Grand Total	22	100.00

TABLE XXXII (Continued)

QUESTION: To what degree does your center use informal general achievement diagnostic measures?

	FREQUENCY	PERCENT
AFFIRMATIVE		
Always	3	14.30
Usually	4	19.00
Total	7	33.30
NEGATIVE		
Seldom	9	42.90
Never	5	23.80
Total	14	66.70
Grand Total	21	100.00

QUESTION: To what degree does your center use informal reading diagnostic measures?

AFFIRMATIVE		
Always	21	94.40
Usually	0	0.00
Total	21	91.40
NEGATIVE		
Seldom	1	4.30
Never	1	4.30
Total	2	8.60
Grand Total	23	100.00

TABLE XXXIII

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 33

QUESTION: Forward a copy of a case study. -Insufficient response for analysis.

measures; informal readiness diagnostic measures; informal interest diagnostic measures; informal general achievement diagnostic measures; informal reading diagnostic measures? (Questionnaire item number 32.)

Analysis of the data revealed that a total of six institutions responded to the use of informal intelligence diagnostic measures. This represents 28.50 percent of those institutions responding. A total of 15 institutions responded in the negative. This represents 71.50 percent of those institutions responding. Failure to respond was recorded for four institutions. This represents 16 percent of those institutions surveyed.

Analysis of the data revealed that a total of seven institutions responded to the use of informal personality diagnostic measure This represents 30.40 percent of those institutions responding. A total of 16 institutions responded in the negative. This represents 69.60 percent of those institutions responding. Failure to respond was recorded for two institutions. This represents eight percent of those institutions surveyed.

Analysis of the data revealed that a total of 12 institutions responded to the use of informal readiness diagnostic measures. This represents 54.50 percent of those institutions responding. A total of 10 institutions responded in the negative. This represents 45.50 percent of those institutions responding. Failure to respond was

recorded for three institutions. This represents 12 percent of those institutions surveyed.

Analysis of the data revealed that a total of 20 institutions responded to the use of informal interest diagnostic measures. This represents 90.90 percent of those institutions responding. A total of two institutions responded in the negative. This represents 9.10 percent of three institutions responding. This represents 12 percent of those institutions surveyed.

Analysis of the data revealed that a total of seven institutions responded to the use of information general achievement diagnostic measures. This represents 33.30 percent of those institutions responding. A total of 14 institutions responded in the negative. This represents 66.70 percent of those institutions responding. Failure to respond was recorded for four institutions. This represents 16 percent of those institutions surveyed.

Analysis of the data revealed that a total of 21 institutions responded to the use of informal reading diagnostic measures. This represents 91.40 percent of those institutions responding. A total of two institutions responded in the negative. This represents 8.60 percent of those institutions responding. Failure to respond was recorded for two institutions. This represents eight percent of those institutions surveyed.

Questionnaire item number 33 solicited case studies. Since only two case studies were received the data was not analyzed.

Data in Table XXXIV is related to the question: Assume that an individual, any age, has been referred to your center who is performing at the pre-reading level with an apparent reading difficulty. Please list in order of frequency of use, the tests, all of which or a portion of which would be administered by your staff. (Questionnaire item number 34.)

Analysis of the data revealed that the top five tests are Information Reading Inventory, Peabody Picture Vocabulary Test-R, Interest Inventory, Wide Range Achievement Test, Durrell Analysis of Reading Difficulty.

Data in Table XXXV is related to the statement: Assume that an individual, any age, has been referred to you center who is performing between 1.0 and 2.5 grade levels with an apparent reading difficulty. Please list in order of frequency of use, the test, all of which or a portion of which would be administered by your staff. (Questionnaire item number 35.)

Analysis of the data revealed that the top five tests are Informal Reading Inventory, Peabody Picture Vocabulary Test-R, Slosson Intelligence Test, Interest Inventory and Gates-McGinitie Primary Reading Test.

Data in Table XXXVI is related to the question: Assume that an individual, any age, has been referred to your

TABLE XXXIV

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 34

QUESTION: Assum that an individual, an age, has been referred to your center who is performing at the pre-reading level with an apparent reading difficulty. Please list in order of frequency of use, the tests, all of which or a portion of which would be administered by your staff.

