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THE MAKING OF A THRIVING UNIVERSITY-BASED READING CLINIC: A CASE STUDY

A DISSERTATION APPROVED FOR THE
DEPARTMENT OF
INSTRUCTIONAL LEADERSHIP AND ACADEMIC CURRICULULM

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DEDICATION

I dedicate my dissertation to my parents Luke and Maggie. Dad, you read me my first book and instilled a love of reading which has transformed my life forever. You helped me care for my sweet baby boy and supported me through my entire educational journey. Mom, you are the most loving and selfless person I know. When I think back on the last fourteen years of my journey in higher education, I know I could have never achieved my goals without your support. Thank you for helping to take care of me in every way and for helping me with my precious Christopher. There will never be enough words to thank the two of you.

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ABSTRACT

In this case study, the researcher closely examined an active, university-based reading clinic. In particular, this study explored the experiences and perspectives of the stakeholders regarding the reading clinic. It also sought to identify major factors contributing to the sustainability and growth of the reading clinic. The first research question asked: What are the experiences of the stakeholders, i.e., parents, children, reading education candidates, as well as clinical faculty and the administrator overseeing the University Reading Clinic? The second question asked: What are their perceptions of the University Reading Clinic? The final question asked: What are some major factors that have impacted the sustainability and growth of the University Reading Clinic?

In this study, a qualitative case study design was adopted. Data were collected from multiple sources including individual interviews, focus group interviews, historical documents from university archives, and multiple observations. All data were analyzed by using the constant comparative method along with category analysis and thematic analysis. Several themes emerged through data analysis and they were used to address the research questions.

Major findings of the study suggest the stakeholders had positive experiences and they felt supported. The reading clinic stays active because it offers a welcoming environment, provides effective instruction for children, and receives strong support from multiples levels within the university and the community. The study has important implications for other university reading clinics around the nation so they can

continue to grow, stay active, and effectively serve the needs of the children, reading education candidates, parents, and their communities.

CHAPTER ONE: INTRODUCTION TO THE STUDY

Background and Statement of the Problem

It was 5:00 p.m. on Wednesday, September 29, and the university concluded another day. While the campus should have been desolate, cars poured in to drop off excited children for their tutoring sessions in the reading clinic at Geranium University (all names of people and places in this dissertation are pseudonyms). A waiting list of over 250 hopeful children eagerly anticipated an unexpected vacant tutoring slot. Sadly, other university reading clinics are closing their doors, and college students rely on their own resources to complete clinical reading requirements. What is the difference? What makes this university reading clinic so unique?

Reading clinics serve several functions. According to the Geranium University Handbook (2009, p. 4), the reading clinic seeks to "Maintain and support a university community committed to providing educational programs that enhance the quality and vitality of student experiences through effective teaching, research, continuing education, and public service." The university reading clinic facilitates a relationship among all stakeholders (reading education candidates/tutors, faculty, parents, administrators) as the handbook mandates. In light of this information it would seem reading clinics occupy an important place in the university life.

Reading clinics have been in existence for approximately a century. The first record of a reading clinic dates to the laboratory schools in 1903. According to Dewey (as cited in Tanner, 1997), these facilities were meant to further the field

of reading and better understand children's reading through constant observation. Early reading clinics focused more on diagnostics and speech impediments than on reading improvement. Originally, the trend of reading clinics was a more invasive approach, where students lived at the facility and were removed from their families for intense remediation throughout the duration of students' attendance. The Geranium University reading program was established in 1906 with clinical services beginning in 1946. From inception, the Geranium University Reading Clinic served as a supplementary program to public school education.

Reading clinics remained popular in universities throughout the country during the 1960s and 1970s. Anderson and Benson (1960) gave specific directions for setting up a reading clinic in the 1960s. One suggestion was to make brochures and hand them out to local principals. These reading clinics were limited to the summer but were held in universities such as Temple in Pennsylvania and Hofstra University in New York.

Beginning in the 1980s, university reading clinics experienced a decline in popularity. According to Morris (2003), six reasons led to the decline of university reading clinics. First, student reading difficulties were becoming more complex as fresh understanding that reading difficulties could consist of many issues was realized. Second, educators wanted to use traditional methods rather than clinical methods. Third, the government stopped allocating funding for university clinics. Fourth, decreased motivation and enthusiasm on the part of clinical faculty resulted due to work requirements associated with practicum courses. Fifth, small group instruction took the place of one-to-one instruction in popularity, which made the

clinical setting less relevant to the population. Finally, institutional resources were not provided. These resources included things such as university space, as well as devoted and supportive administration. Despite the difficulties facing many university reading clinics, the Germanium University Reading Clinic has stood the test of time.

In recent years, there is a renewed interest in reading clinics. They have evolved into places for multiple learning opportunities. Children are given a safe environment where their specific literacy needs are addressed on an individualized basis. In addition, reading education candidates (tutors) learn the skills necessary to teach reading while under the guidance of faculty who can support and teach the reading theories and research based instructional strategies as they apply them to instructional practice. Again, it has stood the test of time, evolving into an educational setting with multiple learning opportunities.

Geranium University Reading Clinic offers many benefits to other stakeholders; for instance, providing a space for parents to obtain educational resources and to acquire reading strategies to help their children read. These resources are made available by reading education candidates with guidance from professors. Parents also have opportunities to ask questions while their children receive individualized assistance. Professors have a venue to conduct research and employ best practices to support reading education candidates and the children they tutor. In addition, there has been a growing interest in expanding the reading clinic operation at Geranium University.

The nationwide decline of the university reading clinic has become an area of concern. Based on the discussion at the literacy research conferences where professors share their experiences and thoughts about factors contributing to reading clinics, the consensus is that similar difficulties are facing today's university-based reading clinics. These concerns are not localized but rather prevalent throughout the United States. The issues identified range from the high cost for parking permits and adequate space for parking, to under-resourced reading clinics. Today's university climate, from the logistics to university support, does not appear to be conducive to a campus-based reading clinic. In contrast to the languishing state of most university reading clinics, Geranium University's reading clinic continues to grow at a steady pace. Multiple funding sources including city support, private donors, and university funds all trickle into supporting the expansion of Geranium University. By conducting this study, I identified factors contributed to the growth of the reading clinic at Geranium University, and in turn, the findings from this study can potentially help inform the sustainability of other reading clinics.

Statement of the Problem

Many university reading clinics throughout the nation have been struggling to survive; however, the Geranium University Reading Clinic has been experiencing steady growth over the course of several years, with a growing waiting list each semester. There were over 250 children on the waiting list in spring 2012 when the study was conducted. A study of the clinic may yield insights for other reading clinics that have difficulty maintaining their programs.

Research Questions

This research study seeks to answer the following questions:

1. What are the experiences of the stakeholders, i.e., parents, children, reading education candidates, as well as clinical faculty and the administrator overseeing the University Reading Clinic?
2. What are their perceptions of the University Reading Clinic?
3. What are some major factors that have impacted the sustainability and growth of the University Reading Clinic?

Purpose of the Study

The purpose of this case study was to thoroughly examine one university reading clinic and gain an understanding of why it has been able to stay active over the years. The reading clinic's historical development was traced and examined for the involvement and ways that stakeholders viewed and were affected by the clinic. Multiple perspectives gained through interviews, focus groups, and observations were analyzed to provide a thick description to illuminate the phenomenon.

The ecological perspective (Barker, 1978; Bronfenbrenner, 1979) and sociocultural learning theory (Vygotsky, 1978) provide the theoretical framework for the exploration and interpretation of the phenomenon investigated in this case study. While the theoretical framework is discussed in greater detail in Chapter Two, the following is a brief synopsis of the ecological theory and sociocultural learning theory.

The ecological perspective, as coined by Barker (1978) and Bronfenbrenner (1979), consists of a microsystem, mesosystem, exosystem, macrosystem, and

chronosystem. The interactions facilitate the childrens' development within the environment. Bronfenbrenner stated if all the pieces are in sync, a child makes progress. The pieces include the microsystem, or immediate environment, in this case the physical building housing the reading clinic. The mesosystem consists of the interaction of the environments, in this case parents, children, reading education candidates, and the clinic director within the context of the reading clinic. The exosystem is an outer layer, which represents the administration and community as they do not directly interact with the children but still have an influence on the reading clinic. The macrosystem encompasses the cultural beliefs of all the stakeholders involved in the clinic, and finally the chronosystem encompasses the dimension of the time the children are impacted by the university reading clinic. For this study the chronosystem is the semester they attended the clinic.

Reading clinics offer a unique opportunity for students to have their needs individually met. Learning occurs as children interact with other people and events in the environment (Vygotsky, 1986). Vygotsky (1978) stated "…human learning presupposes a specific social nature and a process by which children grow into the intellectual life of those around them." (p. 88). This implies learning occurs in socially supported environments and is nurtured by more knowledgeable others. At the university reading clinic, adults work together to provide interactions in a literacy rich environment to support children's growth in reading and writing. It includes shaping children's cognitive development through the culture of the clinic. An example of this is the way learning occurs through the social interaction and modeling with a tutor and tutee. It is through these social factors and an emphasis

on the language exchange between reading education candidates that knowledge for reading becomes accessible for them and for the children.

When reading education candidates tutor a child on an individual basis, they provide scaffolding within the child's Zone of Proximal Development. Vygotsky (1978) states, "The Zone of Proximal Development defines those functions that have not yet matured but are in the process of maturation. The actual development level characterizes mental development retrospectively, while the Zone of Proximal Development characterizes mental development prospectively" (pp. 86-87). The Zone of Proximal Development, which encompasses two levels of scaffolding, supports the learning of the reading candidates by professors and children by the reading education candidates. This occurs with a more knowledgeable other providing guidance in the above mentioned Zone of Proximal Development while the two are engaged in purposeful tasks together (Vygotsky, 1978).

Importance of the Study

Due to a decline in other university reading clinics around the nation, a case study regarding Geranium University's reading clinic could offer valuable insights that can potentially strengthen university-based reading clinics. Nationally, reading clinics are transitioning from university campuses to site-based clinics housed within various facilities in communities and elementary schools; however, the university based reading clinics can provide benefits unavailable in other settings. Results may benefit reading education programs as they try to maintain reading clinics at their respective universities.

Organization of the Dissertation

This dissertation is divided into five chapters. Chapter One provides the significance of the study, an overview of the theoretical framework, the statement of the problem, and rationale for the study. It ends with the research questions formed specifically for this study. Chapter Two is a review of the literature to help situate the study by including the theoretical framework and a synthesis of relevant studies conducted on reading clinics. Chapter Three describes the qualitative research methodology which was carried out with participants at Geranium University. Chapter Three also includes the research design, participants, and data collection procedures, as well as data analysis. Chapter Four presents the study's findings. Ten major themes were identified and answers were provided for the three research questions. Finally, Chapter Five interprets findings and discusses study results. It includes conclusions and other interesting results. In addition, implications were drawn. Finally, I addressed limitations and provided suggestions for future research.

CHAPTER TWO: REVIEW OF THE LITERATURE

Introduction

This chapter begins with a comprehensive review of the literature in three areas. First is a review of theories informing the theoretical framework, second is a review of the background of reading clinics, and last is a review of previously conducted studies of reading clinics. Based on the review of literature, a gap in the literature and research related to reading clinics is identified.

Theoretical Framework

Both the ecological perspective of learning (Barker, 1978; Bronfenbrenner, 1979) and the sociocultural theory (Vygotsky, 1978) form the theoretical framework of this study. Effective reading clinics offer a unique ecosystem for students to have their educational reading needs individually met, and they support the creation of learning-centered atmospheres where stakeholders interact to assist each other on the challenging tasks of helping at risk readers improve their literacy skills.

Ecological Perspective Theory

As stated in Chapter One, the ecological perspective consists of a multilayer system. This is important in the context of the reading clinic as each layer represents a different aspect of the participants within the clinic. From the ecological perspective, it is important to view learners as engaged due to the relationships with others in the environment. This active relationship between the people and the environment encompasses the most imperative attributes of the

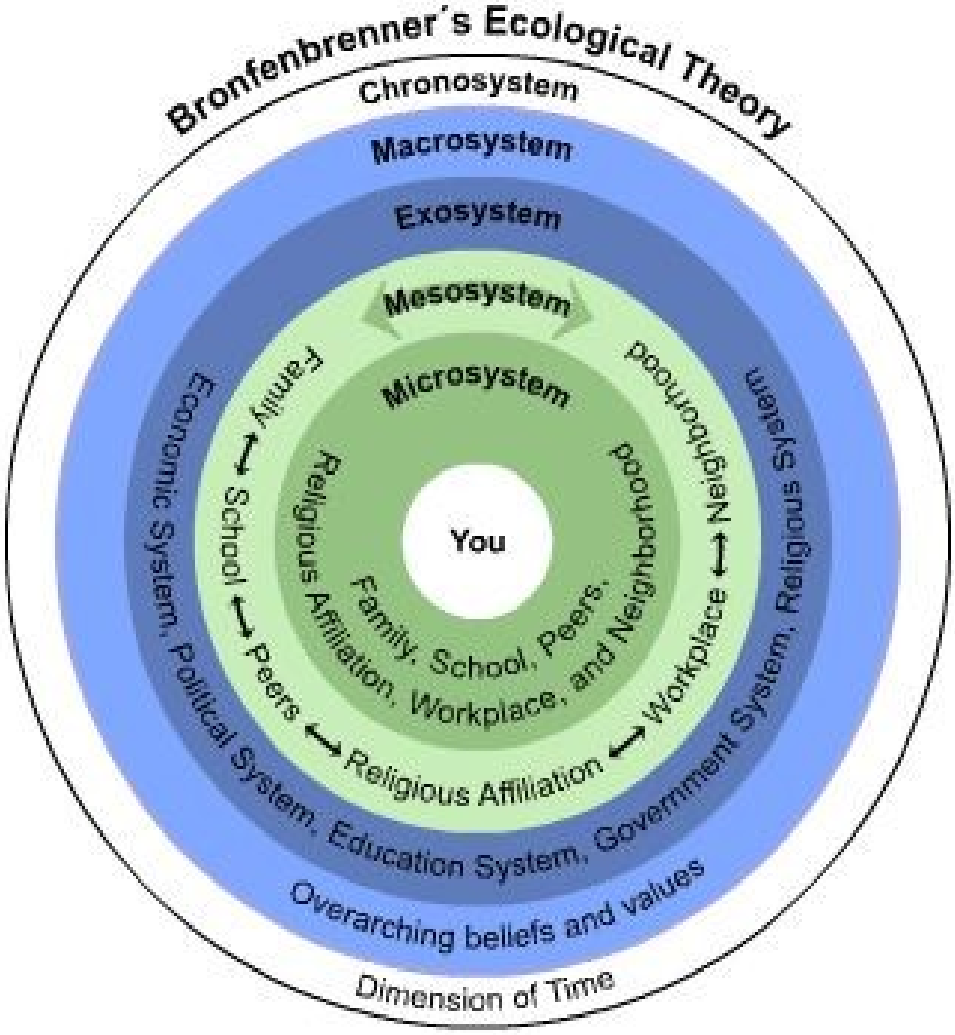
ecological perspective. In the case of this study, the reading clinic stakeholders have a relationship with the reading clinic.

Bronfenbrenner (1977) stated "An ecological experiment is an effort to investigate the progressive accommodation between the growing human organism and its environment through a systematic contrast between two or more environmental systems or their structural components p. 517." The reading clinic allows an inside look at the human within the environment. The contrast emerges from multiple stakeholders and how they respond individually and what they receive from the environment.

Learners are embedded in each layer of the ecosystem as presented in Figure 1. The first layer is the microsystem. The learners interact with their immediate environment in this layer. In this case, the reading clinic is the microsystem, the facility they attend for tutoring. The next layer, the mesosystem, consists of the people involved in the reading clinic. The parents, reading education candidates, and faculty members who interact with the children. The next layer is the exosystem. This layer represents people who have influence over the environment, but are not there at the same time as the children. This layer includes administration and community members. The macrosystem encompasses an intangible layer including the cultural belief systems within the reading clinic. The last layer is the chronosystem which encompasses the dimension of time within the environment. This dimension includes physiological changes which occur as children age or events in their lives unfold. All of these layers interact and

impact the reading clinic in complex ways. The chart below provides a visual representation of the layers in the ecological system ("the ecological perspective").

Figure 1. Ecological Theory



Sociocultural Learning Theory

In sociocultural learning theory, Bruner (1996) discussed the culturalist approach to education. Essentially, the world is comprised of cultural narratives, which suggest all participants of the reading clinic have their individual stories and create meaning through these background experiences. All of the interactions between participants within the reading clinic help shape and expand their

knowledge. Bruner believed students are co-participants in learning; "knowing is doing," so the activities should be tangible and co-constructed.

Vygotsky's (1978) sociocultural theory provides a context for interactive support where the professor, tutor (reading education candidate), and tutee engage in one-on-one interactions focused on literacy and literacy instruction. According to Vygotsky, learning is a social process. Turner (1995) asserted that Vygotsky's sociocultural theory is a framework for engaging students in activities that expand knowledge. The expert in this case is the professor for the reading education candidate, and in turn the reading education candidate for the child (Gredler& Shields, 2008). A pervading concept in Vygotsky's social cultural theory illuminates how learning occurs through language assistance provided by an expert, which is also known as semiotic mediation. Semiotic mediation enables learners to internalize and own knowledge through assistance from an expert mentor. This increases individual knowledge due to the shared experiences and conversation building up on the learner's existing background knowledge. Wells (2007) suggested:

> Though less fully spelled out, a similar and complementary account of language learning is proposed by Vygotsky (1978), and later by Bruner (1983), with emphasis is on the supportive assistance provided by the more mature speakers who interact with the language learner. However, from the perspective of the child's intellectual development, what is important about both Vygotsky's and Halliday's accounts is they both emphasize that, in learning language, the child simultaneously encounters and takes over the

> culture's ways of making sense of human experience, as this is 'encoded' in the utterances that accompany joint activity, both organizing and commenting on what is done together. As Halliday puts it, 'Language has the power to shape our consciousness; and it does so for each human child, by providing the theory that he or she uses to interpret and manipulate their environment' (1993,p. 107).

Gredler and Shields (2007) assert that students actively involved with an expert teacher transform knowledge and internalize it as their own. This describes the automatic process of semiotic mediation which leads to the development of higher mental functioning (Dixon, 1995).

In the case of the reading clinic, the tutee collaborates and engages in discussion with the tutor (reading education candidate), within the interactive environment supported by the reading clinic where the tutor (reading education candidate) is the more knowledgeable other. Sociocultural theory implicitly incorporates scaffolding, which requires the mentor to know the tutee as a learner in order to gauge his/her abilities and to appropriate instruction that is neither too easy nor too difficult (Vygotsky,1978). Essentially, Vygotsky (1978) argued that it is through others we are able to develop ourselves. Learners are able to undergo the process of "internalization," a process involving individuals acquiring knowledge from others and then creating it as part of how they think within themselves. As it pertains to the reading environment, in this case the reading clinic, Vygotskian terms would state that comprehension strategies involve long

term practice using the strategies coupled with reflecting on and using the strategies with other people to fully grasp the concept (Vygotsky, 1978).

Background of Reading Clinics

Dewey's laboratory school at the University of Chicago, which began in 1903, is one of the earliest documented reading clinics. The curriculum focused on reading, writing and numbers (Tanner, 1997). Early reading clinics such as Dewey's focused more on diagnostics and speech impediments than on reading improvement. Another early clinic, also focused on diagnostics began at UCLA in 1921 by Dr. Grace Fernald. Dr. Fernald was born in 1879. Her Ph.D. was conferred by the University of Chicago. She moved to California and spearheaded the laboratory at the State Normal School. Her passion was to better schools and help children and adults through reading clinic services. She also authored research with Helen Keller entitled: "The Effect of Kinesthetic Factors in the Development of Word Recognition in the Case of Non-Readers" (1921). This book helped guide tutoring techniques in the clinic.