TEST OR ACTIVITY	FREQUENCY
Informal Reading Inventory	17
Peabody Picture Vocabulary Test - R	7
Interest Inventory	4
Wide Range Achievmenet Test	3
Durrell Analysis of Reading Difficulty	3
Concepts About Print (Clay)	3
Slosson Intelligence Test	3
Observation	3
Wechsler Intelliegence Scale for Children - R	2
Gates-McGinitie Primary Reading Test	2
Diagnostic Teaching	2
Early Detection of Reading Difficulties	1
Dolch Basic Sight Word Test	1
Copy Activity	1
Interview of Family Background	1
Self Report of Reading Ability	1
Wepman Aditory Discrimination Test	1
Vision Screening	1
Spelling Inventory	1
Brigance Diagnostic Inventory	1
Warncke Skills Test	1
McGuffy Test of Early Word Knowledge	1
Bender Visual Motor Gestalt	1
Rapid Automatized Naming Test (RAN)	1
Draw-a-Person	1
Test of Oral Language Development (TOLD)	1
Detriot Test of Learning Aptitude (DTLA)	1
El Paso Phonics Test	1
Spache Diagnostic Reading Scales	1
Sand and Stones	1
Peabody Individual Achievement Test	1
Woodcock-Johnson	1
Titmus Stereotest	1
Maico	1
Keystone Visual Survey	1
Degrees of Reading Power	1
Kaufman Test of Education Achievement	1

TABLE XXXIV (Continued)

TEST OR ACTIVITY	FREQUENCY
Slingerland	1
Burke's Reading Inventory	1

NOTE: Twenty-three of twenty-five institutions responded. Some institutions gave multiple responses which are reflected in the frequencies.

TABLE XXXV

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 35

QUESTION: Assume that an individual, any age, has been referred to your center who is performing between 1.0 and 2.5 grade levels with an apparent reading difficulty. Please list in order of frequency of use, the test, all of which or a portion of which would be administered by your staff.

TEST OR ACTIVITY	FREQUENCY
Information Reading Inventory	16
Peabody Picture Vocabulary Test - R	8
Slosson Intelligence Test	5
Interest Inventory	4
Gates-McGinitie Primary Reading Test	4
Durrell Analysis of Reading Difficulty	3
Burke Reading Interview	2
Concepts About Print (Clay)	2
Peabody Individual Achievement Test	2
Wechsler Intelliegence Scale for Children - R	2
Observation	2
Early Detection of Reading Difficulties	1
Qualitative Reading Inventory	1
Slosson Oral Reading Test	1
Prognostic Lesson	1
Spache Diagnostic Reading Scales	1
Gates-McKillop Reading Diagnostic Tests	1
Interview of Family Background	1
Self Report of Reading Ability	1
Wepman Auditory Discrimination Test	1
Attitude Survey	1
Spelling Inventory	1
Writing Sample	1
Carbo Learning Style Inventory	1
Brigance Diagnostic Inventory	1
McGuffy Test of Word Recognition in Isolation	1
McGuffy Qualitative Spelling Inventory	1
Rapid Automatized Naming Test (RAN)	1
Bender Visual Motor Gestalt Test	1
Draw-a-Person	1
Bryant Test of Pseudo Word Decoding	1
Test of Oral Language Development (TOLD)	1
Detroit Test of Learning Aptitude	1
Giday Word Analysis Test	1
Wide Range Achievement Test	1
El Paso Phonic Test	1
Sight Word Lists	1

TABLE XXXV (Continued)

TEST OR ACTIVITY	FREQUENCY
Spache Diagnostic Reading Scales	1
Sand and Stones	1
Woodcock-Johnson	1
Titmus Stereoscopic	1
Maico	1
Slingerland	1
Audiometer	1
Keystone	1
Kaufman Test of Education Achievement	1

NOTE: Twenty-three of twenty-five institutions responded. Some institutions gave multiple responses which are reflected in the frequencies.

TABLE XXXVI

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 36

QUESTION: Assume that an individual, any age, has been referred to your center who is performing between 2.6 and 3.9 grade levels with an apparent reading difficulty. Please list in order of frequency of use, the tests, all of which or a portion of which would be administered by your staff.