Temple University initiated reading clinic services in 1945. According to Rosner and Cooper (2001), the clinic began as a reading diagnostic hub, funded and staffed by the psychology department. The children attended the school from 9:00 a.m. to 3:00 p.m.

> The goals of the lab school were (a) to provide instruction for children whose mental ages were significantly higher than their reading ages; (b) to continue the analysis of the needs of individuals with remedial reading problems; (c) to provide a learning situation for graduate students in the

psychology of language; and (d) to provide a laboratory for the investigation of the psychology of learning in the field of language (p. 296).

During the 1960s an article was published in *The Reading Teacher* by Alfred Harris (1961), the reading clinic director at Queen's College and International Reading Association president in 1958. Harris stated the role of a reading clinic was to help children individually become better readers. The largest reading clinics were those sponsored by universities, and in the 1960s the best known clinics were the University of Chicago, Boston University, Columbia University, New York University, Syracuse University, Temple University, University of Florida, and the University of Minnesota. Only a few of these universities, such as Temple University still have active reading clinics.

According to Harris (1961), university reading clinics of this time collaborated with the psychology departments and with ophthalmology, speech, neurological, and psychiatric services at local hospitals. He defined the reading clinic as "an organized group of professional people working together in a cooperative fashion that has possibilities of action which are beyond the capabilities of the remedial teacher or reading specialist working in a classroom setting" (p. 234). At this time there were also hospitals, such as two general hospitals in New York City, with small remedial reading clinics. University reading clinics at this time served between two to six students in a group setting with the understanding there were no more than ten children per reading tutor, as that was the same size as a small classroom.

Kent State University's reading clinic began in 1970 as a clinical practicum with a focus in corrective reading. This is the last class graduate students currently take before finishing their Master's program. Another reading clinic at National Louis University in Illinois also has a summer reading clinic. It began in 1972. Another reading clinic, which began in 1983 at St. Joseph's University in Philadelphia, Pennsylvania, has a Summer Reading Practicum.

Literature Review of Reading Clinic's and Tutoring Environments

Tutoring Environment

Several studies offer insights into the tutoring environment and other stakeholders who contribute to the environment (Dunston, 2007; Estrada, 2005; Merkley, Schmidt, &Fuhler, 2006). For instance, parents of tutored children share in the responsibility of the child's literacy development for the time children are at home, and it takes collaborative effort between the tutor and parent for optimal success of the child. Students' academic success requires effective communication between homes and schools. Merkley et al. (2006) reviewed this very concept as it applied to the effort of reading tutoring. The design for this research was a qualitative case study consisting of one reading tutor and the children she tutored. The tutor used an online portfolio for the parents to have access to what their child was doing during the tutoring sessions.

Examining parental involvement is important and contributes to the environment as it impacts the success of both the tutor and the tutee. Without parental involvement, tutoring would be difficult to maintain due to the logistics of students traveling back and forth from the tutoring location. Results of Merkley et

al.'s study (2006) suggest using an online environment is important because parents are able to view their children's work, have direction as to things they may do at home with their children, and finally have open communication with the tutor.

Additionally, professional development is important to the success of tutoring. Sustained professional development is pivotal when incorporating tutoring or small group reading instruction as it enlightens teachers regarding the best use of practices if they are unable to individualize instruction in a one-on-one capacity (Estrada, 2005). The methodology of Estrada's (2005) study consisted of a qualitative case study with observations. The participants were one elementary school teacher and students in her first grade classes for four consecutive years. Results indicated students should be scaffolded on their instructional level. The type of sustained staff development that leads to teachers' understanding how to individualize instruction will ultimately help students in a small group or tutoring situation due to the students' individual needs being met.

Reading clinics utilize many teaching methodologies. The student deficit approach, as defined by Dunston (2007), reflects a remediation philosophy to "fix" the student. Methods used by Dunston (2007) were isolated skill instruction and drills in targeted areas. The philosophy was grounded in the thought students needed reading problems "fixed" and consequently would no longer struggle. Unfortunately, this led to students negatively perceiving themselves as readers impacting their literate identities.

A more modern approach is the teacher-support model (Dunston, 2007). Students are given vast amounts of flexibility to choose the materials they use and

what they do has a purpose. The main difference of the teacher-support approach is individualized instruction for students. Unlike the deficit approach, which looks at a whole group and only sees the problems of certain students, the support model is used in a pull-out small group or individual type of setting. Additionally, teachers who reflect upon their own teaching and can employ best methods will make a difference (Dunston, 2007). This relates to tutoring in the sense tutors use informal assessments, such as informal interest inventories to create lesson plans which specifically suit the student's needs and interests. These lessons should still have opportunities for flexibility and student choice.

Facilitating peer feedback regarding tutoring lessons is one way for the tutors to improve the effectiveness of one-to-one tutoring. Each university student taught a lesson behind a two-way piece of glass. When the session ceased, university students were able to give constructive feedback to help not only the individual child, but also the educator for the purposes of growth as a teacher of reading (Dunston, 2007).

A review of the literature suggests learning environments are directly impacted by educational leadership. Two of these leadership styles include transactional and transformational leadership.

Transformational leadership exhibits qualities such as motivating others through inspiring them. Bass (as cited in Bolkan & Goodboy, 2011) states these transformational leaders engage the people around them. Another quality Bass mentions is the transformational leader seeks to inspire others.

Celik (as cited in Aydin, Sarier & Uysal, 2013) discuss transformational leaders in a school setting can create a positive climate which helps students reach goals more easily. This climate includes supporting teachers' intellectual development while making certain the climate feels full of enthusiasm.

Hoy & Miskel (as cited in Ayden, Sarier & Usyal, 2013) discuss transactional leaders in an education environment. These leaders emphasize structure, and teachers are rewarded or punished based on the achievement or lack of achievement of goals. Educational leaders are either active or passive in this style of leadership. An active leader corrects the mistakes of the teachers by keeping track of specific objectives. Passive leaders wait until errors occur to correct them. This lends to an educational environment which is more authoritative.

Children's Literacy Development in a Tutoring Environment

A review of the literature reveals there is a lack of information examining the relationship among students, parents, college students, and faculty members in a university based reading clinic. One article by Baker, Gersten, and Keatings (2000) evaluates the effectiveness of reading achievement using a volunteer tutoring reading program. The participants consisted of 84 first grade students placed in an experimental or comparison group. The design of the study was experimental using group design with random assignment of eligible students. The results indicated students in the experimental group, who were exposed to tutoring, had greater growth with word identification than the comparison group. The authors found that the tutoring improved the reading abilities for students who are

considered at-risk for reading. What led to successful literacy development for the children was the use of multiple strategies that were tailored to individually suit the needs of each student. In addition, the notion of students feeling supported and having one-on-one attention was another contributing factor in their reading achievement. The children looked forward to tutoring, and the outcome was measurable reading growth for each child.

Extra support can be obtained through one-to-one tutoring sessions within a reading clinic, or on-site at an elementary school. Research suggests three components need to be in place for the success of this type of tutoring within the clinical framework: the first is an assigned coordinator to supervise lessons; second is a structure for the planning of the lessons; and the third is the opportunity to ensure that tutors make informed decisions about literacy instruction (Houge, Geier, & Peyton, 2008). Making informed decisions begins with using a gamut of informal assessments such as the Informal Reading Inventory (Commeyras, Johnson, Hubbard, Irwin, & Leitner, 2002).

The effects of an after-school program as it relates to students with learning disabilities was the focus of Hock, Pulvers, Deshler, and Shumaker's study (2001). The intent was to extend the research relating to effective after-school tutoring programs and one-on-one tutoring. The article encompassed two studies. The first study examined the viability of strategic tutoring intervention. The second study addressed the following two questions. First, does the tutoring provided during an after-school program significantly affect the performance of at-risk students as well as students with learning disabilities? Second, do students who participate in a

strategic tutoring program increase their knowledge about strategies and can it be applied to academic tasks? The participants in the first study were 24 junior high students and eight university tutors. A multiple baseline design was used to measure the scores which were then graphed. Students met for 30 minutes, three times per week, for strategic tutoring. The results indicated tutoring was effective for improving student performance. The second study consisted of six students with six university tutors. They met at the students' discretion as many times as they wanted for 45-minute sessions. A multiple-baseline across students design was used with a follow-up condition. Results found the strategic tutoring from the first had a more favorable result than the second. The studies indicated that students who have required tutoring times tend to have more success than with formats inviting students to come at their discretion. The authors' concluding thoughts emphasized the good use of instructional materials and the structured one-to-one tutoring made the biggest impact on the student's achievement.

Elbaum, Vaughn, Hughes, and Moody's (2000) meta-analysis explored the effectiveness of one-to-one tutoring programs for at risk students. Results suggested that college students and volunteers were highly effective in the tutoring of students. This meta-analysis included 29 studies. The researcher concluded that because one-to-one tutoring resulted more positively on reading skills, schools should give serious consideration to utilizing the one-to-one format.

In 2001, Fitzgerald studied the reading growth of first and second grade students who received tutoring from college students. The college students were given instruction via the America Reads Initiative, which is a national challenge for

children to read by the time they leave elementary school. In this study, there were 39 tutors helping 144 students. Significant gains in reading improvement were found for the students who received the tutoring for the duration of the program. Most notably, children's instructional reading level increased as did their reading motivation.

The purpose of the Ehri, Dreyer, Flugman, and Gross (2007) study was to obtain evidence to determine the effectiveness of Reading Rescue for students' reading achievement as it applied to a comprehensive tutoring intervention model. The Reading Rescue tutoring model was implemented with a sample of 64 first grade students. School staff provided the small group tutoring in phonological awareness, phonics, vocabulary, fluency, and reading comprehension. The small group intervention culminated in the students showing gains in these non-negotiable components of reading. Students tutored by educators had greater results than those taught by paraprofessionals; however, with extensive training, the paraprofessionals were able to attain similar results. The method was a quantitative measure using a pre and post-test. The results indicated that students made greater gains when reading at their independent reading level rather than their instructional reading level.

Tutors' Literacy Teaching Development in a Tutoring Setting

Tutors gain teaching strategies and can reflect upon their teaching when tutoring children and engaging in self-assessment. One particular self-assessment the tutor might use is a discourse analysis tool. This tool is the focus of Roskos, Boehlen, and Walker's (2000) study. They used a qualitative method looking at

teacher reflection through a discourse analysis tool called an "instructional talk tool." Nine graduate students participated, and the results indicated they were able to evaluate the way they spoke during their tutoring sessions. The availability of one-on-one tutoring enabled these teachers access to view their talking in a situation which could be easily transcribed and to have a clear view of the way they spoke to their students.

The talk tool analysis was coded using (a) "focusing" pertaining to the students' thinking, (b) "naming" the instruction, (c) "elaborating" on student's thinking, (d) "overlapping" and maintaining the flow of instruction, (e) "directing" and commanding attention, and finally (f) "discussing" the information with the student. With all of these facets teachers were able to focus on specific language discourses. A major purpose of the study was to see how this applied to graduate students in a tutoring situation within a clinic. Results revealed after using the tool, teachers better balanced their talk time and realized the language strategies used, as well as how those made a difference in conversations with their students.

Lorenzen's dissertation (2008) focused on developing highly effective reading teachers via the reading center experience. She conducted a qualitative phenomenological study of pre-service teachers serving as the participants. The purpose of this study was to understand how pre-service teachers in their practicum gain the skills and knowledge necessary to be successful reading teachers. Knowledge, responsibility, and emotional response were the three themes found in the study. Lorenzen found that pre-service teachers gained the knowledge of how to teach literacy concepts with the best methods. They felt the responsibility of

being under the scrutiny of a supervisor responding emotionally with fear and frustration during their practicum. Findings indicated the importance for teachers to have theory applied to practice. This should occur in a setting which has an instructor to help guide reflection and thinking about the applicability this experience has for the pre-service educators' teaching of reading in their respective future classrooms.

In her dissertation, Bevans (2004) studied the features of reading clinics and their composition in a university setting. A qualitative and quantitative mixed-methods design was used for this study. Her participants consisted of 42 reading clinics surveyed. Results indicated teachers are better prepared to teach reading to children if they have had a supportive reading clinic environment, coupled with one-on-one tutoring. These teachers are better able to help struggling readers and may use all of the theories they have learned in their classes and apply them to actual teaching.

The study had other successful outcomes beyond the teacher transforming theory into practice, such as the clinical environment serving the community and a group of struggling readers. Bevan's (2004) stated that teachers who have clinical, one-to-one tutoring experiences will be better equipped to diagnose the problems of their readers and inform instruction to meet the needs of their students. Within Bevan's (2004) future recommendations for research, she stated the need for a study to determine the perceptions of the university student regarding experiences associated with the reading clinical experience. She also stated a need for a

statewide look at reading clinics to compare how they meet the International Reading Association's Standards.

Discussion

Three themes emerged in this review of the literature: (a) tutoring environment, (b) children's literacy development in a tutoring environment, and (c) tutors' literacy teaching development in a tutoring setting. The first theme, tutoring environment, was noted throughout much of the literature. Tutoring settings can have a strong impact on the learning outcomes of the tutors and tutees. Bevan's (2004) and Lorenzen's (2008) dissertations lend evidence to support the tutoring environment consisting not only of the physical space but also the support network of all stakeholders involved in the clinic.

It is apparent there are components of reading clinics which mirror the Geranium University's Reading Clinic. Interestingly, many reading programs such as Reading Recovery and Reading Rescue were used for tutoring throughout all of the studies (Bevans, 2004, Hughes et al., 2000; Ehri et al., 2007; Elbaum et al., 2007). Bevans (2004) found through her research that university reading clinics have instructional methods similar to Reading Recovery for their one-to-one tutoring. One of the major differences between an autonomous approach to choosing instructional materials and using Reading Recovery is it focuses on children in first grade while traditional university reading clinics typically tutor children from ages 5-18.

Children made the most progress in their literacy development when they received engaging comprehensive strategy instruction and are supported in the

building of their background knowledge (Carr, 2003; Fitzgerald, 2001; Lorenzen, 2008). The National Reading Panel (2000) also addressed the importance of children thinking about their thinking using metacognitive strategies. In addition to applying new knowledge to existing knowledge, it is important to have clear before, during, and after reading strategies for text comprehension. This includes setting a clear purpose for the text before reading, using strategies such as predicting or visualizing a text during reading, and confirming those predictions after reading.

Tutors' literacy teaching development is well supported in the reading clinic environment. They were provided opportunities to reflect on teaching practices, thus strengthening the tutor's capability as an educator (Gupta, 2004; Hock et al., 2001).

Additionally, ancillary influences have an impact on the tutoring environment. Several researchers articulated the importance of other factors such as on-going staff development and parental participation which had an impact on both the students and tutors for various reasons. Support from all areas surrounding children is pivotal to maximize the benefits tutoring has to offer the students; these areas include (a) the school environment; (b) universities if they are the site of the clinic or for the pre-service teacher preparation programs, and (c) all members involved in the tutoring process including the children, tutors, parents, and school/university personnel (Estrada, 2005; Merkley et al., 2006).

Regarding literacy teaching development in a tutoring setting, Bevan's (2004) and Lorenzen's (2008) studies on one-to-one tutoring environment suggest

teacher candidates felt more confident, and they valued the opportunity to covert the theory into practice. Moreover, adult tutors who began the experience with trepidation, after working with the child, had a better sense of their role in the students' successes, which indicated the teaching became part of their identity (Bevans, 2004; Lorenzen, 2008). Furthermore, teachers were able to find their voice, which was first noted when reviewing teacher talk with regard to the way and the amount of time educators spoke to children. This occurs during whole group, small group, and one-on-one time instruction.

Literature on children's literacy development in a tutoring setting usually focused on the importance of teacher and student interactions and the strategies chosen by the teachers to use with their students. Providing targeted literacy experiences (e.g., strategy instruction and building prior knowledge) is crucial to their literacy development. Specific instruction can be implemented more easily in a tutoring setting, but there should also be flexibility in choosing what each student benefitted from most (Baker et al., 2000; Roskos et al., 2000).

The literature review produced few studies relating to the decline of the reading clinic. This literature review articulates more clearly the need for research to better understand the university-based reading clinic and how it impacts all stakeholders (reading education candidates/tutors, children, faculty, parents, and administrators). The existing literature yields minimal findings with regard to any stakeholders with the exception of the tutee (child) and tutor (graduate reading student).

CHAPTER THREE: METHODOLGOY

Overview

This chapter includes three major sections. The first section focuses on research design. The second section describes setting, including the historical development of the reading clinic, selection of participants, and data collection procedures. The last section is on data analysis. The research questions for this study are the following:

1. What are the experiences of the stakeholders, i.e., parents, children, reading education candidates, as well as clinical faculty and the administrator overseeing the University Reading Clinic?
2. What are their perceptions of the University Reading Clinic?
3. What are some major factors that have impacted the sustainability and growth of the University Reading Clinic?

Research Design

This study employs a qualitative design. Creswell (2007) defines qualitative research as beginning with assumptions and a world view to attempt an inquiry into the meaning of human phenomena. Qualitative research acknowledges the reality that individual researchers gather, interpret, and analyze data from multiple sources (Creswell, 2007).

Creswell (2007) defines qualitative research as having several unique characteristics. The first is data are collected in the natural setting. For the purpose of this study, the natural setting is the reading clinic at Geranium University. Second, the researcher is the key instrument, meaning he or she observes behaviors,

examines documents, and interviews participants. In this study, I visited the site to observe behavior in the particular setting being researched, and interviews were recorded in the same setting. Qualitative research utilizes multiple sources of data for the purpose of data triangulation. Sources for this study included observations, individual interviews, focus group interviews, and historical documents. I collected the data by first visiting the reading clinic and observing the surroundings. Next, I began informally talking with all of the stakeholders. I then gathered consent documents and began formal observations of reading education candidates, children, and parents. Finally, I held focus groups and individual interviews. Also, during this time I made multiple observations and took copious notes. Careful data analysis resulted in a rich description of the case and a holistic account of the phenomenon.

This study adopts case study as its research method. Merriam (2001) defines case study research as a research method that is descriptive and particularistic because it is centered on a particular situation or phenomenon, which melds perfectly within the context of the reading clinic. It is also a bounded case study of an integrated system, meaning it is one case study in a single location, but all of the stakeholders are integrated within the context of the clinic (Stake, 1995). Case study research requires a rich and thick description. It is heuristic and should enrich readers' understanding of the case. The case study method is appropriate for this study because it seeks to contribute to the field's current understanding of the reading clinic.

This is an intrinsic case study, which according to Stake (1995), is conducted when (a) a teacher decides to study a student having a particular difficulty, (b) we get curious about a particular agency, or (c) when we take the responsibility of evaluating a program. This study evaluates the Geranium University Reading clinic and attempts to explain its vibrancy. This study is also an instrumental case study, meaning the research occurs at one site for an understanding of other reading clinics. By studying the Geranium University Reading Clinic, insights can be generated to inform program development at other reading clinics in the country.

In this study, I was able to gain an in-depth understanding of the meaning for those involved (Merriam, 2001). To acquire this understanding, I collected data through individual interviews, focus group interviews, and observations and through locating and analyzing archival documents. Careful analysis of the data from multiple sources was conducted by using the constant comparative method (Glaser & Strauss, 1967).

Table 1

Research Questions Related to Each Data Source

1. What are the experiences of the stakeholders, i.e., parents, children, reading education candidates, as well as clinical faculty and the administrator overseeing the University Reading Clinic?	2. What are their perceptions of the University Reading Clinic?	3. What are some major factors that have impacted the sustainability and growth of the University Reading Clinic?	Questions
Individual Interviews, focus group interviews, and observations	Individual interviews and Focus group interviews.	University archives, individual and focus group interviews, observations	Data Sources
Qual.	Qual.	Qual.	Data Type
Individual and focus group interview protocols, and observation protocols	Individual and focus group interview protocols	Archival documents, individual and focus group interview protocols, observation protocols	Data Collection instruments
Stakeholders, (reading education candidates/tutors, faculty, parents, administrator) historical documents	Stakeholders (reading education candidates/tutors, faculty, parents, administrator)	Stakeholders (reading education candidates/tutors, faculty, parents, administrator)	Sample/ Participants
Conduct individual interviews, conduct focus group interviews, and make observations of the clinic and tutoring sessions	Conduct individual interviews, conduct focus group interviews	Locate historical/archival documents, conduct individual interviews, conduct focus group interviews	Data collection procedure

Background of the University Reading Clinic

Following is an account of Geranium University's reading clinic and faculty who served the clinic from 1906 to present day. The following section describes the different stages and various factors that have influenced the development of the reading clinic.

In an effort to first provide historical context of the reading clinic, I conducted historical research to understand Geranium University's reading clinic past. To obtain this information, I combed through university archives and examined literature pertaining to the history of the Geranium University reading clinic. The campus historian recounted the five-year labor of love compiled by Agnew (2009). This historian teased that the Archives Department had to provide a desk for him in the archives. He spent ample time over the course of five years excavating and compiling all of the historical information regarding the university.

University Reading Clinic: The Beginning Years (1906-1969)

The earliest record of the Reading Program was in 1906, although the university did not become a state institution until 1909. The year (1906) was when Dr. Frank Parris began teaching at the university when it was the normal school for teacher preparation. He taught classes in educational theory as well as reading (Agnew, 2009).

Clinical services became available in 1946. The following is an excerpt from Agnew (2009) describing the services available and how it prepared effective teachers:

> As part of the year-long effort to increase the quality of education, in June [Geranium] offered a four-week workshop on instructional improvement which featured presentations by four nationally-known educators. Each week was devoted to a specific topic, including techniques of teaching reading, social studies, health, and penmanship. The workshop met from 9 to 11 a.m. daily with the afternoons open for conferences and special group studies. Participants paid five dollars for the entire session and earned four hours of college credit. (Agnew, 2009, p. 18)

The next notable year was 1951. This was the inception of the Graduate Reading Program. On Monday, March 12, 1951, members of the board unanimously elected Dr. Xavier as the school's new president. He was the former director of a reading laboratory at a large state university. Xavier focused ample attention to growing the reading program. He then appointed Dr. Jay Jones as director of the college's reading clinic (Agnew, 2009). Consequently, a statue was erected in President Xavier's honor at the first university campus.

A pivotal year for the Geranium Graduate Reading Program was 1952. President Xavier announced Geranium would become the "experimental and service center for remedial reading" (Agnew, 2009, p. 43). That summer, two graduate courses in reading were added to the schedule:

- "Special Problems in the Teaching of Reading" (Course #582)
- "Clinical Practices in Reading" (Course #5193)

Consequently, 1952 brought about "a one-week workshop in guidance and remedial reading featuring two out-of-state authorities and members of the faculty was conducted" (Agnew, 2009, p. 43). This was the start of Dr. Xavier's vision to build a reading clinic in the education building.

Reading conferences were held to provide faculty opportunities to present research, which furthered the field of reading and brought more attention to the university. In 1953, Dr. Jay Jones, the director of the Reading Clinic, presented research at the Southwest Regional Conference of the International Reading Association. February 1954 brought the approval to hire Mrs. Leota Colvin, a diagnostician and technician of the reading lab "because of the increased demand by students and nearby public schools for assistance with reading problems" (Agnew, 2009, p.19).

Starting in 1960, Reading Clinic fees were listed in the Geranium University catalogs. Interestingly, the fees were stagnant from 1960 until 1984. Currently, the fee is a flat rate of $30.00 per semester.

The prior fees were as follows:

- Speech Inventory Test - $5.00
- Reading Diagnosis - $5.00
- Single Lesson - $1.00
- Lessons by Month - $4.00
- Lessons by Semester - $25.00
- Lessons by Summer - $10.00
- Re-enrollment after Withdrawal - $1.00

The years 1964-1965 saw the addition of a new class, Seminar in Teaching Language Arts in the Elementary and Junior High School. At this time, the graduate reading program was called a 5th Year Program and awarded a Master of Teaching degree. A portion of the first floor of the education building was renovated as a new reading clinic in 1966. In 1967, the state's Department of Education granted approval for the university to offer a graduate certification program in language arts, a forerunner to the current reading specialist certificate. In June 1969, university archives show the state's Department of Education approved Geranium to offer a graduate program leading to the state reading specialist certification, which is still offered today.

In 1969, the term *5th Year Reading Program* was modified to *Graduate Reading Program*. This was reflected in the college catalog in 1968 and included:

- 14-18 hours in professional education courses (including reading)
- 14-18 hours in academic courses
- A state certificate in elementary education, special education, or language arts requirement
- 3 years teaching experience
- 12 hours minimum of graduate work in reading courses (502, 5102, 5122)
- Selected Electives Reading (512, 552, 562, 572, 583, 592)
- Growth Development Methods 12 hours minimum (Psych. 423g, 5042, 5052, 5082)
- Reading (522, 532, 542, 5112, English 573)

- Related Areas Sufficient to give 30 hours total

Graduate classes offered for the new program included

- Course 502 – Foundations of Reading Instruction
- Course 512 – Phonics in Reading
- Course 522 – Materials/Methods of Nursery
- Course 532 – Materials and Methods of Teaching Reading in the Primary Grades
- Course 542 – Materials and Methods of Teaching Reading in the Intermediate Grades
- Course 552 – Teaching Reading in the High School
- Course 562 – Reading for the Gifted
- Course 572 – Reading for the Slow Learner
- Course 583 – Clinical Practicum in Reading
- Course 592 – Special Problems in Reading
- Course 583 – Practicum in Reading
- Course 583 - Organization and Support of the Reading Program
- Course 583 – Diagnosis and Correction of Reading Disabilities

Faculty. The university archives reveal a few of the pivotal faculty members from this time. The first noted, in 1909, was Professor Frank Parris who treated the audience to a most able and eloquent inaugural address. During the course of his remarks Dr. Parris told of the work of laying the foundation for a great and successful school, stating that with the support of the faculty and the

loyalty of the people, the future of Geranium was already assured. Sadly, the newspaper did not have a stenographer so other comments were lost.

Another noted faculty member, who later turned president, was Dr. Xavier. While he was president of the university, he had a passion for the reading clinic and the education department. He was an advocate for the university and tirelessly promoted the school at every meeting, collegiate conference, and engagement in which he was invited.

During his term as president, there was a decrease in enrollment, leading to a budget deficit. The president wisely began using television, a new outlet, to promote the school. Dr. Xavier purchased his first television spot in 1952. According to university archives, he created a program on a local news station. Initially, the program featured a historian, but the next program was hosted by Dr. Jones, the newly appointed director of the college's reading clinic. It covered more aspects of the school, including other programs, but his main focus was on the reading program due to the prompting of the current Geranium University President Xavier, who had directed the reading laboratory before Dr. Jones.

Dr. Xavier, before becoming president, taught a course titled Teaching Reading in the Elementary and Secondary Schools. He then discussed making Geranium the experimental and service center for remedial reading for the entire state, and in 1952 he added two graduate courses in reading, including a one-week workshop in guidance and remedial reading featuring two out-of-state authorities and members of the Geranium faculty. Another class was offered free of charge for the students and focused on reading speed and comprehension; however, these

classes did not earn university credit. Reading courses were also added to the teacher education program to enable students to prepare for careers in education to identify and respond to reading problems in the public schools. During the 1953 summer term, the college offered workshops focused on remedial reading, guidance, and audio-visual education with specialists who were not faculty members of Geranium University.

Another important member of the faculty during the growing years was Leota Colvin. She was originally the dean of women's college and then took a job with a textbook publishing company. She came back in 1954 as a diagnostician and technician of the reading lab due to the increased demand by university students and nearby public schools needing assistance with reading problems.

University Reading Clinic: the Development Years (1970-2000)

The 1970s brought about the practice of hiring assistants to aid in the clinic due to the influx of children and college students. Additionally, the assistants aided with the outreach where site-based reading clinics were housed. It was not until 1977 that university faculty were appointed by the president to serve as graduate advisors and teach the graduate level courses. The same year brought about one other change: the graduate degree titled Master of Teaching with specialization in reading was replaced by the current Master of Education in Reading. University Cabinet Minutes (2010) show the revised degree was "designed to prepare reading teachers, reading consultants and reading supervisors and lead to the reading specialist certificate as well as to the master's degree".

Another notable change in the 1970s was the move from the education building to a smaller special services building. Even with this move, the clinic continued to thrive throughout the 1970s and 1980s. In 1988, President Webb asked for an analysis of academic failure, the poor reading skills of students, and the population at large. The findings from this study prompted a new director of reading to revamp the reading center which Agnew describes as

> A Center for the Study of Literacy was established with Dr. Denton as its director. The mission of the center was not limited to the university; it was designed to assist the public schools and social agencies in a broad-based attempt to combat illiteracy throughout society and to develop effective ways of improving instruction in reading and math. It was also to serve as a national clearinghouse for the collection, interpretation, and publication of data on literacy (p. 4).

In 1993 another reading clinic opened at the second Geranium campus. Unfortunately, the numbers of candidates enrolled in the Graduate Reading Program continued to decline. When the third and newest Geranium campus location opened in 2001, plans were made to relocate the Reading Clinic and Graduate Reading Program to this new campus. In fall of 2004, three retirements brought multiple new reading faculty to this particular campus. Also, in December 2004, the Reading Clinic at the second campus was closed and moved to the newest Geranium campus. Even without a designated space, the university provided tutoring services. For three years, the faculty were without an assigned space with

which to provide services. During this time, the reading clinic continued to operate, except it was housed in multiple classrooms and buildings. The university managed to support the clinic by providing the space in classrooms that were not currently occupied, though this meant there were graduate reading candidate and children spread throughout the education building, business building, administration building, and the university library. Children were dropped off by their caretakers in front of the business building where there is a traffic circle and where the university police are housed. After the children were safely delivered to the campus, the graduate reading candidates walked with the children to their designated areas and the reading professor spent the entire session overseeing the tutoring sessions occurring at the various locations on campus. At the end of the tutoring sessions, the reading education candidates took the children back to the business building and walked them to the parking lot where the parents waited. There was no congregating area for parents at this time. They stayed in their cars or drove to the administration building to wait in the main lobby area of the university. The university did welcome the opportunity to have the children and parents, but with this campus newly opened, the funds and space were not yet designated.

Faculty. One faculty member, Dr. Tyson, taught at Geranium from the 1970s into the 2000s. He began his career as a psychometrist and eventually moved from the field of psychology to reading education. The first reading clinic experience (then called a literacy center) he offered his students was a practicum course in a special services building away from the College of Education building,

near the football field. Dr. Tyson also worked with incarcerated youth and took groups of students to tutor young inmates in reading instruction. Dr. Dillar was the clinic director during that time and allowed autonomy amongst the professors in terms of the tutoring location.

During the 1980s, the professors left the literacy center, which again became a special services building. Site-based reading tutoring experiences began at local elementary schools. Among these professors were Dr. Dashall, Dr. Denton, and Dr. Varner. They had elementary site-based reading clinics. These clinics began with a gamut of reading assessments; then the reading education candidates based instruction on the results. There was time for guided reading, teacher read aloud, strategy instruction, and writing. The students had two practicum experiences at two separate elementary schools. These site-based clinics included one reading education candidate working with one child.

In the 1990s three women joined the faculty: Dr. Conley, Dr. Capps, and Dr. Carent. Dr. Conley's passion revolved around whole language-based reading instruction. She completed a bachelor's degree in elementary education, a master's degree in reading and a doctorate in reading. Before beginning her time as a university professor, Dr. Conley taught many years primarily in the fourth grade. Dr. Capps had a similar reading philosophy and also focused on whole language-based reading instruction. She also had a passion for and did much research revolving around children entrenched in gangs. Dr. Capps completed a bachelor's degree in health and kinesiology, a master's in education from Brigham Young University, and a doctorate from Arizona State University. She spent her

classroom years as a high school coach before completing a doctorate in reading. Dr. Carent completed a bachelor's degree in early childhood, a master's degree in reading, and a doctorate in reading. Dr. Carent shared a similar whole language reading philosophy and taught in a private school preschool setting before becoming a professor. Dr. Carent's husband was a coach and principal in the same rural town where she taught preschool. These three women taught at Geranium University until the early 2000s. Dr. Carent and Dr. Conley retired while Dr. Capps moved to a university in another state.

The reading courses were much different during the time these professors were in charge of the reading program. Students were asked to assess children and record those assessments, and the class viewed the tapes to diagnose the child. The university did allow a classroom for use as the reading clinic but it never fully developed. Dr. Capps attempted an adolescent clinic for one semester but had difficulty finding children and was unable to keep it going.

University Reading Clinic: Today

Currently, the reading program is the largest graduate program within the university. Seven full-time faculty members serve the reading department alone. With tremendous effort from the administration, particularly the former campus dean, the current reading clinic opened in fall 2008. Funding was provided by a tax plan which helped build and furnish the facility. This plan greatly helped accelerate the building process. With a waiting list of over 250 children, the clinic is a flurry of activities. Support from the administration is abundant with excitement and resources.

The university reading clinic is currently situated within a moderately-sized suburb of approximately 100,000 people in the southwestern region of the United States. Within the College of Education, there are seven reading professors who are responsible for facilitating collaboration between community members, school districts, and the reading clinic. Being the only reading clinic of its type in this part of the state, it exclusively serves at-risk readers in the area. The seven reading professors had many qualifications to meet before working in the reading clinic. First, they each needed a minimum of three years teaching experience in a public school. Also, each professor specialized as a language arts teacher, reading teacher, and reading coordinator for a large school district. Four of the seven professors have an educational doctorate; the other three professors are working on their Ph.D.'s.

The physical location of the reading clinic is within the university campus. Geranium University currently has a separate building for each of the following: business building, administration building, education building, library, liberal arts, maintenance, and a science building. The reading clinic is housed in the education building, which is the first building next to the parking lot and one of the first three original buildings when the campus opened. This campus, the third campus for the university, opened in 2001. During the first semester, over 1000 students attended. In 2004, an election was held and the taxpayers voted to add twenty-six-million dollars to expand the campus. This expansion consisted of approximately 200,000 feet and a science building, new library, and liberal arts building were added, as well as an update of existing portions of the campus buildings. The outside of the

reading clinic building is comprised of dark red brick. Every building has identical brick design, which adds continuity across the campus. The roofs are painted in the school's signature colors, which again provides continuity among all the buildings. Each of the six main buildings has two floors. The second story in each building has a walkway to the other buildings, so a student can access any other building, once inside. Recently, there has been an interest in maintaining a healthier student population. To support that endeavor, the university recently added a lighted outdoor walking trail and a Frisbee golf course. There are woods bordering the north and west sides of campus. A gazebo, park benches, and even a lovely bridge crossing a small creek on campus provide interest and beauty. Inside the buildings, all of the walls are freshly painted, and although the campus is only 11 years old, new carpeting was installed in certain areas two years ago. In many of the regular classrooms, there are tables, rather than desks, which facilitates a collaborative environment for students. Other classrooms include tables that are attached but are all aligned and placed on three tiers of scaffolding. These rooms house more students, and some classrooms have television capabilities to stream the course to other campuses. Every classroom has a SMART board, white board, and a technology cart which includes access to a ceiling-mounted projector which can project images from the computer or the table top projector. Improvements in the reading clinic were funded from this bond.

Role of the clinic. Currently, the role of the clinic is to serve children from near and far. The clinic serves children from the city where the university is housed, smaller rural cities as far as forty-five minutes from campus, and individual

families, regardless of where they live. One parent lived only five minutes away from campus. Another caretaker, a grandparent, drove an hour one way to bring his grandson to the clinic. The reading clinic is also an educational hub for teachers working on their Reading Recovery certification and it is a meeting place for educational groups.

Master's in reading curriculum. The reading clinic program adopted the use of a diagnostic approach to first assess the tutee (child), so the assessment results can be used to design the literacy instruction that meets the needs of the child in a one-on-one format consisting of one reading education candidate (tutor) and one child (tutee). The reading clinic also allows behind-the-glass viewing, affording the faculty and parents opportunities to discreetly observe and monitor the tutor (reading education candidate) and tutee (child). Each of the formal observation rooms is equipped with recording devices so the faculty may view all the rooms at once and the reading education candidates may videotape themselves for further reflection regarding their teaching.

Students at this university seeking a master's degree in reading education are required to complete 33 hours and have previously earned a bachelor's degree. The first few courses the students take are the literacy assessment course and the emergent literacy course. The students complete a course on literacy assessment to gain a detailed understanding of the multiple assessments administered during their clinical experiences and for the future positions as reading specialists. The assessments include an interest inventory, a motivation interview, an interview to measure perceptions of reading, the Fry Oral Reading Test, Schonell's test (used as

a pre and post assessment), the Words Their Way spelling inventory, and a writing sample. The emergent literacy course focuses on reading theorists and their respective theories, while also focusing on primary-aged children's reading needs and on teaching strategies.

Six of the hours are electives, and the students may take graduate level courses to satisfy the elective in the area of early childhood education, library media, or special education. The students have two seminar classes. The first focuses on the trends and issues of literacy; as stated in the course syllabus, it is a course designed to provide an online forum for the study of current issues in literacy education. The trends and issues course also provides a variety of seminar topics such as word recognition, fluency, comprehension, vocabulary, English learners, literacy coaching, writing, technology, family literacy, and response to intervention. A major assignment for the course consists of the reading education candidates analyzing a school report and using the data to create and carry out staff development that will specifically help some aspect of the literacy need for the school. The other seminar course focuses on issues in facilitating literacy development. In this course, the students create a parent involvement project and then present it to a group of parents. They also design a survey based on a literacy question or need as determined by the school where they teach, and they assess the questionnaire to make recommendations for improving the literacy in their school. They have thirteen learning logs, in addition to peer coaching, which focuses on comprehension, fluency, vocabulary, phonics, and phonemic awareness.

The reading education candidates take six hours of research courses: three hours in an education measurements research course and three hours in an educational research writing course. Obtaining a master's in reading education also includes a capstone experience, which consists of a research paper. The reading education candidates engage in three tutoring practicum experiences. The first is the middle/high school course focusing on strategies and the understanding of adolescent readers, the second is an applied assessment class and involves the students using all of the knowledge they have acquired to then apply it to this course, and then a final practicum course, which builds from the applied assessment course, with the only major difference consisting of a literacy coaching component and parent courses. With each clinical experience, the professor teaching the course is responsible for operating the clinic. The professor locates children, initiates parental contact, and makes certain that all facets of the clinic are running smoothly during designated times. The reading program candidates/tutors are responsible for administering multiple informal assessments, individualizing a diagnostic tutoring plan based on the results of the assessments, and providing the necessary materials for the tutoring session. In addition, they must discuss concerns with the parents before and/or after the tutoring session. The parents are responsible for bringing their child to each session and supporting the reading education candidates. Finally, the children must ensure they are prepared and engaged during the lesson.