TEST OR ACTIVITY	FREQUENCY
Informal Reading Inventory	15
Peabody Picture Vocabulary Test - R	6
Slosson Intelligence Test	6
Interest Inventory	5
Gates-McGinitie Primary Reading Test	4
Durrell Analysis of Reading Difficulty	3
Burke Reading Inventory	2
Spache Diagnostic Reading Scales	2
Peabody Indidividual Achievement Test	2
Wechsler Intelligence Scale for Children - R	2
Wide Range Achievment Test	2
Teacher Observation	2
Slosson Oral Reading Test	1
Standford Achievment Test	1
Gates-McKillop Reading Diagnostic Test	1
Cloze Passages	1
Interview of Family Background	1
Wepman Auditory Discrimination Test	1
Jordan Screening Test	1
Carbo Learning Style Inventory	1
Brigance Diagnostic Inventory	1
McGuffey Test of Word Recognition	1
McGuffey Qualitative Spelling Inventory	1
Test of Oral Language Development (TOLD)	1
Giday Word Analysis Test	1
Woodcock-Johnson	1
Titmus Stereoscopic	1
Niles Battery (unpublished)	1
Titmus Stereoscopic	1
Maico	1
Study Skills Test	1
Boyd Test of Phoentic Skills	1
Kaufman Test of Education Achievement	1
Degrees of Reading Power	1

TABLE XXXVI (Continued)

TEST OR ACTIVITY	FREQUENCY

NOTE: Twenty-three of twenty-five institutions responded. Some institutions gave multiple responses which are reflected in the frequencies.

center who is performing between 2.6 and 3.9 grade levels with an apparent reading difficulty. Please list in order of frequency of use, the tests, all of which or a portion of which would be administered by your staff. (Questionnaire item number 36.)

Analysis of the data revealed that the top five tests are Informal Reading Inventory, Peabody Picture Vocabulary Test-R, Slosson Intelligence Test, Interest Inventory and Gates-McGinitie Primary Reading Test.

Data in Table XXXVII is related to the question: Assume that an individual, any age, has beenr referred to your center who is performing between 4.0 and above grade levels with an apparent reading difficulty. Please list in order of frequency of use, the tests, all of which or a portion of which would be administered by your staff. (Questionnaire item number 37.)

Analysis of the data revealed that the top five tests are Informal Reading Inventory, Slosson Intelligence Tests, Peabody Picture Vocabulary Test-R, Interest Inventory and Study Skills Checklist.

Data in Table XXXVIII is related to the the question: Assume that an individual, and age, has been referred to your center who is performing at the pre-reading level with an apparent reading difficulty. Please list instructional materials, all of which or a portion of which would be used by your staff. (Questionnaire item number 38.)

TABLE XXXVII

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 37

QUESTION: Assume that an individual, any age, has been referred to your center who is performing between 4.0 and above grade levels with an apparent reading difficulty. Please list in order of use, the tests, all of which or a potion of which would be administered by you staff.

TEST OR ACTIVITY	FREQUENCY
Informal Reading Inventory	19
Slosson Intelligence Test	7
Peabody Picture Vocabulary Test - R	6
Interest Inventory	5
Study Skills Checklist	4
Burke Reading Inventory	3
Durrell Analysis of Reading Difficulties	3
Gates-McGinitie Reading Test	3
Wide Range Achievement Test	3
Wechsler Intelligence Scale for Children	3
Teacher Observation	3
Spache Diagnostic Reading Scales	2
Woodcock Reading Mastery Test	2
Peabody Individual Achievement Test	2
Gray Oral Reading Test	2
Slosson Oral Reading Test	1
Stanford Achievement Test	1
Gates-McKillop Reading Diagnostic Test	1
Interviews of Family Background	1
Illinois Test of Psycholinguistic Ability	1
Wepman Auditory Discrimination Test	1
Jordan Screening	1
Carbo Learning Style Inventory	1
Brigance Diagnostic Inventory	1
McGuffey Test of Word Recognition in Isolation	1
Test of Oral Language Development	1
Giday Word Analysis Test	1
Maico	1
Study Skills Inventory	1
Boyd Test of Phonetic Skills	1
Kaufman Assessment Battery for Children	1
Degrees of Reading Power	1

TABLE XXXVII (Continued)

TEST OR ACTIVITY	FREQUENCY

NOTE: Twenty-three of twenty-five institutions responded. Some institutions gave multiple responses which are reflected in the frequencies.