Applied Assessment is the first clinical course, and it includes 12 tutoring sessions. During these sessions, the students use an individualized lesson plan,

which contains familiar text time, a guided reading with a before, during, and after reading component, a skill or strategy lesson, a writing component, and a teacher read aloud. In addition, students must digitally record one session and perform an instructional talk tool analysis to monitor their teaching (Roskos, Boehlen& Walker, 2000). This analysis includes looking at the amount of time the tutor talked compared to the tutee, determining whether the talking interchanges were concentrated on focusing, naming, elaboration, overlapping, directing, discussing, and whether these interchanges were conceptual or sociocultural in nature. Parents attend the final session in which their child, with help from the reading education candidate, leads a conference discussing what they have accomplished during the semester. Parents are encouraged to view the child and have ample opportunity for viewing, as each clinic room is equipped with a camera, and two additional rooms have viewing screens to enable parents to watch a portion of their child's tutoring session.

The second experience for the reading education candidate is with a middle or high school student where the same conditions pertaining to the involvement of the professor apply. The lesson plan format for this course differs in that it is focused on study skills such as strategies that directly help the secondary students. This experience also includes a technology component for the tutee and tutor to collaborate in creating a blog, or using a wiki space for communication. The Amazon Kindle e-readers are used in this course for books available in an engaging format as are flip cameras for the secondary student to record and create digital books.

The practicum concludes with the third tutoring course, which follows the same format as the Applied Assessment class. During the practicum, more autonomy is allowed for the reading education candidates as this is their last requirement for the master's degree. There are two differences between this class and the Applied Assessment course. First, the reading education candidates coach their peers for one hour of tutoring followed by a second hour in which the peer coaches them while they tutor the child. Each reading education candidate takes turns as either the coach or the teacher and they both have one child they work with during their one hour of teaching time. Second, each reading education candidate is accountable for teaching a parent class for one hour. The parent classes focus on techniques such as choosing engaging and motivating reading material for their child at home and reading strategies parents can utilize, as well as reading resources which would be beneficial for the home environment. Both of these courses integrate an individualized diagnostic lesson plan based on the results of the assessments administered in the first two class sessions.

The reading clinic has a substantial waiting list of over 250 children ready to engage in one of the three tutoring courses. Each semester children are chosen for participation in the clinic. They are given priority if they have attended the clinic previously or need immediate assistance with literacy. The professor responsible for the course ultimately makes the decision and contacts parents of children chosen for the semester. Approximately, 30 children are served in the reading clinic each semester. These children attend the reading clinic once a week for one hour and fifteen minutes. Some of the same children also attend the math

clinic once a week for one hour and fifteen minutes. Administration does not have direct contact with the parents or tutoring applications. While the clinic has a number of interested students, only minimal advertisement has taken place. Parents hear about the clinic by "word of mouth" around the community.

Faculty. The reading faculty now includes seven professors. Dr. Sheldon joined the faculty in 2003. Before teaching, he was an adjunct professor and taught developmental reading and served as a graduate assistant at his university. He earned an elementary education degree; a master's in school counseling, and is a doctor of education. He served as clinic director for nine years and was the professor interviewed and observed for the purpose of this case study. Dr. Sheldon has presented at many prestigious conferences including the Association for Literacy Educators and Researchers, International Reading Association, and the Literacy Research Association. He has published multiple articles in reading education. Dr. Sheldon teaches undergraduate and graduate reading courses. He primarily teaches courses with assessment as an emphasis and facilitates many practicum experiences. His research focus centers on alternative text types for struggling readers and the effective preparation of reading teachers.

Dr. Morris joined the Geranium University faculty in 2004. Before full time teaching at a university level, she was an adjunct for two other universities. She taught elementary school for ten years as a first grade and first grade transitional teacher. She also served as a literacy coordinator and reading specialist for a large school district. She earned her bachelor's degree in elementary education; her master's in reading education and is a doctor of education. She has

published articles in publications such as the *Reading Teacher* and has helped edit a major reading series. She has presented at both the International Reading Association conference and the Association for Literacy Educators and Researchers. Her research focus includes areas pertaining to early literacy, motivating and engaging struggling readers, and teacher efficacy in reading. She teaches both undergraduate and graduate courses. Her courses typically have an emphasis on emergent readers and reading theory.

Dr. Mason taught at various elementary and middle schools for over 40 years before becoming a professor. She taught both in the United States and in Europe. She earned a bachelor degree in education, a master's in science, and is a doctor of education. She has presented at the Association for Literacy Educators and Researchers, International Reading Association, and the Literacy Research Association. Her research focus demonstrates integrating current technology in her classroom and encouraging her students to incorporate technology in their future classrooms. She is also passionate about reading to learn and utilizing strategies, and other tools to achieve this goal. She teaches both undergraduate and graduate courses and primarily teaches content area courses and courses involving adolescent literacy.

Ms. North began teaching at Geranium in 2006. She has a Bachelor of Science degree in Elementary Education; a Master's in Reading Education and is currently finishing her doctorate. She has presented at the International Reading Association, Association of Literacy Educators and Researchers, and the Literacy Research Association conference as well as a few others. Her classroom

experience includes teaching in upper grade self-contained classrooms; specifically language arts. Her passion consists of literacy assessment, reading clinic experiences, and reading engagement and motivation.

Ms. Napier joined the Geranium University faculty in 2009. She was a regular adjunct in many reading courses before becoming a full time instructor. She has a Bachelor of Science in Early Childhood Education, a Master's degree in Reading Education and is currently working on her doctoral degree. She has many years of classroom experience, particularly with first grade children. Her passion is sharing her love of teaching and working with emergent readers.

Dr. Sullivan began teaching at Geranium University in 2010. She has a Bachelor's degree in High School English, a Master's of Science and has earned a doctorate degree. Her research interests include reading motivation, rural education and adolescent literacy. Her literacy passion includes making literacy available to all people.

Ms. Marklar is the newest faculty member. She began working as a full time instructor in 2012. Ms. Marklar has a Bachelor's of Science degree in Elementary Education and a Masters of Education in Reading. She is currently working on her doctorate. Ms. Marklar has experience as a classroom teacher and was chosen as the teacher of the year in 2006. She was also a reading specialist at an elementary school. Ms. Marklar is passionate about engaging and motivating students to read.

After reviewing the history of the reading clinic, the following conclusions emerge: Leadership of the university has been an integral part of the reading

clinic's success. Without the funding support of community members and administrators, the clinic would not exist. The community support is apparent primarily due to the fact that the university does not fall within the county lines but was close enough that the county gave over a million dollars in funding to support the university. It was through these funds the reading clinic was able to move from being located in multiple areas across the campus to being housed in one specific location: a reading clinic designed and built by the reading faculty.

Participants and Recruitment

Participants for this study include stakeholders of the reading clinic, including reading education candidates, parents, children, faculty, and administration. Table 2 refers to participants who were selected using a purposeful sampling technique based on the role each serves. Creswell (2007) identifies purposeful sampling as best helping the researcher understand the problem by decisively selecting the participants or sites. This sampling technique includes where the research took place, the participants who were observed, what was observed, and the process of events within the setting. The sampling began with a list of all important participant characteristics to be identified.

Table 2 reflects the selection of and number of participants interviewed. Pseudonyms were used to protect the identity of the participants. Other than the researcher, there was only one faculty member supervising the clinic during the actual time the study was conducted. He was interviewed first. After the interview, he recommended three graduate reading students who were later interviewed. I asked for a fourth recommendation as one of the interviews did not

last long. The criteria for selecting the graduate reading students were as follows: they must be (a) typically performing, (b) attend class regularly, and (c) complete assignments. All reading education candidates were completing the semester before their final practicum experience and the semester before their capstone paper and portfolio were due. They had their six hours of chosen electives, all the graduate reading coursework minus the final practicum, capstone and portfolio, the educational measurements course, and an educational research course. All of the students in the course were female.

I conducted focus group interviews with the parents until saturation of the data was reached and no new information was found. If parents were hesitant about sharing information about their children, they could choose an individual interview. Three of the parents participating were selected as special informants to answer further questions emerging from the previous focus group interviews or to provide clarifications on certain points. One administrator was included in the study. She was chosen by default as she is the program chair for the Department of Curriculum and Instruction, where the clinic is housed.

Table 2

Selection Criteria for Participants for Individual and Focus Group Interviews

Participant(s)	Number	Qualifications for Selection
Clinic director/Faculty member	1	The clinic director was the lead professor in the clinical course during the time the study was conducted.
Reading Education Candidates	4	Referred by instructor The criteria for selection include: typically performing, attend class regularly, and complete assignments.
Children*	Eleven	*Observations occurred for all children with signed assent forms and signed parent permission forms.
Parents	Thirteen	Focus groups involved all parents of the children currently being served by the clinic. Three were chosen for individual interviews (parents of new, second time, and third time returning students). Ten were involved in the focus group interview. They were probed further to clarify and answer new questions emerged during the focus group interviews.
Administrator	1	The administrator was chosen by default as the only program chair for the department of Curriculum and Instruction.

* The children were not interviewed but were observed during their tutoring sessions.

Table 3 explains the pseudonyms and descriptions for both the clinic director and administrator. The clinic director was the only professor teaching a clinical course during the semester and the administrator is the department chair for the Department of Curriculum and Instruction.

Table 3

Pseudonyms of Administrator and Clinic Director and Mode of Data Collection

Pseudonym	Gender	Type of Participant	Mode of Data Collection
Dr. Julie	Female	Administrator	Individual Interview
Dr. Sheldon	Male	Clinic Director	Individual Interview

Table 4 consists of the parents interviewed. Two of the participants were interviewed together, one parent was interviewed individually, and ten were interviewed in the context of a focus group. The parents interviewed represent approximately 80% of all the parents/grandparents with children in the clinic during the semester.

Table 4

Pseudonyms of Parent Participants and Mode of Data Collection

Pseudonym	Gender	Mode of Data Collection
Isabella	Female	Individual Interview
Hudson	Male	Individual Interview
Seth	Male	Focus Group
Sarah	Female	Focus Group
Sylvie	Female	Focus Group
Ruth	Female	Focus Group
Maggie	Female	Focus Group
Betty	Female	Focus Group
Jon	Male	Focus Group

Jill	Female	Focus Group
Jessa	Female	Focus Group
Jamie	Female	Focus Group
Lauren	Female	Individual Interview

Table 5 shows the pseudonyms of all the reading education candidates interviewed. Each of the four reading education candidates was interviewed individually.

Table 5

Pseudonyms of Reading Education Candidates Interviewed and Mode of Data Collection

Pseudonym	Gender	Mode of Data Collection
Berkeley	Female	Individual Interview
Alice	Female	Individual Interview
Ashley	Female	Individual Interview
Amy	Female	Individual Interview

Table 6 gives a pseudonym and description of each participating child. While there were more than twelve children, only the twelve below were observed due to age limitations. No child entering kindergarten was observed.

Table 6

Pseudonyms of Children Observed

Pseudonym	Gender	Age	Grade in School	Educational Setting
Mason	Male	9	3rd	Urban
Christopher	Male	8	2nd	Rural
Jackson	Male	10	4th	Urban
Madelynne	Female	10	4th	Urban
Luke	Male	11	5th	Urban
Carson	Male	7	1st	Urban
Nikki	Female	8	2nd	Urban
Mark	Male	11	5th	Urban
Ethan	Male	7	1st	Urban
Olivia	Female	7	1st	Urban
Kaitlyn	Female	8	2nd	Urban

Table 7 gives a pseudonym and description for the reading education candidates who were observed but not interviewed. These reading education candidates were observed each week before, during, and after their tutoring session for about one and one half hours per week.

Table 7

Pseudonyms of Reading Education Candidates Observed

Pseudonym	Gender	Teaching Experience	Educational Setting
Berkeley	Female	5 years	Urban
Alice	Female	8 Years	Urban
Ashley	Female	25 Years, Classroom Teacher, Reading specialist	Private
Amy	Female	Para-professional	Urban
Susan	Female	1st Grade	Urban
Emma	Female	11 years Classroom Teacher, 2 years Head Start Teacher	Urban
Marley	Female	0-3 year olds	Urban
Clara	Female	1 year/eight grade	Urban
Charlotte	Female	3 years	Urban
Mackenzie	Female	No Classroom experience	Urban
Susan	Female	3years	Urban
Rose	Female	3 years	Rural

Parents were considered for interviews if their child was currently participating in the reading clinic, regardless of how many times the children attended. Lauren, a parent interviewed individually, had allowed her daughter to attend the clinic during three sessions. Lauren was in her early forties and had some education experience. She is a pre-school teacher and has two older children. The two older children had never attended the clinic due to their age.

Hudson and Isabella were two parents interviewed together. Their son, a third grader, had attended two clinics, and their daughter, a first grader, had attended one clinic. Their son was a struggling reader, and they wanted their daughter to have an early intervention in case any issues arose. Hudson holds a degree in computer programming and Isabella is the vice president of the local chamber of commerce. Both parents are educated, articulate people, but chose to allow their children to attend the clinic out of frustration for the school their children attend. Attaining information from the school to help their children proved impossible, even with many attempts to ask both the classroom teachers and administrators for help.

During the first focus group, the participants included Jon, Jill, Jessa, and Jamie. Jon's grandson had attended the clinic three semesters. Jon and his wife had full custody of their grandson which they had obtained three years ago. They were unhappy with the public school education their grandson receives and were trying diligently to find outside help. They are dedicated grandparents, driving 45 miles one way to attend the clinic. Jill is a parent who has a bachelor's degree. She heard about the clinic through word of mouth. Jessa is also married and has a bachelor's degree. She was advised of the reading clinic through a special education professor. Jamie, who is married with a bachelor's degree, heard about the reading clinic through friends at her child's school.

The second focus group consisted of Seth, Sarah, Sylvie, Ruth, Maggie, and Betty. Seth is married and has an associate's degree. Sarah is married and has some college credit. She is a grandmother to one of the students. She heard about

the reading clinic through her grandson's school. She said that during a parent conference the teacher recommended the program. Sylvie is married and has some college credit. Her niece attended the clinic in previous semesters and her sister recommended she bring her daughter. Ruth had only had her child attend for one semester but said she had a lot of positive feedback about the clinic. Maggie and Betty are both grandmothers. They have each completed some college. Maggie heard about the reading clinic through her grandson's school and ultimately called because her mother attended the university and felt it was a place she could trust. Betty also heard about the university through her granddaughter's school.

The first reading education candidate interviewed was a first year graduate student named Amy. She was in her mid-twenties and was a paraprofessional for a special education class. She was timid during the interview and seemed nervous to open up. She felt the experience of tutoring proved helpful as a beginning teacher.

Alice, the second reading education candidate interviewed, was 49 and had taught for ten years at an elementary school throughout a twenty year time period. She holds a bachelor's degree in deaf education and originally taught at a large urban public school for eight years, teaching both first and second grade. She left teaching to stay home with her children for fifteen years. Upon her return to teaching last year, she felt education has evolved into something new that she did not fully understand and decided to return to school for a master's in reading to keep current. She began teaching again two years ago and has completed twenty-one hours. Ashley, the third reading education candidate interviewed, had 25 years of classroom experience and is currently a language arts teacher at her school. The

final reading education candidate interviewed was Berkeley with five years of experience. She began her master's degree to help glean new ideas for her classroom. She was excited by the prospect of being able to apply what she learns at the clinic directly into her classroom.

Not all the reading education candidates were interviewed using the protocol; however, several were observed. During these observations I spoke with many of these students. One reading education candidate, Susan, had taught seven years at the same school. It is an urban, Title I school in a large district. Her classroom experience included six years of kindergarten and one year of first grade. Susan was 47 and had completed all of her coursework.

Mackenzie was a 50-year-old reading education candidate and was the third observed during the semester. She was earning a master's degree in reading and only lacked her master's thesis paper to graduate. Becoming a reading specialist is a second career for Mackenzie. She began her adult career life as a reporter for a major newspaper and wrote for twenty-five years.

Another reading education candidate that was observed but not interviewed was Emma. She had taught for eleven years for a large urban elementary school and taught two years for the Head Start program. She was in the middle of her program with 17 hours completed. In addition to Head Start, she had taught first grade and kindergarten. She received National Board Certification in Early Childhood in 2009.

Charlotte was a reading education candidate who was observed, but not interviewed. She had three years of teaching experience and is 25 years old. She

was in her final two hours of graduate school. Her teaching experience includes a Head Start program at a large urban school and first grade at two rural schools. When asked why she wants to be a reading specialist, she responded by saying,

Clara was a 30-year-old reading education candidate and was observed but not interviewed. She had completed 26 graduate hours and was almost finished with her degree. Her experience includes teaching eighth grade language arts for an urban school. After teaching one year, she decided to stay home to take care of her children.

Marley is another reading education candidate who was observed, but not interviewed. She had taught for over ten years and is 35 years old. She had completed all of her hours and was working to finish her portfolio. She had taught for the Community Action Project, two preschool centers through an urban public school, and taught in an early development center where she taught ages 0-3 in one classroom. All of her experience is with early childhood children.

Susan had taught for three years and was 44 years old. Before teaching, she owned a preschool for 22 years as an uncertified teacher with an associate degree at a preschool, where she eventually became the director, and at that point, she wanted to go back to school to finish her degree. Susan wanted to be a reading specialist because she loves to read and she loves to help people learn to read. She graduated in 2010, and when she heard about a grant program to help reading specialists, Susan decided to come back to complete a master's and reading specialist certification. She only lacked two classes before graduating.

Rose had been teaching for two years and was 30 years old. Her years of teaching were in a self-contained special education classroom focusing on emotionally disturbed children. She began her degree because she wanted to learn more about teaching reading. Rose felt this was an area she struggled with and she wanted to find ways to help children to read with strategies that are fun and effective. Additionally, Rose had one semester left before graduation and her future plans include being a reading specialist.

At the time of the study, Dr. Julie served as the department chair for the Department of Curriculum and Instruction. She taught for many years both in the elementary classroom and as a professor teaching classroom management and language arts for the College of Education. Dr. Julie taught one hour enrichment courses to help future and current teachers utilize technology in their classrooms. Her educational background includes a bachelor's degree in early childhood education, a master's degree in teaching and a Ph.D. in Curriculum and Instruction from a large state university. Dr. Julie not only served as an administrator, but she also had a knack for helping students. When noting the state testing scores were becoming issues for the undergraduate education students to enter their full internships, Dr. Julie organized a college-wide initiative where several professors led a study session to help the students successfully complete the certification test. Additionally, she organized all of the professors' yearly goals into manageable committees and assisted these individuals with fulfilling their yearly goals.

The clinic director, Dr. Sheldon, started the clinic eight years ago. He had always served in that capacity since the inception of the clinic. Dr. Sheldon's

bachelor degree is in elementary education. He then pursued a master's degree in school counseling. His doctorate has a focus on reading instruction from a state institution. Dr. Sheldon's goal is to make a difference in the lives of everyone he encounters. He always ensured he knew what was going on with all the children, parents/grandparents, and reading education candidates. This was apparent as he asked very specific questions such as, "how was your baseball game last night?" or "how is your wife feeling?". Dr. Sheldon was primarily responsible for decorating the reading clinic. There was no budget for this, but he once said he has spent thousands of dollars on decorations to ensure each season has a unique look and the clinic always remains comfortable. Dr. Sheldon's love for education was ingrained in him at a young age. Both of his parents hold doctoral degrees. His mother taught middle school science, and his dad served as a professor for a private university. His parents' love of teaching is apparent as they help with administrative work at the clinic. There was no budget for an administrative assistant, so Dr. Sheldon's mother called parents, sat at the front desk to check in children, and helped reading education candidates with basic questions regarding the clinic.

Data Sources

It is critical to use multiple data sources in a qualitative case study. Stake (1995) stated that data sources should not be left to chance. I chose data sources to make sure I thoroughly understand the case and present the case effectively. In this study, five data sources were utilized. Data sources included

a. Observation of the children and tutors in their clinic sessions;

b. Observation of the clinic environment and interactions among stakeholder;

c. Focus group interviews of parents;

d. Individual interviews of the administrator, faculty and reading education candidates and parents (if needed); and

e. Archival documents.

Instruments

There are four instruments included in this case study. The first is an observation protocol (see Appendix A) used to observe children and tutors during tutoring sessions. The second is the observation protocol for clinic environment and stakeholder interactions within the clinic during tutoring sessions (see Appendix B). The third is the protocol for focus group interviews of parents (see Appendix C). This instrument is used in the group setting and is flexible as the questions are used, but probes may be inserted at the interviewer's discretion. The fourth is the protocol for individual interviews of the clinic faculty, administrator, reading program candidates, and parents involved in the clinic (see Appendix D).

Data Collection

Observations of clinical tutoring sessions. Stake (1995) suggested that observations bring the researcher toward a better understanding of the objects or issues under investigation. With this in mind, I kept records of events to provide an "incontestable description" (p. 62) for analysis. Attentiveness to details and background conditions were noted by the researcher. Observations of tutoring sessions, which lasted approximately one hour and fifteen minutes each, were made

using the tutoring observation protocol (see Appendix A) to record what happened during tutoring sessions. Multiple observations were made until no new information was available. The observations were focused on the following aspects: (a) general observations, (b) the types of literacy activities taking place, (c) the interactions between tutor and tutee, and (d) non-verbal behaviors.

Observations of clinic environment and stakeholder interactions. The observations consisted of (a) specific details of physical settings, (b) the people involved and their interactions within the clinic, (c) activities taking place and conversations, (d) subtle factors such as non-verbal behaviors, and (e) what is not happening in the clinic. I also documented my own behaviors, what I said/did and if my being in the clinic had an impact on the observations (Merriam, 2001). Observations included each participant and consisted of all stakeholders in the clinic. Observations occurred until no new information was noted. A formal observation guide (see Appendix B) served as a protocol and included the writing of recording notes while reflecting and adding those researcher comments. These observations consisted of what the physical environment is like, who is in the scene, and the interactions. Also, what are the similar and differing characteristics of the people in the setting? What conversations are occurring? I made note of the stakeholders' interactions with one another. As the researcher, I rotated throughout all areas of the reading clinic during multiple evenings to ensure I had a complete sense of the surroundings.

The purpose of the observations was to better understand how the stakeholders interacted with one another, the types of stakeholder interactions, what

types of literacy events were occurring during tutoring, and how both children and reading specialist candidates reacted to those events. The observations provided some support and helped substantiate the answers to the research questions. During observations I was a non-participant observer. At times, parents, children, reading education candidates, and even the faculty member asked questions and I removed myself from taking notes to answer and engage in the conversation. I immediately resumed observations and took note of the types of support and questions they were asking me to further understand the stakeholders' needs.

The observation notes varied depending on who I was observing. When focusing my attention on the child and reading education candidates observations, I took notes about the order in which they conducted the lesson. For example, did they always begin with a familiar text? Did the guided reading match the child's instructional level? How did the word study support the child's developmental spelling stage? What type of writing was the child engaged in? Finally, did the lesson end with something fun and motivating? I had access to the reading education candidate's lesson plans and assessment results. The lesson plans had information pertaining to the easy reading, word study, guided reading, strategy instruction, writing, and the teacher read aloud. I used those lesson plans and assessment results to aid in my observations regarding the spelling level and instructional reading level. I also made notes on each observation as a reminder of questions I might later ask the reading education candidate if I needed clarification regarding something occurring during their tutoring session.

When observing the parents and faculty members I noted the interactions. With whom were they talking? Did they feel comfortable in their interactions? Were they talking about their children? Was their child's education factored into the conversation? What types of outside events were discussed? Observations also consisted of recording the way the faculty member interacted with all of the stakeholders. Was he engaged in conversation? Did he seem to have a personal interest invested in the people? Observations of faculty members and parents were made starting thirty minutes before the clinic began, notes were taken during the sessions, and observations were complete when the final person left the reading clinic at the end of the session.

I handwrote all observations on my observation guide. While using computer software might have increased the speed with which note-taking occurred, using the observation guides and a pen created an environment where I could easily move around from the outside of the reading clinic, the waiting area of the reading clinic, the tutoring rooms, the classroom, and any other areas people may have congregated. The notes were organized by date and time the observations took place including before, during and after tutoring sessions.

Focus group interviews with parents. Brown (1999) discussed focus groups as a useful qualitative method. She described focus groups as a dynamic facilitated group discussion. These discussions are led by the interviewer who asks questions and facilitates the group as they answer and interact with one another. For the purpose of this study, focus group interviews were conducted to help find answers to the research questions. Each group consisted of at least five parents.

The focus group interviews were audio taped. The questions were open-ended and designed to invite active discussion and sharing. I moderated the interview ensure the time did not become a debate, but rather a cooperative opportunity for all members to share their thoughts and ideas. Focus groups continued until answers became repetitive and no new information was obtained.

Due to the nature of group interactions, there were several factors that needed to be taken into consideration when conducting the group interviews. The factors include demographic and physical and personality characteristics. I acted as a facilitator for the group should be unobtrusive, while still encouraging the group interactions. The group was subtly guided and I kept the goals and goal achievement in mind during the focus group sessions (Stewart, Shamdasani, & Rook, 2007).

Before I administered the focus groups, I requested a written consent. After all consents were signed, the participants and I met within the reading clinic in an area that has comfortable chairs. All members sat in a circle. Tea, soda, water, and snacks were provided. The focus group interview met between forty-five minutes to an hour. I began with an introduction of each participant to provide a context for members to understand why they were part of the group and the goal of the interview. This also gave me (the interviewer) a chance to introduce myself, so they knew who I am and why this research was conducted. Next, general questions were asked and I continued with probing questions. I paid special attention to ensuring the group remained focused, yet if something interesting emerged, I continued to probe and kept the conversation going. The focus group ended with

each participant having an opportunity to summarize his/her thoughts and for me to provide clarification or ask for further clarification regarding the answers. An interview protocol (Appendix C) was used to ensure the questions were addressed with each focus group. After all questions and all probes were completed, the participants were then thanked for their time and the interviewer's e-mail address was provided in case any group member may have had further thoughts.

The focus groups were recorded as indicated by Stewart, Shamdasani, and Rook (2007), and I believed taping did not interfere with the results. The members of the group were informed beforehand so full disclosure was made available. The interviews were carefully transcribed word for word. I also took notes during and after the interviews on specific comments or incidents that required further attention. Three parent informants who participated in the focus groups were selected to offer further clarification on the information provided by the focus groups that remained unclear to the researcher.

Individual interviews with the administrator, faculty, parents, and reading education candidates. The interview guide consists of semi-structured interview questions (see Appendix D). While some of the interview questions are the same for all interviewees, each interviewee represents a specific group of stakeholders within the clinic lending to the need for a variety of questions based on each participant's relationship with the reading clinic. The interview questions were validated by the National Reading Conference's Reading Clinic Study Group, which consists of university professors and researchers who are involved in reading

clinic operation and nationwide research. Revisions were made based on the feedback.

Each participant was interviewed individually in a neutral place, such as a university library or a common space outside of the clinic. Crabtree and Miller (1999) cautioned against making assumptions during interviewing. To account for assumptions, I used the interview protocol as a guide to make certain I asked all necessary questions, but encouraged elaboration from each interviewee. The final question gave the participants a chance to add additional information and comments. I recorded the interview to later transcribe. Each interview lasted approximately 30-45 minutes. Additionally, written notes were taken to record things such as interviewees' facial reactions and gestures.

The procedures for the collection of interview data were scheduled and carried out in two stages. First, participants were recruited through purposeful sampling. This occurred within the populations currently involved in the reading clinic. Between one and three participants from each category (reading education candidate, faculty member, parents, and administrator) were asked to participate in the interview. The interview consisted of open-ended questions with a semi-structured format (see Appendix D). Each participant initially responded to the same set of questions and then specific questions relevant to their specific role within the clinic. I guided the interview by further probing to attain information that might be useful for the study. The interviews were tape recorded for further transcription. They were conducted on a neutral ground, rather than at the reading clinic.

Archival documents. Retrieving archival documents first began with finding valid resources. I obtained the documents from the university's archives department to ensure they were authentic. Under the help of the archivist, all documents related to the history and development of the reading clinic were located, copied, and indexed. These documents included course catalogues, student handbooks, faculty workload sheets, and records of individual reading faculty whose names I found in the course catalogue. Each visit consisted of looking at information chronologically from the earliest archival data to the most recent. After viewing all of the information, I then looked at the information from most recent to the earliest records to ensure no further information needed to be found.

The Role of the Researcher

My role as a researcher was an observer. Considering the case study approach, I was the main instrument of the study. A qualitative study creates room for assumptions. I acknowledge my bias as a researcher due to my position as a faculty member in the reading clinic. Being a "backyard researcher" as stated by Glesne (2006) means acquiring research within a study that included the fact that I am the primary investigator and that I worked with a group of people with whom I am acutely familiar. It is important for me to continuously evaluate my own biases so they are checked. My role required a high level of personal sensitivity toward the setting and the people within the setting. According to Merriam (2001), the sensitivity of the researcher is important during data collection; therefore, Glesne (2006) suggests persisted observations, extended time in the field, triangulation of data, peer review and debriefing, and constantly reflecting upon researcher

subjectivity to ensure trustworthiness of the study, while considering the researcher's role within the research site. I strived to follow Glesne's suggestions.

My personal experience impacting my role as the researcher includes my bachelor's degree in elementary education and my masters of reading in education. Having this educational background gave me an understanding of what the reading education candidates' degree involves. As a former graduate student, I engaged in tutoring so I have had the experience through the lens of a student. Additionally, six years ago, I allowed my son to take part in one of the early reading clinic experiences. Due to this experience, I also understand the role of the parents and what it is like to have a child being tutored. Being a certified reading specialist provided a lens into understanding what was occurring during the clinical tutoring sessions. This influenced the way I viewed the reading education candidates' tutoring sessions. I taught clinical courses and observed teacher candidates in the field. The experience of being a former reading education candidate, a parent of a child tutored in the clinic, and a professor of similar courses gave me some background knowledge. Having this knowledge, I continually reminded myself to separate my preconceived notions regarding the reading clinic tutoring sessions and allowing the data to naturally emerge.

Because of my university position, I have a stake in the growth of the reading clinic. This could serve as a double-edged sword. One the one hand, I have great familiarity with the operation of the reading clinic; on the other hand, it could cloud my ability to stay objective regarding the findings of the study. In order to achieve trustworthiness, I have taken precautions by constantly reminding

myself to set aside my bias and triangulate data using different sources and ask for an experienced researcher to audit my data and my findings.

Data Analysis

General Procedures

I employed constant comparative analysis (Glaser & Strauss, 1967) along with categorical aggregation (Stake, 1995) and thematic analysis (Merriam, 2001). The major procedures of the constant comparative method include constantly comparing the incoming data against the existing codes as the name indicates. One segment of data is compared to another to determine the similarities and differences and then the data is grouped together and patterns are formed based on the data. The principles related to categorical aggregation also entail searching for patterns forming consistency while reviewing documents and looking at observation notes and interview transcripts. Finally, thematic analysis matches the above procedures in looking for themes when analyzing all of the data.

With all of the data, I began with open coding, which involves direct interpretation of the data and allows for concepts only appearing once to still be accounted for, which is necessary in case study research. It was imperative the data be coded thoroughly until no new concepts can be found and no new codes can be assigned. Next, similar codes were grouped together to form categories, and I looked for patterns across all the categories. Finally, themes emerged from the iterative process of data analysis and those themes related to the three research questions were identified to answer the questions. Aspects unique to the treatment and analysis of each type of the data collected in this research are described below.

Treatment of Individual Interview Data Analysis

After conducting the interviews, I transcribed every word by listening to the recording multiple times and typing the data. Once the interviews were transcribed, they were coded. This coding occurred through assigning specific codes that reflected the concepts brought up by the interviewees. Additionally, organization of the data took place through keeping all information in a Word document format, with coding embedded in the transcription (Merriam, 2001). An outside person with training in qualitative research was asked to perform a data audit by looking at all of the data and recording her themes to ensure the accuracy. This outside person also listened to the interviews to ensure the transcripts were accurate.

Analysis continued with the constant comparative method as mentioned in the general procedures. This led to category formation in which the categories were then compared to each other (Merriam, 2001). Noting the pertinent information and its repetitiveness is imperative for data analysis. I constantly reviewed the data and codes to make sure that no new codes could be identified. I read through the codes several times to look for patterns and identified themes related to the questions of this study.

Treatment of Focus Group Data Analysis

The focus group data was subjected to the similar process of data analysis, yet special attention was paid to the sign vehicles, which is something that carries meaning as a set of words in the focus group interview (Stewart et al. 2007). These

include gestures, facial expressions, and tone of voice. The interviewer made note of these signs as part of the analysis.

Treatment of Observation Data Analysis

Two types of observation data were collected. Each was treated the same. Both the observations of children and the general clinic observations were clearly labeled with the date, time, and the participants being observed. Observations were logged after each one hour and fifteen minute tutoring session for both children and the clinic surroundings (parents in the clinic, professors, etc.). Immediately after the observations were completed, the data were read through several times. I followed the general procedures for the analysis of the observation data.

Treatment of Archival Data Analysis

First, I assessed the authenticity of the documents. I obtained all documents from the university's archival department and they were deemed to be authentic by the archival department's historian. Creswell (2007) stated that historical documents should first be organized into a framework. After gathering the documents, this framework was organized in a chronological sequence. It was coded by university year, location of the reading clinic, fees associated with the clinic, number of children served by the clinic, reading courses offered, and any other interesting facts that stood out to me while reading the documents (Merriam, 2001).

Archival data analysis was also conducted by using the constant comparative method, categorical aggregation, and thematic analysis. I also looked for data that informed the development and sustainability of the reading clinic.

Based on the data, I wrote a profile of the reading clinic in chronological order, which included major events that impacted the reading clinic. I also looked for factors that impacted the development of the reading clinic.

Triangulation of the Data

Yin (2003) stated that a major strength of case study data is the opportunity to use multiple sources. Yin continued by stating construct validity can be addressed with data triangulation because multiple sources of evidence provide measures to ensure the overall quality of the findings exists. For this study, triangulation occurred at two levels. I compared and contrasted multiple data sources. I also asked an experienced researcher to audit my data and research findings. This researcher is very familiar with qualitative research. During her audit, she checked her themes against mine to determine if the themes matched.

Table 8

Data Triangulation Chart

Research Question/Theme	Individual interviews	Focus group interviews	Observations	Archival Documents
1. What are the experiences of the stakeholders, i.e., parents, children, reading education candidates, as well as clinical faculty and the administrator overseeing the University Reading Clinic?				
Positive relationships	X	X	X	
Greater confidence in the ability to support others				
Individualized attention	X	X	X	
	X	X	X	
2. What are their perceptions of the University Reading Clinic?				
Membership in the community	X	X		
Positive and supportive environment	X	X		
Effective instruction for children	X	X		
3. What are some major factors that have impacted the sustainability and growth of the University Reading Clinic?				
Strong support system	X	X	X	X
Interdisciplinary partnerships	X	X		
Dissatisfaction with reading instruction provided by public schools	X	X		
Clinic Director Leadership	X	X	X	X

Summary

This chapter described the design of the study, the history of the reading clinic, participants, instruments, and data analysis. A rich description of each participant was provided. Multiple data sources (individual interviews, focus groups, and observations) were collected. Data analysis employed the constant comparative method along with open coding, categorical analysis, and thematic analysis to identify themes related to the three research questions. The following chapter includes the major findings of the dissertation research.

CHAPTER FOUR: FINDINGS

This chapter presents the findings of a case study research focusing on Geranium University's reading clinic. Qualitative findings through interviews, extensive observations, and document analysis provide the basis for answering the three research questions. Data were collected through focus group interviews, individual interviews, observations of parents, the clinic director, reading education candidates, children, and university archives. I analyzed the data using the constant comparative method in combination with categorical analysis and thematic analysis. Three questions served as a guide in my analysis and provided a critical focus for this study.

The research questions include the following:

1. What are the experiences of the stakeholders, i.e., parents, children, reading education candidates, as well as clinical faculty and the administrator overseeing the University Reading clinic?
2. What are their perceptions of the University Reading Clinic?
3. What are some major factors that have impacted the sustainability and growth of the University Reading Clinic?

The organization of this chapter first addresses the themes emerged through the iterative process of data analysis. The second part of the chapter provides answers to the three research questions.

Qualitative Results

Ten themes emerged from the analysis of the data. The themes are substantiated below and include (a) positive relationships, (b) greater confidence in

the ability to support others, (c) individualized attention, (d) membership in the community, (e) positive and supportive environment, (f) effective instruction for children, (g) strong support system, (h) interdisciplinary partnerships, (i) dissatisfaction with reading instruction provided by public schools, and (j) clinic director leadership

Theme 1. Positive relationships. The parents, children, reading education candidates, and the clinic director all strived to build and maintain positive relationships. These relationships are vital for the sustainability of the clinic. One reading education candidate, Berkeley, stated

> when I walked in I think the relationships that the tutors build with the tutee is the greatest thing about the clinic. You can tell when the kids walk in the clinic the tutors act like they are excited to be there as well as the parents who are positive as well.

Hudson, a father of a child in the reading clinic, agreed by stating, "I think it was both the fact that he was going to college that helped and the relationship that she formed helped." He felt the combination of the relationship and the clinic environment aided in his son's excitement to attend tutoring sessions.

Many observations supported this theme. The clinic director was observed asking the father of a child participating in tutoring, "How was your son's baseball game?" He asked other questions such as, "How is your wife feeling? I hope she is better soon!"

Those types of interactions did not stop with the clinic director. The reading education candidates took time to speak with parents after each session. As

I observed these interactions, I noticed the reading education candidates took time to answer as many questions as the parents asked, even if it took away their personal break before the lecture portion of class began. An observation of a father and reading education candidate also supported this theme because the father of a child spent about ten minutes talking to the reading education candidate about his daughter's teacher. He wanted the reading education candidate to e-mail his child's teacher, as well as the school reading specialist. The reading education candidate was happy to help, and they exchanged e-mail addresses so this interaction could occur.

The children (tutees) were both relaxed and enthusiastic. Laughter between the children (tutees) and reading education candidates, parents, and the clinic director with many stakeholders was a constant observation recorded in the observation notes.

Often the reading education candidates gathered at the front of the reading clinic for friendly conversation while waiting for their tutees. Conversations included topics such as their final capstone project, their graduate portfolio, writing tips, and selection of their capstone topics. One reading education candidate was observed saying, "A group of us are going to order pizza and get together in the work room on a Saturday if you want to join us to work on our portfolios." Just as important, conversations also focused on appropriate instructional reading strategies they could use during their tutoring sessions. One student said, "I'm going to discuss fix-it strategies with my student tonight." As soon as her respective child (tutee) arrived, the student promptly stopped her peer

conversations and enthusiastically greeted both parents and children. As previously mentioned, reading education candidates took advantage of the waiting time to discuss tips and resources. Such conversations not only allowed reading education candidates time to glean ideas related to instructional practice, but also facilitated growing confidence and identity for teaching.