TABLE XXXVIII

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 38

QUESTION: Assume that an indivudal, any age, has been referred to your center who is performing at the pre-reading level with an apparent reading difficulty. Please list instruction materials, all of which or a portion of which would be use by your staff.

INSTRUCTIONAL MATERIAL OR ACTIVITY	FREQUENCY
Language Exprience	11
Trade Books	8
Teacher Made Materials	8
Predictable Books	5
Magazines	4
Children's Literature	4
Books with Tapes	3
Manipulatives (pictures, stuffed animal, paper dolls)	3
Speech to Print Phonics	1
Lippencott A-E Phonics	1
Writing Journals	1
Big Books	1
Choral Reading Picture Sorts	1
Picture Sorts	1
Computer Delivered Remedial Programs	1
School Texts	1
Nursery Rhymes	1

NOTE: Twenty-three of twenty-five institutions responded. Some institutions gave multiple responses which are reflected in the frequencies.

Analysis of the data revealed that the top five materials or activities are Language Experience, Trade Books, Teacher Made Materials, Predictable Books and magazines.

Data in Table XXXIX is related to the question: Assume that an individual, any age, has been referred to you center who is performing between 1.0 and 2.5 grade levels with an apparent reading difficulty. Please list instructional materials, all of which or a portion of which would be used by you staff. (Questionnaire item number 39.)

Analysis of the data revealed that the top five materials or activities are Language Experience, Trade Books, Children's Literature, Teacher Made Materials and Predictable Books.

Data in Table XL is related to the question: Assume that an individual, any age, ahs been referred to your center who is performing between 2.6 and 3.9 grade levels with an apparent reading difficulty. Please list instruction materials, all of which or a portion of which would be used by your staff. (Questionnaire item number 40.)

Analysis of the data revealed that the top five materials or activities are Trade Books, Children's Literature, Magazine and Newspapers, Teacher Made Materials and Writing Journal.

Date in Table XLI is related to the question: Assume that an individual, any age, has been referred to you center

TABLE XXXIX

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 39

QUESTION: Assume that an individual, any age, has been referred to your center who is performing between 1.0 and 2.5 grade levels with an apparent reading difficulty. Please list instruction materials, all of which or a portion of which would be used by your staff.

INSTRUCTIONAL MATERIAL OR ACTIVITY	FREQUENCY
Language Experience	11
Trade Books	8
Children's Literature	5
Teacher Made Materials	5
Predictable Books	4
Magazines	3
Books with Tapes	3
Manipulatives (pictures, stuffed animal, paper dolls)	3
Writing Materials	3
Writing Journals	2
Computer Assisted Instrucjtion	2
Big Books	2
Speech to Print Phonics	1
Reader's Digest Skill Builders	1
Lippencott A-E Phonic Books	1
Wordless Books	1
Basal Readers	1
Picture Sorts	1
Word Sorts	1
School Texts	1
Simple Poetry	1

NOTE: Twenty-three of twenty-five institutions responded. Some institutions gave multiple responses which are reflected in the frequencies.

TABLE XL

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 40

QUESTION: Assume that an individual, any age, has been referred to your center who is performing between 2.6 and 3.9 grade levels with an apparent reading difficulty. Please list instruction materials, all of which or a portion of which would be used by your staff.

INSTRUCTIONAL MATERIAL OR ACTIVITY	FREQUENCY
Trade Books	9
Children's Literature	6
Magazines and Newspaper	5
Teacher Made Materials	5
Writing Journals	5
Content Area Texts	3
Computer Assited Instruction	2
Books with Tapes	1
Reference Books	1
Poetry	1
Big Books	1
Basal Readers	1
Word Sorts	1
Predictable Books	1

NOTE: Twenty-three of twenty-five institutions responded. Some institutions gave multiple responses which are reflected in the frequencies.

TABLE XLI

FREQUENCY DISTRIBUTION OF RESPONSES TO QUESTION 41

QUESTION: Assume that an individual, any age, has been referred to your center who is performing between 4.0 and above grade levels with an apparent reading difficulty. Please list instruction materials, all of which or a portion of which would be used by your staff.