The reading clinic space promoted an environment for building relationships. As noted in observations, the decorations changed from season to season (e.g., a winter snowflake theme, a Valentine's Day theme, a Saint Patrick's Day theme, Easter theme, and finally, a summer luau theme complete with coconuts and leis hanging from the ceiling). Four couches complemented the several comfortable chairs (see Appendix I). While parents waited, it was common to hear conversations focused on church membership, employment, and respective schools. It was clear that relationships were built between stakeholders during time spent at the reading clinic.

The clinic has family friendly waiting areas divided by small tables and bookshelves, creating a young child's play area. Furnishings that allowed for collaboration and discussion further supported development of relationships. Instructional technology provided opportunity for reading education candidates and children to constantly interact.

The clinic director insisted on keeping clinic doors open the entire time. Stakeholders were always welcomed by a warm, friendly receptionist who offered candy that was always available on the front desk, candy that matched the clinic's

current theme. For example, the candy in March was green peppermints for Saint Patrick's Day, and the candy in April was jelly beans for Easter.

Children and parents were greeted by the reading education candidates before walking back to the tutoring rooms. Consistent with furnishings in the rest of the clinic, attention to detail in a comfortable learning environment facilitated further development of positive interactions and relationships.

Theme 2. Greater confidence in ability to support others. The clinic director, reading education candidates, and parents all gained greater confidence in their ability to support others. In particular, reading education candidates took pride in their ability to support students and their parents, and they took pride in their ability to support others. Data consistently reflected that clinical experiences increased the reading education candidates' confidence. Berkeley emphatically stated during her interview, "It has definitely made me more confident in my ability to tutor a child." She went on to say, "I know I have the ability to help because I've been able to do that every week and I've gotten to test out different things I'm learning in class and applying them directly to my tutoring." Berkeley felt she was able to provide good instruction to the children in the reading clinic community because of the good instruction she had received and was now transferring to this clinical experience.

Ashley stated, "I learn things every week in class that I can turn around and use every day in class; it's kind of amazing that it's that practical!" Confidence was built during these discussions focused on practical instructional strategies, potentially transforming instructional practices in their tutoring, and respective

classroom settings. These practical ideas helped the reading education candidates build confidence in teaching abilities in a one-on-one environment, and in a classroom setting.

Having more confidence in supporting others manifested in many forms. Dr. Sheldon, the clinic director, demonstrated greater confidence in his ability to run the clinic and promote the expansion of the reading clinic, taking it in new directions. The clinic was thriving, and he was ready to reach out and collaborate with other departments for expansion of the reading clinic. He took pride in the fact that because of the success of the reading clinic, other departments (e.g., Speech and Language Department, Optometry Department) and programs now wanted to be a part of the clinic and join him in his effort to support student learning.

Parents also became more confident in their own ability to support their children. Ashley's mom stated, "I never knew how to do this before." This comment was in reference to a reading strategy that the reading education candidate demonstrated during a parent conference. This simple strategy consisting of building background knowledge before reading was a confidence booster for Lauren because she believed she could initiate this reading strategy at home in conversation with her daughter Ashley. Similar sentiments were expressed by other parents in the interviews.

Theme 3. Individualized attention. Individualized attention occurs throughout the clinic on several levels. Such individualization included the one-on-one tutoring which is based on results from assessment. Lesson plans were

carefully developed to support each child's literacy growth. Lauren discussed the positive impact of such instruction by stating,

> I think it's all very positive. I recommend it to people all the time. I see the growth in Ashley in doing this and having one-on-one tutoring, versus, you know, groups. She got some help at school but it's in a group setting and it's a smaller group than a classroom but the one-on-one just I think helped her grow more.

Another mother, Isabella, felt the one-on-one instruction had an important impact on her son and excitedly stated: "Oh, it was over the moon. I mean, he started at probably a strong independent Kindergarten level and came out reading at a third grade reading level." These parents recommended the clinic to others, which helped sustain the growth of the clinic, and in their opinion one-on-one tutoring played a critical role in their children's success.

Examining reading education candidates' lesson plans and observing tutoring sessions clearly suggest individualized attention was given during each tutoring session. Several times various children had a difficult time settling down since the tutoring session began at 4:30 and their schools ended just an hour earlier. Due to the individualized nature of the clinic, reading education candidates brought a snack and walked with the child to get a drink, and essentially, released some energy so focusing was not as difficult.

During the sessions, the children had substantial autonomy and were given choices about reading materials. All reading education candidates that were observed provided a range of books for their student to choose. The one-on-one

format also afforded much instructional wait time. Since the reading education candidates did not have multiple children in their room at once, they could give the child extensive time to think and answer questions during their discussions. The children were also able to practice strategies and skills under teacher guidance.

Trifold boards were used during the one-on-one tutoring. These boards were individualized to support the children during their tutoring sessions. The reading education candidates have autonomy regarding what their boards look like (see Appendix I). The board's background is white and the reading education candidates purchased colorful letters to spell out each child's name for the child to feel special.

Maggie, a grandparent, stated,

> We checked out a program and it has 20 or more people and it was extremely expensive. It was that 15 or 20 to 1 ratio and I thought he wouldn't get anything out of that because it was such a big group; it's so nice to have the one-on-one environment.

Individualized attention was what parents perceive to be making a significant difference for their children's reading ability.

Individualized attention was one of the hallmarks of the clinic. Parents received individualized attention from the clinic director and the tutor. They knew their family situation and knew their name. Reading education candidates received individualized attention from the feedback on their lesson plans and what they needed to do to further improve their teaching craft.

Theme 4. Membership in the community. The various stakeholders considered themselves as important members of the clinic and did their part to support the clinic. Parents and grandparents were marketers for the clinic, advocates for their children, and consumers of services; the clinic director and administrator provided resources to sustain the clinic. The clinic director was also a communication coordinator amongst all the stakeholders to allow all stakeholders to have a voice. Finally, the reading education candidates perceived themselves as reading teachers and provided research-based instruction for their students.

The administrator perceived her role in the clinic as a supporter of the clinic director and faculty. She encouraged an autonomous environment. To make it a vital place for children's learning, she acquired funding to keep technology and other resources current. She also supported the clinic director to find out if there were unfulfilled needs. She understood the need for parents to have access to free and convenient parking and made certain the clinic director had the privilege of communicating that need with campus police. The confidence she had towards the clinic director allowed an environment promoting flexibility for the clinic director to employ new initiatives and maintain what was already working to help children make progress in reading and writing.

The clinic director, Dr. Sheldon, had a vision for the clinic before the reading clinic existed in its current state. At the lowest point in the history of the reading clinic, when he realized the tutoring program was about to perish, he made an effort to reserve tiny rooms all over the campus to ensure children had tutoring services provided for them and reading education candidates had access to clinical

experiences. Dr. Sheldon stated, "The program was about to die so we spread across three buildings and I would reserve little rooms and any space I could get." He perceived his role in the reading clinic as a visionary and someone with the ability to resurrect clinical services to provide an opportunity for children to have access to good reading instruction.

The clinic director further ensured the vitality of the reading clinic community through acting as a liaison between all stakeholders. He communicated with the administrator, faculty, reading education candidates, children, parents, and other community members such as superintendents and principals. Dr. Sheldon worked hard to keep it active and thriving.

Reading education candidates valued their membership in the clinic community and perceived their role in the clinic as consumers of a solid education and a provider of important services. They worked directly with children and offered effective reading instruction acquired through their graduate coursework. Supporting children's learning came more easily to reading education candidates when they were able to make connections between theory and practice.

Parents perceive their role in the reading clinic community as consumers and advocates. They worked to make it a vital place for the community by promoting it positively when speaking with local schools and other parents. For example, during the interview, Lauren said, "probably most of that waiting list is because of people like me who have been here, who have spread the word as much as you can to other parents who see their kids are struggling." Through word-of-

mouth, the perception of the reading clinic as a trusted resource for helping children with reading and writing spread throughout the community.

Theme 5. Positive and supportive environment. The stakeholders perceived the environment as positive and supportive. First, the aesthetic of the clinic environment was mentioned by many stakeholders. Technology and other available resources also attracted good instruction. Amy, a reading education candidate, discussed the up-to-date technology and resources available by stating, "It's awesome. I mean there are resources; the room that has the books is well kept. It's got a SMART Table and now we have so many resources." Ashley, another reading specialist candidate agrees, stating,

> The look and the feel is warm; it has everything you need close; you've got the SMART Board, you've got the other options of technology with the computers close by. I've had a class where we were all able to go grab a PC and, the little tutor rooms are really well equipped.

While support from the professor was important, reading education candidates were also elated with the support they had in terms of digital and hard copy materials.

The parents had a similar perception. Seth, the grandfather of a child being tutored, said, "It's convenient, it's very close, it's very friendly and that's basically what's most important." Dr. Sheldon, the clinic director, agreed the environment was positive, and as a result of that, the children enjoyed coming. Dr. Sheldon mentioned,

> The children love coming to clinic. They really look forward to it. We try to make sure that what we're doing in the reading clinic is fun and enjoyable

> while the kids are still learning and so most of the time nearly without exception the children love to come. They look forward to coming to each session and it's more of something fun they get to do rather than a drudgery.

This type of excitement helps maintain an overall positive environment. Lauren, a parent, stated it was the encouraging atmosphere that helped her daughter Ashley want to return for tutoring each week. She said,

> Ashley loves the whole Pinkalicious series, and her tutor, this time, brought her one of the books that she didn't have and that meant a whole lot to me as a parent and also to Ashley that they care about her and they want her to have something that she likes that makes reading more enjoyable.

Observation of the children also supported this theme. Ashley was observed arriving at the clinic excited and always smiled when she first noticed her tutor. She looked comfortable and at ease when arriving at the reading clinic. Many of the children looked happy and excited when they came to the clinic each week.

Theme 6. Effective instruction for children. Also contributing to the success of the reading clinic was the effective instruction it provided for children. As early as the 1950s, archival documents indicate that faculty were involved in the clinic and they attended and presented at conferences such as the International Reading Association conference. The current faculty presented at least ten times per year and attended multiple conferences. Through these conferences they collaborate with other educators across the country, attend major presentations, and stayed current with what the latest research says about effective reading instruction, in both theory and practice.

Parents trusted that the clinic provided their children with effective instruction. A grandparent, Seth, is raising his grandson full time. He said,

> We have been coming here a long time. I have no idea what you would do to improve this. It is such a godsend to get some help from somebody who knows what they are doing. As a parent you know we set there, we read with them, but it's not like teaching him the way he's supposed to be taught. It's kind of like new math and all that stuff and I'm 66 years old and I have a grandkid and the way I used to multiply is a lot different than the way they do now. It's a lot different.

Many parents were willing and wanting to help their child but did not have the resources or understanding. Isabella, a parent of a male student in the clinic, said,

> We don't know all that stuff (teaching my child to read) and the different things that we should be looking at, so it gave us a place for him to go and we could ask questions and we didn't have to know all the answers. There was somebody there to help and get us to the next level and get him to the next level.

It is these types of interactions that exemplify the trust parents have regarding good reading instruction that the clinic was able to provide for their children.

Theme 7. Strong support system.

University support. The support from the university and its leadership is pivotal for the success of the reading clinic. The reading clinic has a history of support from administration including past presidents. University archives

revealed the president serving at Geranium University in the 1950s was supportive of the reading department and clinical services. He promoted the reading program at university meetings and meetings held in the community. Even at speaking engagements, he was known to promote and discuss the success of the reading services provided at the clinic.

The historical documents reflect much support from the university. The earliest record of this support occurred in 1906 when Dr. Frank Parris began teaching classes in theory and application of reading. The documents are not explicit as to how the application occurred, but the university reading course was meant to apply the theory with children, after learning the theory in class. Dr. Frank Parris began teaching at the university when it was the normal school for teacher preparation (Agnew, 2009).

At the time of the study, support from the administration still existed with much enthusiasm, and the administrators saw the clinic as a showpiece of which they were proud. The university supports the clinic in numerous ways. When interviewed, Dr. Sheldon discussed how the president of the university allowed him and other reading professors to fully design the reading clinic with the help of an architect. They were able to acquire funding to support all of the technology needs and most importantly were allowed space within the College of Education building. The university also supported the clinic by allowing free parking space for parents and a comfortable waiting area so they did not feel as though they need to leave the clinic; rather they can stay, communicate with other parents, and have time to speak to the reading education candidates and clinic director.

Community support. Community support was also critical to the sustainability of the clinic. After reviewing historical documents, the main source of funding was noted. The funding was first provided by a tax plan which helped build and furnish the facility. This tax plan was meant to help a single county. The university does not fall within the county lines, but the community felt strongly enough that they allowed funds to be designated to build the reading clinic. Vision 2025 was approved in 2003 and is explained on the website in the following manner:

> On September 9, 2003, years of hard work came to fruition as voters approved a one-penny, 13-year increase in the County Sales Tax for regional economic development and capital improvements. The package was the culmination of a long and arduous effort to grow economic and community infrastructure for future generations. Empowered by citizens, The County's Board of County Commissioners is now actively engaged in the execution of Vision 2025 projects. This site is designed to keep the public informed of progress in that effort. You are invited to check here often as each project moves forward and we work together to build a better community ("Vision 2025," 2003.)

Dr. Julie, the administrator, appreciated the community involvement and how it impacted Geranium University. She said,

> Everything I've seen since I've come here has just been so positive and when, like last summer, when we incorporated campfire in there and

> community action project had a program. The clinic seems it's always open to any group that wants to use it. It's a showcase piece.

The fact the administration viewed the clinic as a showpiece for the community helped the reading clinic keep attracting funding due to the importance it had for the visibility of the university.

Theme 8. Interdisciplinary partnerships. Interdisciplinary partnerships also contributed to the strength and sustainability of the reading clinic. The clinic director had a lot to say regarding these partnerships. From public and private elementary schools to different departments at the university, there was ample collaboration occurring.

When asked about the partnerships within the university, the clinic director stated,

> We are collaborating right now with the College of Optometry. They are making a low vision therapy center upstairs. As I've been talking with them, they are going to have vision therapy services here for students or we will start giving a survey the first night or two in class in the clinic for the children that might benefit from vision therapy. That will make that available to them.

An ophthalmologist spoke to Dr. Sheldon's class once per semester. This collaboration greatly impacted one of the parents. Lauren, the parent of Ashley, had her daughter attend the clinic many times. In a previous semester, one of the tutors spoke to Lauren and impacted her in a surprising way. The reading education candidate student gave Lauren the advice to have her daughter's vision

checked. She gave Lauren the contact information and when Lauren arrived with her daughter she decided to have her son's vision checked as well. Lauren said,

> Now with Ashley it ended up that she didn't need vision therapy and there wasn't a problem there but at least we got it checked out but we when we went to the eye doctor all my kids were there and my son who is 16, 15 at the time did and I never knew he had that issue and he's always been a slow reader and reading is not one of his favorite things.

Lauren did not realize the vision therapist had talked to the reading education candidates shortly before that session, and through interdisciplinary partnership the tutor was able to give Lauren the information that ultimately helped her son.

The clinic director also stated he was in the process of trying to form a partnership with the Speech and Language Pathology Department by saying,

> Another area that we are just delving into is speech and language pathology. We have a Speech and Language Clinic on the campus, but when it was established they were not working with the clinic at all and this goes back to some differences in philosophy from the late 1990s, early 2000s, but since the philosophy of the reading clinic has been updated, the Speech and Language Department is considering working with us and even doing some research together and providing some speech services to boys and girls that might benefit from that.

In addition to the services listed above, Dr. Sheldon also worked with the Psychology Department and said,

> We've recently started and will want to continue working with the psychology department. We have a professor who's been coming down and working with parents on issues with math and psychology for the math clinic and this is an area that certainly we have room for the psychology clinical work and it can be integrated within the reading clinic.

The final area Dr. Sheldon noted as important was special education. He said,

> Another area that I've been wanting to try for a while but we haven't had special education faculty available is to have a special clinic for kids who are identified as having special needs in reading and I think that would be something amazing to work with the special education faculty and the reading faculty to look at many of the techniques that are used for kids or are techniques that could be included on an IEP in reading.

The clinic director, Dr. Sheldon, truly saw the reading clinic as an interdisciplinary outreach to children in all areas. From physical issues, such as vision problems, to emotional issues, the future of the clinic appears to be heading in a collaborative direction. The professor of the math clinic came to speak to Dr. Sheldon, and a vision therapy doctor spoke to the class as well. The faculty expertise was shared at the campus amongst colleagues to benefit reading education candidates and children. Through these interactions the clinic was moving in a full service direction.

Theme 9. Dissatisfaction. Parents' dissatisfaction with the reading instruction provided to their children by public schools also played a part in the popularity of the reading clinic. Isabella and Hudson brought their son to the clinic for the first time when the study was conducted. Hudson said,

> We've seen the biggest failure for us was as parents and we are involved parents. We want to help him be where he needs to be but going from kindergarten to first grade there wasn't any communication on my child's reading like, 'Hey you need to be working on this,' or 'This is what's expected before you start.' We played catch-up for two years with them. In my opinion the reading program was the catalyst from playing catch-up to getting good.

Isabella, Hudson's wife, added,

> And you know, this is weird, but talking to his reading teacher, talking to his teachers, talking to the principal and trying to find any resources out there whatsoever, it was like just 'read' was all they would say and I would be like, 'We are,' and they'd say, 'well read this book with him' and I heard that several time that it will click, like they would say, 'it will click,' but it's not and at the end of first grade it still wasn't and it is very disheartening.

These parents were both frustrated. They appreciated the time the reading education candidates spent with them to talk about strategies and specific books. This was the support they were looking for but had not previously received.

Another mother, Jill, was dissatisfied with the communication from the school and specifically her child's teachers. She stated teachers sent her a letter

telling her that her son was behind. She then said, "This was my frustration with public school, no information as to, what test did you run? What were the results of the test and what is really the problem and that is still my frustration." She went on to say,

> My final frustration was what can I do to help my child and the doors were slammed in my face. It was either you stick them in Title I or that's it. There were no other options and since I refused to put him in Title I because I said, what are you going to do, or how were they going to assess him, how were they going to follow up and at what point would he be good enough to go back into the classroom?

Her frustration continued when the school estimated he would be in the special reading classes for three years. She felt so many children were pulled from regular instruction. Between the Title I children and ELLs, only three children remained in the mainstreamed classroom at one time.

The dissatisfaction grew so much that Jill actually called the state department, and pulled her son out of public school. Her frustration was further noticed when she stated,

> I think there are a lot of parents willing to help, otherwise, we wouldn't be here and I think that's where the public schools do fail and they also fail because with the No Child Left Behind Act we do not really care anymore about if the children can read or cannot read. It's either you are on this side or that side and that side will move forward; the other one will put you

behind the computer and deal with it that way. So there is no structure anymore.

Jill's statement reflected her frustration with computer-based reading tutoring programs and the lack of help and tools parents were given to help their children.

During the final focus group interview, the parents revealed that they were also dissatisfied with the class sizes in their children's' schools. They disagreed on the number of children allowed in a classroom, but all agreed the number was tremendous. When asked what issues they faced, Jessa said, "Well, when they have 24 in the classroom." Jamie then said, "My daughter has 27." Jill felt the limit was raised to 35, and Jamie disagreed, stating the limit was 27. Regardless of who was correct, the point of the conversation reflects the disappointment in class size and the capability teachers have to help the children when there were so many children to serve.

Theme 10. Clinic director leadership. Over the decades, clinic directors have played an active role in the growth and sustainability of the reading clinic. Archival data offered clear evidence about the critical role of the directors. In particular, the strong leadership provided by the current director is instrumental.

Archival data suggest reading clinic services began as summer sessions in 1946; however, 1952 marks the first year an administrator hired a clinic director. Dr. Xavier had been a clinic director for another large state institution. When he came to Geranium as president, he implemented an experimental center for remedial reading. He hired a clinical director named Dr. Jones who worked with

public schools and the university reading clinic. The clinic became so active that another reading faculty member was hired to assist Dr. Jones.