INSTRUCTIONAL MATERIAL OR ACTIVITY	FREQUENCY
Content Area Textbooks	9
Children's Literature	9
Trade Books	8
Teacher Made Materials	8
Newspapers and Magazines	7
Writing	3
Computer Assisted Instruction	2
Reference Books	2
Language Experience	2
Books with Tapes	1
Poetry	1
Word Study Notebook	1

NOTE: Twenty-three of twenty-five institutions responded. Some institutions gave multiple responses which are reflected in the frequencies.

who is performing between 4.0 and above grade levels with an apparent reading difficulty. Please list instructional materials, all of which or a portion of which would be used by your staff. (Questionnaire item number 41.)

Analysis of the data revealed that the top five materials or activities are Content Area Textbooks, Children's Literature, Trade Books, Teacher Made Materials and Newspapers and Magazines.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

The focus of this study was to determine the purpose, procedures, fees, type of cases, types of assessment instruments and instructional materials currently in use in university and college based reading centers in the continental United States. The results of this study would provide a nationwide view of current practices in reading centers. These results could prove helpful in the evaluation of individual university and college based reading centers as a part of ongoing improvement.

Problem of the Study

The focus of this study was to survey the diagnostic and remedial procedures at university and college based reading centers in the continental United States which offer a doctorate in reading and are engaged in providing diagnosis and remediation to pre-school, elementary, secondary and college/adult individuals.

Procedures of the Study

The questionnaire method was selected as the most suitable method for gathering data for the study which was national in scope. A checklist and data sheet were prepared and submitted to several reading educators for suggestions and improvements. The study was limited to university and college based reading centers in the continental United States which offer a doctorate in reading. Letters requesting participation in the survey were mailed to 109 Deans of Colleges of Education. A total of 76 responses to the initial request to participate were received. The initial request included 34 responses that indicated a center was not in operation at their institution. A total of 42 questionnaires were mailed. A total of 24 completed questionnaires were returned.

Frequencies were calculated for questions classified to always, usually, seldom and never. Frequencies were also calculated for questions concerned with instructional materials and tests as well as yes and no questions. Means and frequencies were calculated for questions seeking a number response.

Finding

The major conclusions are related to the six questions posed in Chapter I. These questions are as follows:

1. What is the purpose of the center?
2. What are the procedures of building individual case studies?
3. What fee schedule is used, if any?
4. What type of cases are being served?
5. What diagnostic procedures and tests are used?
6. What instructional materials are used?

Purpose

Several questions address, "What is the purpose of the center?" A greater number of centers (69.20 percent) reported their main purpose is training of student than service to the community (42.90 percent). However, most centers (84 percent) have a dual purpose of service to the community and training of students.

Procedures

Several questions addressed, "What are the procedures of building individual case studies?" A mean of 5.75 was calculated for the number of hours devoted to the initial diagnosis. The initial diagnosis endeavor is undertaken most often by a graduate student in Reading (83.30 percent). The initial diagnosis endeavor is least often undertaken by an individual who holds a doctorate in reading (21 percent). Diagnostic reports are prepared in 24 of the 25 responding centers (96 percent). Parents (68.20 percent) and schools (68.20) percent receive a copy of the diagnostic

report from most centers. A record (journal or log) of diagnostic sessions and interviews is kept by all 25 responding centers. The information most often recorded in a record (journal or log) is informal test results. Medical history (92 percent), academic progress (92 percent) and parent/family information (92 percent) are the least often recorded information in a record (journal or log). Most centers do not attempt to determine what might be generally classified as a particular learning modality, style or preference (72 percent). Only seven (28 percent) of the 25 centers responded that they attempt to determine learning modality. The most popular assessment instrument used to determine a particular learning modality, style or preference is Kid Watching, which was reported a total of three times. The least popular assessment used to determine a particular learning modality, style or preference is the Detroit Test of Learning Aptitude. Intellectual levels are determined in just a little over one half or 14 percent of the centers responding (58.30 percent). Few clients are referred for services outside the reading center. However, of those referrals made outside the center, they are made most often to an ophtholmologist (33.30 percent) with the least being made to a neurologist (12.50 percent) and pediatrician (12.50 percent). In regard to standardized diagnostic measures, reading diagnostic measures (79.10 percent) and intelligence diagnostic measures (56.50 percent) are administered most often.

The standardized diagnostic measure used least is personality diagnostic measures (4.30 percent) and readiness diagnostic measures (17.30 percent). Most centers (73.90 percent) assess their clients as to reading capacity or potential. The most often used assessment instrument for reading capacity or potential is an Informal Reading Inventory identified by 13 institutions. The least often used assessment instrument for reading capacity or potential is the Slosson Oral Reading Test identified by one institution. In regard to informal diagnostic measures, reading (91.40 percent) and interest diagnostic measures (90.90 percent) are administered most often. The informal diagnostic measure used the least is intelligence (28.50 percent).