Clinic director leadership was present in the history of Geranium and in the present time. The current clinic director is Dr. Sheldon. During his interview he discussed the present support from the university president. As mentioned in an earlier theme, the president gave the clinic director and other faculty autonomy to design the current reading clinic. Dr. Sheldon had ample experience with other reading clinics and through his leadership he was able to design this state of the art space.

His vision and passion focused on building a full service clinic. He built relationships with professors from other departments to achieve such a goal. As a leader, he was willing to share the reading clinic space to serve children. During observations, I noticed the math professor came in frequently to discuss her math clinic. In a few observations she spoke to parents, and it was apparent the same children receiving reading services attended the clinic on a different day for math instruction. Dr. Sheldon also discussed plans to work with professors from Speech and Pathology Department and Counseling Services Program.

Dr. Sheldon stated that an active reading clinic takes many stakeholders to support. One area he felt especially important was to have a receptionist. Since no funds were available, he enlisted the help of a family member to fill this role. His mother volunteers as the receptionist. She is a retired middle school science teacher and has a doctorate degree in education. Her teaching certificate, which she keeps up to date, was displayed proudly on the table where she sits to greet

participants. During both focus group interviews, parents doted on the receptionist expressing how much they felt valued by her. Several parents said that she made the clinic feel "warm and inviting". Another parent joked that she should receive a monetary raise for all of her work. She calls all of the parents before the semester begins to welcome them, and she always has name tags ready for graduate students well before they arrive. Volunteering at the clinic also involves helping the clinic director change the monthly decorations. She takes the responsibility of making sure the children are safe very seriously. Oftentimes parents were late picking up his/her child. The receptionist allowed the students and clinic director to begin class while she waited with the child, made phone calls to the parent, and kept the child company while they wait. Her devotion to the clinic is reflective of Dr. Sheldon's passion for the clinic.

Dr. Sheldon worked with the administration to seek funding to support the clinic by sharing his vision for the reading clinic. According to Dr. Sheldon, the campus dean supported the vision and felt it was worth delineating funds from the county tax plan meant for the university to help build the reading clinic. He was able to get faculty members on board to help support his vision for the clinic by keeping them involved in decisions and encouraging a collaborative environment. It was through collaborating with administration and faculty that the vision of the reading clinic was supported.

Findings for Research Questions

Summary of Results for Question One

The first research question asked, "What are the experiences of the stakeholders, (i.e., parents, children, reading education candidates), as well as clinical faculty and the administrator overseeing the University Reading Clinic?" Question one focuses on gaining insight to stakeholders' experiences. The findings suggest the stakeholders had positive experiences in the clinic. They strived to build and maintain positive relationships with other stakeholders involved in the reading clinic. Through active participation in the clinic, they had greater confidence in their ability to support the growth of the clinic and help the children learn. In addition, they enjoyed the individualized attention and felt encouraged and validated by each other's support.

In particular, the clinic director played a critical role in the positive experiences all stakeholders received. Along with the administrator and reading education candidates, the clinic director made such an effort to develop open and friendly relationships, and in reciprocity the parents and children also acted in a like manner.

Due to the success of the clinic, the administrator was even more proud of the clinic as a showcase piece in her effort to promote the university. The clinic director was more confident in his ability to expand the clinic and seek interdisciplinary collaboration from other experts in the university community. The parents gained greater confidence in helping their children read and write at home. The reading education candidates were more confident in their knowledge and

skills of teaching reading and helping the struggling readers they worked with to make improvements in reading and writing. The children were more confident in their ability to read and write.

Individualized attention was paid to make sure that everyone felt important and supported. The parents and children were individually greeted by the clinic director each time they came to the clinic. The clinic director also worked with reading education candidates and provided individualized feedback to support their growth as reading teachers. The reading education candidates provided individualized lessons for the children, targeting their specific strengths and needs.

Summary of Results for Question Two

The second research question asked, "What are their perceptions of the University Reading Clinic?" The findings suggest that all stakeholders had positive perceptions of the reading clinic. In their views, the reading clinic was a strongly knit community, and each stakeholder was a valued member of the community. They perceived the environment of the clinic as extremely positive and supportive. Furthermore, it was perceived that the reading clinic provided effective instruction to the children.

They considered the reading clinic a special community in which they had a membership. As a result, each member worked hard to contribute to the success of the clinic. The administrator supported the clinic by promoting it and seeking funding to sustain its growth. The clinic director made the clinic an inviting place where children received effective instruction. The parents faithfully brought their children to the clinic and promoted the clinic by spreading positive messages about

the clinic. The reading education candidates worked hard to provide research-based reading instruction for the children. The children played their part by working hard to make improvements in their reading and writing.

It is especially important to note that since the reading clinic's inception the administration has sought extensive input from the reading professors which aimed at fostering ownership. The professors had autonomy regarding decisions pertaining to the look of the clinic, the resources available, and the layout. While they had ample input, they also felt personally invested in the clinic and used their own funds to create a warm environment through decorations. They also procured trade books and teaching resources to fill the library. Once all of this was in place, the faculty were part of a large effort to recruit new college students, particularly reading education candidates interested in a Master's of Education with a reading emphasis. It was through this recruiting effort that the program numbers increased quickly, allowing many tutoring opportunities due to full reading clinical classes.

Analyses of the data suggest that the reading clinic was perceived as a place of support. The clinic director strived for the clinic to be inviting and for the reading education candidates, parents, and children to feel supported. Reading education candidates considered the clinic as a place where they received support from their professors and peers and where they provided instructional support for struggling readers. The parents felt supported because their children were taught to read and write and ideas and suggestions were given to them by reading education candidates so that they could work with their children at home.

The perception of the reading clinic as a place that provided effective instruction was validated by the data. By implementing research-based instructional practices they learned in graduate reading courses, the reading education candidates were able to help the children make progress in their reading and writing. The children were motivated to come to the reading clinic and learn. Witnessing the progress their children made, the parents were also motivated to bring their children to the clinic and provided their support for the clinic.

Summary of Results for Question Three

The third question asked, "What are some major factors that have impacted the sustainability and growth of the University Reading Clinic?". Although multiple themes emerged from the analyses of the data, four themes were particularly relevant to provide an answer to this question: a strong support system (university and community), interdisciplinary partnership, parents' dissatisfaction with reading instruction their children received in their schools, and clinic director leadership. The data clearly demonstrate that strong support from the administration and the local community was one of the major forces behind the sustainability and expansion of the clinic. The clinic obtained great support from the university. The administrator actively sought funding to support the clinic. The university provided free parking space for the parents. The local community supported the clinic by delineating funds not meant for the county in which the university resides, showing great faith in the good work the clinic had been doing. It was through the support of all stakeholders including the taxpayers of the community, the university administration, reading education candidates, parents

and children, and clinic director, that the clinic has not only sustained itself but also expanded and grown.

The interdisciplinary partnerships included both professors and area schools who shared resources. Professors in other disciplines related to child development also offered their expertise to support the clinic, which added further strengths to the clinic.

Parent dissatisfaction helped sustain the clinic because parents were searching for help outside of their child's school. As a result, they continued to bring their own children to the clinic, and they also promoted the clinic among their friends and through other channels.

Finally, clinic director leadership has greatly impacted the sustainability of the reading clinic both historically and for the current reading clinic. In the past, clinic directors offered services to local schools and services within the reading clinic. Over time, the reading clinic has become more active. The current clinic director found free resources, such as a volunteer receptionist to sustain the clinic, and he reached out to other departments to build university support to further help children.

Summary

The information in Chapter Four focused on the themes that emerged through data analysis. The ten themes helped provide answers to the three research questions. Chapter Five contains discussion and interpretation of the results. Chapter Five also offers implications for other university reading clinics and addresses the limitations of the study.

CHAPTER FIVE: DISCUSSION AND CONCLUSIONS

The purpose for this qualitative case study was to understand factors contributing to the vibrancy of Geranium University Reading Clinic. There is a nationwide trend of university reading clinics closing their doors. Through the reading faculty members attending conferences and speaking with other reading clinic directors, coupled with all the research read for the literature review, the active condition at Geranium University is unique. This prompted me to find out why this clinic is flourishing. To find the answers, I posed three research questions: What are the experiences of the stakeholders, i.e., parents, children, reading education candidates, as well as clinical faculty and the administrator overseeing the University Reading Clinic? What are their perceptions of the University Reading Clinic? What are some major factors that have impacted the sustainability and growth of the University Reading Clinic? Several themes emerged as a result of the analyses of data related to clinic experiences, perceptions, and clinic sustainability.

Summary of the Methodology

A qualitative case study was used as the research method to conduct the study of Geranium University Reading Clinic. The administrator, clinic director, reading education candidates, parents, and children served as the participants. The administrator, reading clinic director, reading education students, and some parent participants were interviewed individually. I used a semi-structured interview guide. There were also two sets of focus group interviews with parents. These focus group interviews also had a semi-structured interview guide. The interview

guides were meant to open the discussion, but I probed and asked further questions to obtain as much information as possible about the participants' experiences and perceptions of the clinic. All of the interview data from both individual interviews and focus groups were transcribed.

Observations were made during each clinic session as I sat quietly taking notes of all stakeholder interactions. During the tutoring sessions, I observed the children as they were tutored by reading education candidates. Two observation rooms had glass that enabled me to observe multiple children without being seen and without interfering in any way with the sessions. I used an observation guide to help focus the observations but made notes of other interesting things that occurred during the tutoring sessions. When the tutoring sessions concluded, I took notes again based on observations of all stakeholder interactions. Furthermore, I gathered historical documents from the Geranium University Archive Department. These documents, including college handbooks, cabinet notes, and schedules helped to piece the puzzle together of what the reading clinic looked like, who played a role in the clinic, and other interesting information about the development of the reading clinic.

The constant comparative method (Glaser & Strauss, 1967) along with categorical aggregation (Stake, 1995) and thematic analysis (Merriam, 2001) were used as the major procedures for data analysis. I constantly compared the incoming data against the existing codes. I employed categorical aggregation to search for patterns forming consistency. Finally, I used thematic analysis to match the other procedures in looking for themes when analyzing all of the data.

Triangulation occurred by first comparing and contrasting multiple sources. An experienced researcher audited my data and research findings. This researcher is a professor who has experience with reading education candidates and clinical experiences.

Discussion

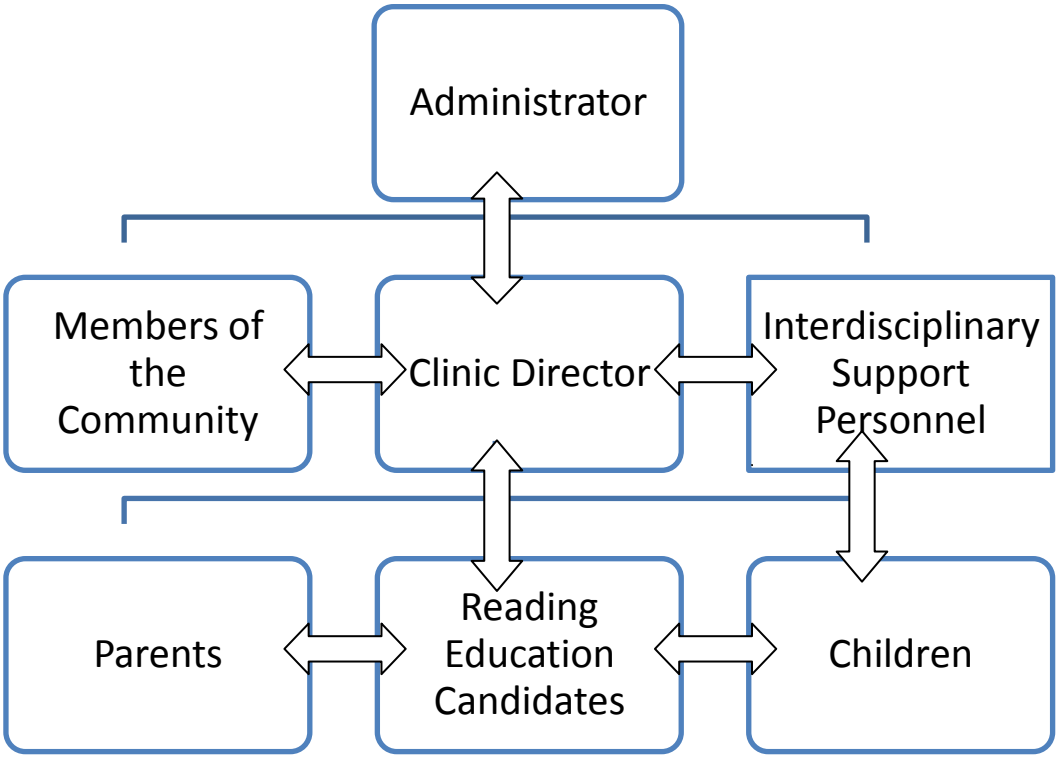
Ten themes emerged from the data analysis. However, in some cases, the themes are so intertwined it is difficult to discuss them separately as they are codependent. It has been an intricate process to unravel each and to describe how multiple factors relate to the experiences, perceptions and success of the reading clinic. The following section reflects my attempt to make sense of the findings and my interpretation of some of the most salient issues that came out of data analysis.

Effective Communication

One of the most significant conclusions is the communication network which was noticeably and constantly present in the clinic. Parsons and Beauchamp (2012) state that important indicators of effective communication include people communicating openly and honestly with the intent of establishing a culture of belonging. The reading clinic seeks to include parents and other stakeholders by communicating openly and frequently.

The following diagram illustrates the intricate yet effective communication network that existed in the reading clinic.

Figure 2. The Communication Network



The diagram elaborates on the many ways communication occurred in the reading clinic. The administrator was at the top of the diagram. She had frequent communication with the clinic director and other members of the community. The administrator described the clinic as a source of pride for the university and stated she was proud to give tours to members of the community such as area principals, educators, chamber of commerce members, and had even given tours to two local superintendents. The administrator's communication with the clinic director consisted of brainstorming, funding, grant proposals, and aiding him with personnel and financial resources.

As noted in the diagram, the clinic director is the epicenter of communication for the reading clinic. He is the only stakeholder who communicated with every person involved in the reading clinic. His role shifted during each clinical session which was apparent from observation data. He greeted parents and children in a personal manner, asking specific questions, which indicated he cared about them as individuals. In addition, he was available to answer questions for any reading education candidates who needed last-minute help with a tutoring question. The administrator asked him to give tours a few times to members of the community, and he was happy to accommodate. He also constantly answered questions from the parents. The clinic director was very supportive and happily attended to everyone's needs.

Interdisciplinary support personnel included other professors who taught at the reading clinic, the volunteer receptionist, and other employees such as technology support staff. Though the clinic director was the professor for the course, he alternated semesters with a faculty member depending on what courses were offered. During the semester he was not the instructor, he still communicated with all stakeholders and was often present during tutoring sessions. The figure also includes other members of the community. This includes, but is not limited to, teachers, administrators, chamber of commerce officials, and other people associated with education or the local town. They primarily spoke with the administrator for tours and also the clinic director to inquire about resources they could offer and that were already offered for the community.

Reading education candidates communicated with parents, children, the clinic director, and their peers. It was observed that they spoke to their peers about lesson plans and, ideas for their current classrooms, and shared ideas for completing graduate projects such as the reading portfolio. They spoke with the parents before and after the clinic session about strategies to use to help with their child's reading at home and general discussion about the child's progress. There was also informal conversation revolving around baseball games and other topics relevant to the child's life outside of academics.

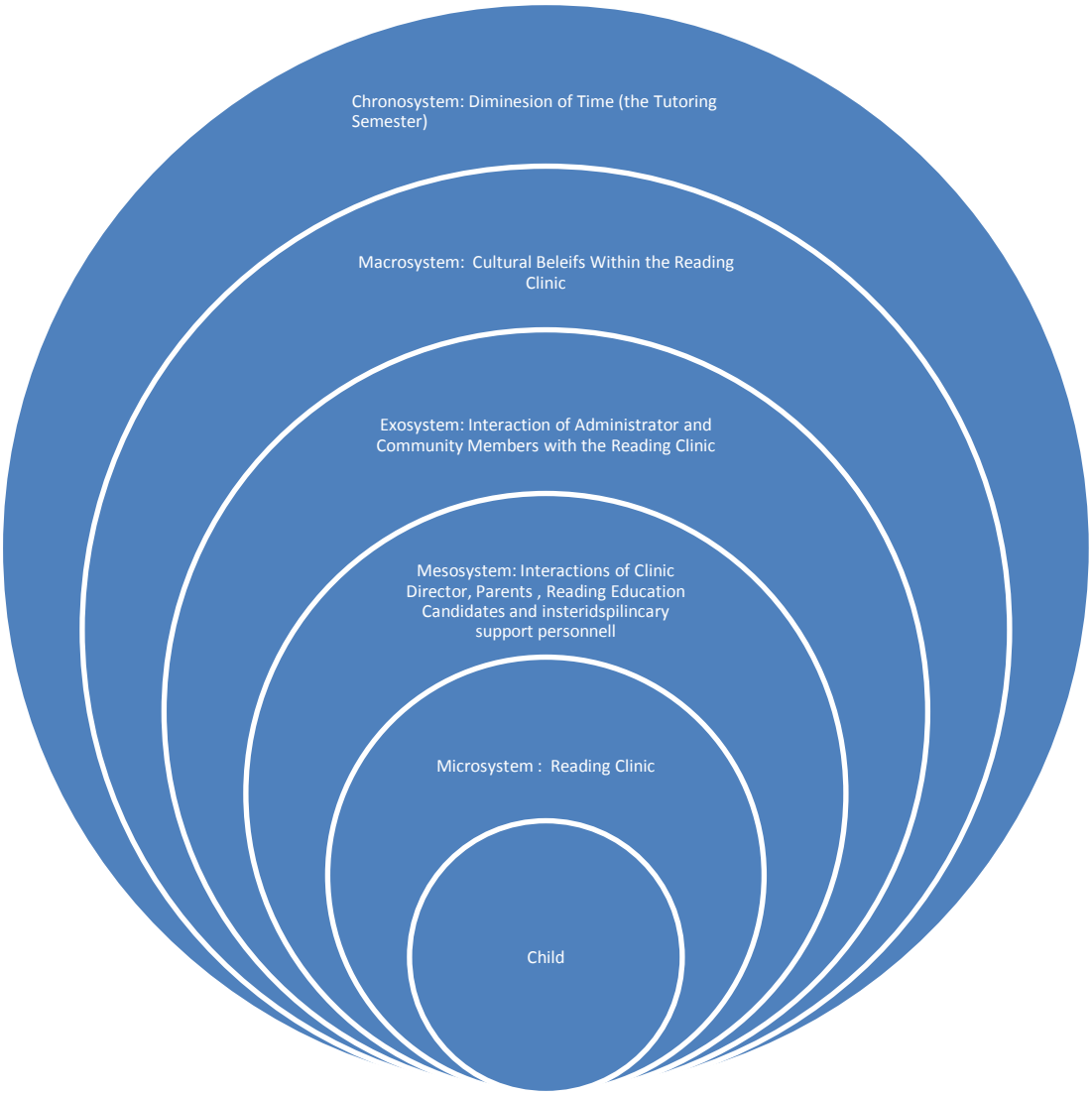
Unique to the parents was the interaction amongst one another. Many of the parents stayed during their child's tutoring session, which I found surprising. My assumption was that they would take the one hour and fifteen minute block to run an errand, read a book, or use some form of technology. It was interesting to see that they interacted and discussed all sorts of topics. They shared their child's school experiences but also talked about politics and events relevant to the local community. They greeted each other's children and were extremely friendly to the clinic director and reading education candidates.