Fee

Several question address, "What fee schedule is used, if any?" Most centers (88 percent) charge a fee, which is based on a graduate scale dependent upon the client's ability to pay (62.50 percent). Most centers do not apply scholarship money toward center fees (87 percent). The results of the survey indicated most centers operate on both fees and university funds (57.20 percent).

Reading Cases

Several questions addressed, "What type of reading cases are being served?" The greatest number of clients

being served are from the intellectual level 110-119 with 140 clients being identified. This is followed by the intellectual level 90-109 with 134 clients being identified. The least number of clients being served are from the intellectual level above 130 with 19 clients being identified and the intellectual level below 70 with 25 clients being identified. The greatest number of clients are being served during the Summer with 962. The least number of clients being served is in the Fall with 660. A total of 2,364 clients are served annually. The greatest number of clients are from the elementary level of educational placement with 1,215. The least number of clients are from the college/adult level of educational placement with 112. Most of the reading cases diagnosed annually are below grade level with 1,438 clients being identified. The greatest number of referrals are received from the client's parents for a total of 1,084 and school with a total of 762.

Procedures and Tests

A frequency list of tests, all of which or a portion of which would be administered was developed in response to the question, "What diagnostic procedures and tests are used?" Without regard to reading level the assessment instrument used most often is an informal Reading Inventory.

Instructional Materials

A frequency list of instructional materials or activities was developed in response to the question, "What instructional materials are used?" Language experience is the most often used instructional method from pre-reading through grade 2.5. Children's literature rates very high as the instructional material used often for levels 2.6 and up. Teacher made materials rated very high in all educational levels.

Based on the findings several points should be considered. Since most centers stated that service to the community is part of a dual purpose, center programs should encourage participation by those individuals that are performing above grade level (least service currently) as well as those below grade level (most service currently). In attempting to gain as much informtion as possible concerning each potential client, centers should consider attempting to determine learning modality, style or preference of the client. Additionally, reading centers should consider using a wide variety of materials, both commercially prepared as well as teacher-made.

Recommendations for Further Study

The conclusions and implications suggest that more refined and extensive investigations are required in this area.

1. Further study should be undertaken to see if the findings of this study with respect to the procedures of university and college based reading centers surveyed in this study are unique or universal.

2. Further study is recommended to determine the significance of referring clients for services outside the center.

3. Further study is necessary to determine the significance of an implications concerning the intellectual level that provides the greatest number of clients. In Franklin's study (1969), the greatest number of clients came from the 90-109 intellectual level. The current study reveals that the greatest number of clients come from the 110-119 intellectual level.

4. Futher study is necessary to determine the apparent reduction in the number of centers over the past ten years.

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APPENDIXES

APPENDIX A

QUESTIONNAIRE

SURVEY OF

COLLEGE AND UNIVERSITY

READING CENTERS

1. Name and title of respondent_____

_____

2. Name of college or university_____

_____

Mailing Address_____

_____

Accrediting Agency_____

Please circle the number that represents your response.

3. Our center offers diagnostic services for individuals having reading difficulties? (If your response was NO, you may end your response to the survey and return it in the enclosed envelope.) THANK YOU.

yes 1
no 2

4. What is the main purpose of your reading center?

a. service to community — yes 1, no 2

b. training of students — yes 1, no 2

c. service and training — yes 1, no 2

ALWAYS 1 USUALLY 2 SELDOM 3 NEVER 4

5. What is the average NUMBER of hours usually devoted to the initial diagnosis?

a. number_____

6. The initial diagnostic endeavor is undertaken by a(n) individual(s) who:

a. is a graduate student in reading — 1 2 3 4

b. holds a master's degree in reading — 1 2 3 4

c holds a doctorate in reading — 1 2 3 4

7. The director/coordinator is responsible for formulating diagnostic policies and procedures. — 1 2 3 4

8. The director/coordinator:

a. administers the complete diagnosis — 1 2 3 4

b. administers some of the diagnosis with the assistance of staff — 1 2 3 4

c. serves in an advisory capacity — 1 2 3 4

d. delegates the diagnosis to others — 1 2 3 4

9. Are diagnostic reports prepared for each client? — yes 1, no 2

a. do the parents receive a copy of the diagnosis report? — 1 2 3 4

b. does the client's school receive a copy of the diagnosis report? — 1 2 3 4

10. Does your center charge for diagnostic services? — 1 2 3 4

11. Does your center follow a graduated scale of fees, dependent upon the client's ability to pay? — 1 2 3 4

ALWAYS 1 USUALLY 2 SELDOM 3 NEVER 4

12. Does the center apply scholarship money toward center fee? 1 2 3 4

13. Does the center have a fixed fee? 1 2 3 4

14. Does the center operate:

    a. entirely on fees? 1 2 3 4

    b. entirely on university funds? 1 2 3 4

    c. on both fees and university funds? 1 2 3 4

15. Is a record (journal or log) of diagnostic sessions and interviews kept by the center? 1 2 3 4

16. If the center does compile a record (journal or log) does the center record such information as:

    a. formal test results? 1 2 3 4

    b. informal test results? 1 2 3 4

    c. medical history? 1 2 3 4

    d. academic progress? 1 2 3 4

    e. parent/family information? 1 2 3 4

17. Does your center attempt to determine what might generally be classified as a particular learning modality, style or preference by which the student appears to learn more readily? 1 2 3 4

ALWAYS 1 USUALLY 2 SELDOM 3 NEVER 4

18. Is reexamination of active cases a part of diagnosis? 1 2 3 4

19. Does the center employ follow-up of dismissed cases as a part of diagnosis? 1 2 3 4

20. Is the follow-up done by:

    a. telephone? 1 2 3 4

    b. letter? 1 2 3 4

    c. contact with school representative? 1 2 3 4

    d. conference with student? 1 2 3 4

    e. conference with parents? 1 2 3 4

21. Are intellectual levels determined as a part of diagnosis? 1 2 3 4

22. If intellectual levels are determined, what is the NUMBER of reading cases diagnosed annually at the following intellectual levels?

    a. above 130_____

    b. 120 - 129_____

    c. 110 - 119_____

    d. 90 - 109_____

    e. 80 - 89_____

    f. 70 - 79_____

    g. below 70_____

23. List the assessment instrument(s) used to attempt to determine a particular learning modality, style or preference.

ALWAYS 1 | USUALLY 2 | SELDOM 3 | NEVER 4

24. What is the NUMBER of clients actively served by the diagnostic program?

a. fall_____
b. spring_____
c. sum_____
d. total_____

25. What is the NUMBER of reading cases diagnosed annually at the following levels of educational placement?

a. preschool_____
b. elementary_____
c. secondary_____
d. college/adult_____

26. What is the NUMBER of reading cases diagnosed annually at the following levels of achievement?

a. below grade level_____
b. at grade level_____
c. above grade level_____

27. Does your center refer clients to a(n):

a. optometrist	1	2	3	4
b. opthalmologist	1	2	3	4
c. neurologist	1	2	3	4
d. pediatrician	1	2	3	4
e. psychiatrist	1	2	3	4
f. audiologist	1	2	3	4
g. physician	1	2	3	4

ALWAYS 1 | USUALLY 2 | SELDOM 3 | NEVER 4

28. What is the NUMBER of referrals per year received from the following referral sources?

a. school_____
b. parents_____
c. social agencies_____
d. voluntary_____

29. To what degree does your center use the following standardized diagnostic measures?

a. intelligence	1	2	3	4
b. personality	1	2	3	4
c. readiness	1	2	3	4
d. general achievement	1	2	3	4
e. reading	1	2	3	4

30. Are clients assessed as to reading capacity or potential?

yes 1
no 2

31. If reading capacity or potential is assessed list instruments used.

ALWAYS	USUALLY	SELDOM	NEVER
1	2	3	4

32. To what degree does your center use the following informal diagnostic measures?

a.	intelligence	1	2	3	4
b.	personality	1	2	3	4
c.	readiness	1	2	3	4
d.	interest	1	2	3	4
e.	general achievement	1	2	3	4
f.	reading	1	2	3	4

33. In order to obtain a more complete picture of reading centers, you are invited to forward with your completed survey, a copy of a case study completed through your center. If you would prefer that your case study be returned to you, please circle this request.

34 Assume that an individual, any age, has been referred to your center who is performing at the pre-reading level with an apparent reading difficulty. Please list in order of frequency of use, the tests, all of which or a portion of which would be administered by your staff.

35. Assume that an individual, any age, has been referred to your center who is performing between 1.0 and 2.5 grade levels with an apparent reading difficulty. Please list in order of frequency of use, the tests, all of which or a portion of which would be administered by your staff.

36 Assume that an individual, any age, has been referred to your center who is performing between 2.6 and 3.9 grade levels with an apparent reading difficulty. Please list in order of frequency of use, the tests, all of which or a portion of which would be administered by your staff.

37. Assume that an individual, any age, has been referred to your center who is performing between 4.0 and above grade levels with an apparent reading difficulty. Please list in order of frequency of use, the tests, all of which or a portion of which would be administered by your staff.

38 Assume that an individual, any age, has been referred to your center who is performing at the pre-reading level with an apparent reading difficulty. Please list instructional materials, all of which or a portion of which would be used by your staff.

39. Assume that an individual, any age, has been referred to your center who is performing between 1.0 and 2.5 grade levels with an apparent reading difficulty. Please list instructional materials, all of which or a portion of which would be used by your staff.

40. Assume that an individual, any age, has been referred to your center who is performing between 2.6 and 3.9 grade levels with an apparent reading difficulty. Please list instructional materials, all of which or a portion of which would be used by your staff.

41. Assume that an individual, any age, [illegible] referred to your center who is performing between 4.0 [illegible] grade levels with an apparent reading difficulty. [illegible] instructional materials, all of which or a portion would be used by your staff.

42. Please feel free to add any additional comments that your feel would be enlightening concerning the operation of your center.

Do you wish to have a copy of the summary of this study sent to you?

yes 1

no 2

THANK YOU FOR YOUR INVALUABLE CONTRIBUTION TO THIS STUDY.

APPENDIX B

COVER LETTER

February 10, 1990

TO: Dean of the College of Education
FROM: Dwayne Cleveland, Oklahoma State University, Stillwater, Oklahoma
RE: Reading Center

Currently I am a graduate assistant in Reading at Oklahoma State University, Stillwater, Oklahoma. I am surveying university-based reading centers nationwide as partial fulfillment for my doctoral dissertation research.

I would like to enlist your assistance by inviting your participation in this survey. The results, when shared with the participants, should be beneficial in evaluating and planning for your reading center. Only those knowledgeable about your Reading Center can provide accurate information for this survey.

Please return the enclosed, postage-paid, response form as soon as possible indicating your acceptance to participate. If you regretfully cannot participate, please return the response form anyway.

Thank you for your time and consideration.

Dwayne Cleveland
Oklahoma State University
104 Gundersen Hall
Stillwater, Oklahoma 74078-0146
Phone 744-7119 (405)

THE SURVEY SHOULD ARRIVE NO LATER THAN THE FIRST WEEK OF MARCH, 1990.

APPENDIX C

RESPONSE FORM

VITA

Dwayne Alvin Cleveland

Candidate for the Degree of

Doctor of Education

Thesis: SURVEY OF DIAGNOSTIC PROCEDURES IN UNIVERSITY AND COLLEGE READING CENTERS IN THE CONTINENTAL UNITED STATES

Major Field: Curriculum and Instruction

Biographical:

Personal Data: Born at Richmond, California, March 11, 1948, the son of Alvin and Jewell Cleveland. Married to LaEdith Kay Davis, Guthrie, Oklahoma, April 11, 1970 and the father of three children Sara Michelle, Stacey Erin and Todd Alan.

Education: Graduated from Oklahoma Christian University of Science and Arts, Oklahoma City, Oklahoma with a Bachelor of Science in Education Degree in 1970; graduated from University of California at Bakersfield, Bakersfield, California with a Master of Arts Degree in 1978; attended Oklahoma State University, Stillwater, Oklahoma and completed requirements for the Doctor of Education Degree in July, 1990.

Professional Experience: Teacher in elementary schools in Oklahoma and California from 1971-1981; elementary principal in Oklahoma from 1981-1989.

Professional Organizations: A member of Association of Supervision and Curriculum Development, National Association of Elementary School Principals, Oklahoma Association of Elementary School Principals, International Reading Association, Oklahoma Reading Association.