At Geranium University Reading Clinic the communication network was strong, and included multiple stakeholders. The network supported effective communication and the development of a community working toward a common goal, which is to help children become successful readers and writers.

Reading Clinic as an Ecological System

Though effective communication is key to connect the stakeholders of the reading clinic, the findings support the ecological perspective and its claim on the importance of environment and how it impacts student learning. Figure 3 demonstrates the different levels of the ecology in relation to the reading clinic. It shows how the clinic is embedded in each of the layers. The findings in this study clearly demonstrate learning does not take place in isolation. If all layers of the system are coordinated and aligned purposefully, they change students' learning trajectory.

Figure 3. Ecology of the Reading Clinic



For an organization to be successful, it needs support from all levels. The figure provides an example of the reading clinic as a well-coordinated system. Bronfenbrenner (1986) pointed out if all levels of the environment are in place, a

child makes progress. The ecology includes the microsystem, mesosystem, exosystem, macrosystem, and chronosystem.

The child was the epicenter of the ecology. The child first related to the microsystem with his or her interaction with the immediate environment (the reading clinic). The mesosytem included the child's interactions with his or her parents, reading education candidates, the clinic director, and other interdisciplinary support personnel. These were the people the child was in contact with and supported by at the reading clinic. For example, the University's Optometry Program has an interdisciplinary relationship with the reading clinic. The faculty member from the Optometry Department screened the vision of the children in the clinic and provided education for the reading education candidates and parents about the role of vision in student development of reading. Their participation contributed to the strengths of the mesosystem. The exosystem consists of other community members and the administrator. While the child did not interact with these people, they still impacted the reading clinic environment through financial support. The macrosystem was connected to the cultural beliefs of the people involved in the clinic. All stakeholders firmly believed that every child can learn and be successful if he or she receives proper support and effective instruction. Finally, the chronosystem encompassed the dimension of the time, which in this case was the semester the child attended the university reading clinic. The concerted effort of the clinic community is a major factor behind the success the children experience at the clinic and ultimately the reading clinic's sustainability. The whole community working together in sync is a strength and critical key to the

vitality of the reading clinic. The data provide clear evidence that the whole system works in sync to support children's success. The ecological perspective only explains the system that supports a child's development. Other factors such as leadership styles contribute to the growth and sustainability of the reading clinic in important ways.

As noted in the literature review, one leadership style is transformational. The clinic director clearly exhibits qualities related to this style. Dr. Sheldon motivates others. This is clear in the positive feedback about him noted during observations and interviews. He inspires and motivates the stakeholder by treating everyone with respect and encouragement. This allows the climate to become very positive which trickles down from the clinic director, to reading education candidates, and to both the parents and children involved in the reading clinic.

The literature review also provides evidence that transformational leaders in a school setting can create a positive climate by exhibiting enthusiasm. Dr. Sheldon is so enthusiastic about the clinic that other departments have taken notice and are willing to be a part of the reading clinic. These partnering departments want to collaborate and be part of the reading clinic due in large part to the clinic director's effective leadership style.

Research Based Best Practices

The use of research-based best practices has also contributed significantly to the success experienced by the children. These best practices helped the reading education candidates to be better teachers of reading. The reading education candidates applied the theories learned throughout their years of graduate

coursework and used that knowledge to scaffold instruction based on the child's instructional reading level. This transfer of knowledge from the university classroom to the tutoring experience was also noted in Bevans's (2004) and Lorenzen's (2008) studies. They found pre-service teachers transferred theory into practice in a one-on-one tutoring environment. In this study, the reading education candidates constantly demonstrated their ability to use research-based practices in their tutoring, and such practices also led to student progress and the overall success of the clinic.

The clinic director created a tutoring lesson plan format for the reading education candidates to use in tutoring. It reflected a balanced view of literacy. Each tutoring session mimicked a workout session. First, the child read a familiar text. This text was at his/her independent reading level and was meant to build confidence and fluency as the child should successfully read the text with ease. This portion served as the warm-up.

The next stage was word study, which is informed by the word learning approaches described in *Words Their Way* (2011). Each child spent time working with words based on his or her spelling stage (letter name, within word, syllable affix or derivational).

The following section focused on guided reading that was assigned to help children acquire reading strategies and practice using them with teacher tutor support. It included a before, during, and after reading activity. The child worked at his or her instructional reading level, which was the level where the most reading growth could occur; this portion could be compared to a person's optimal heart rate

during a workout. National Reading Panel (2000) called for text comprehension that is purposeful and active.

The reading education candidates first assessed students to find their independent, instructional, and frustration reading levels. The reading education candidate made book selections for guided reading time based on the findings on the child's instructional reading level. The text chosen was purposeful to allow the child to be engaged in an active before, during, and after reading activity. Furthermore, the National Reading Panel (2000) recommended that text comprehension be developed through teaching comprehension strategies. The reading education candidates were observed teaching a variety of reading comprehension strategies. From predicting to visualizing, strategies were explicitly taught to the children. In addition, the children were engaged in aesthetic reading experiences. They were encouraged to make personal responses to what they read (Rosenblatt, 1989).

Following the guided reading portion was writing, and the approach was unique. Each child was given a disposable camera by the reading education candidates. The children took the camera home and were expected to take pictures of what was important in their lives. This included pictures of sporting events, family members, peers, or even a beloved pet. The child brought back the camera and the reading education candidate developed the pictures. Once the pictures were developed, the child chose one photograph per week to write about. The focus for writing was engaging and motivating the child to write and encouraging the child to write as much as the tutoring session time allowed.

The session ended with a teacher read aloud. The purpose was for the child to hear a story at his or her listening comprehension level while listening to the tutor model good reading fluency and other desired reading strategies/behaviors. The teacher read aloud at the end reflected the cool down at the end of a workout. It consisted of the reading education candidate selecting a text pertaining to the child's interest. The tutor modeled good fluency and the child was engaged in listening to the text.

Hogue et al. (2008) described several characteristics of successful clinic environments: an assigned coordinator to supervise lessons, a structure for the planning of lessons, and the opportunity to ensure that tutors make informed decisions about literacy instruction. The Geranium University Reading Clinic employed these measures.

Baker, Gersten, and Keatings (2000) supported using multiple strategies to individually suit the needs of children during tutoring. Through multiple observations it was evident many strategies were employed during tutoring sessions. The children worked on graphic organizers, prediction strategies, visualizing, and often orally named fix-up strategies during tutoring. Because research-based best practices were adopted by every reading education candidate, children gained greater success.

The reading education candidates also engaged in teacher reflection through using an instructional talk tool for discourse analysis during the tutoring sessions. They recorded, transcribed, and analyzed their tutoring by using the talk tool. The reading education candidates not only engaged in the talk tool process, but also

identified their strengths and needs of teaching and constructed a plan to implement these changes during the following tutoring sessions.

Strong Leadership

Strong leadership is a trait shared by the current administrator, the director of the reading clinic, and other faculty members associated with the reading clinic. Without forward thinking, the reading clinic would not have the physical space or technical resources so essential to its success.

Administrator. The administrator as a leader of the department gave the director autonomy. The administrator was interested in technology and in keeping the clinic up to date. She and the clinic director maintained a shared vision. The administrator had a strong desire to allocate as much funding as she could obtain to keep the reading clinic current. She was willing to find grants and other means of funding and was willing to spend her time to obtain these resources. While the receptionist of the reading clinic volunteered her time, the administrator stated a desire to find funding for a permanent receptionist position and resources for other personnel. The administrator had a clear picture of the reading clinic, and she wanted to maintain its vibrancy for years to come.

Director. The director had a vision from the inception of this reading clinic. He began teaching clinical courses on campus when no one else had at this particular site. He used rooms in three buildings for reading education candidates to tutor. He knew if he could get administration's attention, they might provide the resources for an actual reading clinic in the College of Education Building. Once the building was in place, he made pivotal decisions when hiring new faculty

members. He was a part of every hiring committee to bring in new reading professors. Since then, he created an atmosphere where all the reading professors collaborated.

The stakeholders all mentioned the warmth felt in the clinic. The clinic director spent thousands of his personal dollars to purchase decorations for every holiday and season so the clinic environment would not feel sterile. His enthusiasm and passion for reading clinics resulted in a trickledown effect and greatly contributed to the vibrancy of the clinic.

Campus Dean. Though the campus dean who was a strong support for the clinic retired, he was a pivotal part of the success story. Much like the administrator, the campus dean had a shared vision with the clinic director. The campus dean allowed the director and one other reading professor to be an intricate part of all design aspects of the clinic. From working with architects on the shape to filling the clinic with technology and other resources, he trusted the vision of the reading faculty. The current campus dean was also incredibly supportive. She was proud of the reading clinic, and often talked about it when she was out in the community. She excitedly offered tours, and anytime a visitor arrived, she brought them to the clinic. She recently brought a group of Russian educators to the clinic, and they were quite interested in how they could implement a reading clinic in their local university.

Strong leadership is critical for the survival and sustainability of any organization (Parsons & Beauchamp, 2012). The leaders must have forward thinking and a shared vision to sustain the vitality of the organization. Strong

leadership helps explain why this reading clinic has flourished when so many other university reading clinics have closed their doors.

Physical Space and Resources

Space was a critical factor behind the vibrancy of the clinic. Some clinics struggle to survive because they do not have enough designated space for the reading education candidates and children to work and for parents to sit and talk and feel like a part of a community. During discussions with other university clinic directors, they stated that one of the biggest problems for the operation of their clinic is the space for parents to park their cars. At Geranium University, parents were able to park directly in front of the clinic. They walked only a few steps to deliver their child to the reading education candidate and were greeted in a warm and inviting waiting room. The waiting room had space for younger children to play with toys or read books and the arrangement allowed for easy conversation with other parents, the clinic director, or the receptionist.

The space contributed to learning and relationship building. The environment is an inviting, pleasant, new big space. Several of the reading education candidates noted the technology in the clinic is current and even exceeds what they have in their personal classrooms. Many of the reading education candidates have access to SMART boards, but no one in the class had access to a SMART table, so they were able to get to know that technology while engaging the children. McMurrer (2012) documented a relationship between school climate and student learning. Students must have adequate resources and feel safe in their surroundings for optimal learning.

The second level of the environment is the emotional climate. During observations and interviews parents used one adjective several times. They stated the clinic is "warm." They felt a sense of warmth in the surroundings, they loved that the decoration changed at each holiday, and they felt invited in the clinic because the door was wide open and there were smiling people (the clinic director, receptionist, and reading education candidates) greeting them. Bevans (2004) also indicated preservice teachers are better prepared to teach reading to children if they have a positive reading clinic environment. One parent, Lauren, said not only did she feel welcomed at the clinic, but the positive environment was one reason her daughter Ashley felt excited to return for tutoring each week. This study clearly indicates impact of the emotional climate on other stakeholders such as parents and children in addition to its impact on reading education candidates.

Ability to Change and Morph

From philosophical changes to the changing family structure, the reading clinic had transformed into what the current climate requires. The history of Geranium University's clinical services dated back to 1946. This earliest clinic (workshop) did not focus on children attending the reading clinic; rather, it consisted of clinical services for education students to hone their techniques of teaching reading without giving much consideration of children. In 1952, the clinic began to pay more attention to children coming to the clinic. The archival materials indicate week-long sessions at first and then morphed into semester long sessions the clinic provided. Geranium University had made changes to the mission of clinical services as the need in the community changed. At the time of

the study the clinic provided workshops one semester per academic year for parents, lending them help to support their children's literacy at home. These workshops were received enthusiastically by the parents.

For organizations to maintain vitality, changes must be made and visions reshaped to keep pace with the times. The philosophical stance of the faculty has changed over the years. The tutoring approaches had changed from skills-based, to whole-language, and now to a balanced literacy approach. The reading faculty of the last ten years had changed due to moving or retirements, and all existing faculty members shared a balanced reading philosophy. The faculty members also supported an interdisciplinary approach to teaching literacy. As a result, the clinic established collaborative relationships with the university speech and language experts as well as vision and hearing experts and worked together to better serve the needs of the students coming to the clinic.

Recommendations for Practice

This study has important implications for university-based reading clinics. The first recommendation is to understand the importance of effective communication. The communication should be constant and positive. A strong communication network allows stakeholders to understand each other's strengths and needs and provide support for each other.

It is important for reading clinics to employ research-based practices and provide an environment where reading education candidates can easily transfer the knowledge gained in class to the tutoring setting. Parents of struggling readers are frustrated; they feel helpless and want to acquire resources to help their children.

Research-based practices help alleviate some of the frustration since the parents should see results based on the methods used. When parents feel their needs are met, they tell others and keep the reputation of the clinic positive.

It is understood not all university reading clinics have a state-of-the-art building and might encounter space issues. This lack of space can be counteracted by aggressive outreach to the community, enlisting administrative support and finding grants and other community resources to help with funding. One of the most important characteristics of a good university reading clinic is a welcoming space. Parents should have access to free parking and feel welcome in what could be construed as an intimidating academic environment; in addition, the reading clinic should be inexpensive so many parents can afford the services. It is through this positive reputation the community feels comfortable to collaborate, extend monetary resources, and become involved with the reading clinic.

University professors must gain the support of their community, university administrators, parents, and students. Geranium University Reading Clinic took a holistic approach. It not only served the children, but also supported the parents through providing parent workshops. Such an approach can help a university reading clinic to maintain its vibrancy.

Limitations and Implications for Future Studies

In the current study, I did not have interview data from the children who attended the reading clinic. However, an understanding of their experiences and perspectives can definitely offer additional insights about the strengths and weaknesses of the clinic and the impact of the clinic on their journey to become

proficient readers and writers. Future studies can explore children's experiences and perspectives through interviews.

The university clinic in this study offered one-on-one instruction for the children it served. With a waiting list of over 250 children, many children were not served. During parent interviews it was apparent the one-on-one format was something viewed as favorable; however, interview data also indicate parents were concerned about the substantial waiting list and the fact that many children were turned away. Some of the parents interviewed said they would be willing to still bring their children to participate even if they were in small groups rather than individual tutoring if it meant more children could ultimately be served by the clinic. This also allowed reading education candidates the opportunity to mimic or replicate reading specialist instructional practices currently in use in many educational settings where small group instruction is used. A future study can examine how to effectively use small group reading instruction with a group of three or four children rather than one-on-one instruction to make resources available for more children.

My role as a professor in the clinic required a high level of self-awareness to ensure my prior experience in the reading clinic did not color my interpretation. Even though I took actions to guard against my bias and maintain trustworthiness, it is important to note that there could still be potential subjectivity in the study's findings and interpretations.

Conclusion

To conclude, all three questions that I set out to explore are answered. Many children left their time at the clinic as better, more confident readers. Reading education candidates transferred the information from their experience into their present classrooms. Parents left the reading clinic experience feeling empowered and confident to help their children with reading. The clinic director and administrator each left the reading clinic experience with the personal satisfaction of knowing they are a part of something bigger and greater than the four walls enclosing the reading clinic. The clinic has touched lives in many ways that will bear fruit for many generations.

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APPENDICES

Appendix A. Observation Protocol for Tutoring Sessions

Length of Observation	Start: Finish:
General observations	
Types of literacy events taking place	
Interactions between tutor and tutee	
Non-verbal behaviors	
Other	

Appendix B. Clinic Observation Protocol

Length of Observation	Start: Finish:
Clinic environment	
Stakeholder interactions	
Non-verbal behaviors	
Other	

Appendix C. Focus Group Interview Protocol for Parents of Children Enrolled in the Reading Clinic

1. What kind of support does the clinic provide for you?
2. What do you think about the reading clinic?
3. What has prompted you to bring your child(ren) to this clinic?
4. How has it served your purpose so far?
5. What do you perceive to be your child's experience?
6. How successful is the clinic in helping your child?
7. What can the clinic do to better help your child?
8. How has the clinic helped you to help your child?
9. The clinic has a long waiting list. What do you make of this phenomenon?
10. Is there anything else you would like to add?

Appendix D. Semi-structured Interview Guide for Individual Interviews

Graduate (Reading Education Candidates) Tutors

How have you been served at the reading clinic so far?

How can you be served better at the reading clinic?

What do you think about the reading clinic?

Faculty/Administration

How have the stakeholders (faculty, administration, reading education candidates, children, parents) been served at the reading clinic?

What are your suggestions for the future directions of the reading clinic?

What differences are there between this on-site reading clinic versus a school-based reading clinic?

Parents

Three parents chosen after the focus groups will be further probed depending upon the answers given during the group interview.

All Participants:

Is there anything else you would like to add?

Appendix E. Institutional Review Board Approval Letter



Institutional Review Board for the Protection of Human Subjects

Approval of Initial Submission – Expedited Review – AP01

Date: February 20, 2012 **IRB#:** 0486

Principal Approval Date: 02/17/2012

Investigator: Meagan Leanne Eeg

Expiration Date: 02/16/2013

Study Title: The Making of a Thriving University-Based Reading Clinic: A Case Study

Expedited Category: 6, 7 – Collection of voice, video, digital data; Low risk behavioral research

Collection/Use of PHI: No
On behalf of the Institutional Review Board (IRB), I have reviewed and granted expedited approval of the above-referenced research study. To view the documents approved for this submission, open this study from the *My Studies* option, go to *Submission History*, go to *Completed Submissions* tab and then click the *Details* icon.
As principal investigator of this research study, you are responsible to:

 Conduct the research study in a manner consistent with the requirements of the IRB and federal regulations 45 CFR 46.

 Obtain informed consent and research privacy authorization using the currently approved, stamped forms and retain all original, signed forms, if applicable.

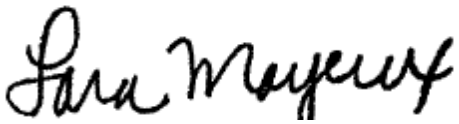
 Request approval from the IRB prior to implementing any/all modifications.

 Promptly report to the IRB any harm experienced by a participant that is both unanticipated and related per IRB policy.

 Maintain accurate and complete study records for evaluation by the HRPP Quality Improvement Program and, if applicable, inspection by regulatory agencies and/or the study sponsor.

 Promptly submit continuing review documents to the IRB upon notification approximately 60 days prior to the expiration date indicated above.

If you have questions about this notification or using iRIS, contact the IRB @ 405-325-8110 or irb@ou.edu.
Cordially,



Lara Mayeux, Ph.D.
Vice Chair, Institutional Review Board

Institutional Review Board

Assent to Participate in a Research Study

(For children 7-12 years old)

Project Title:	The Making of a Thriving University-Based Reading Clinic: A Case Study
Principal Investigator:	Meagan Eeg Moreland
Department:	Instructional Leadership and Academic Curriculum

Why are we meeting with you?
We are doing a study to learn about one active university reading clinic and to gain an understanding of why it has been able to stay vibrant over the years. We are asking you to help because we want to learn from kids like you.
What will happen to you if you are in this study?

If you agree to be in this study, you will not be asked any questions or do anything extra for the researcher. You will allow the researcher to watch you during a tutoring session so the researcher can understand what happens during the tutoring session.

How long will you be in the study?
You will be in the study for about ten weeks and the study will take place in the reading clinic. You will be observed in the tutoring room and the researcher will be behind a glass partition so you will not see the researcher.

What bad things might happen to you if you are in the study?
No bad things will happen to you if you decide to participate in this study. You won't have to do anything differently compared with those other children who are not in this study.

What good things might happen to you if you are in the study?
If you are in the study you will help the researcher to find out what makes our clinic work. We will use the results to make our clinic work better so that we can help you become better readers.

Do you have to be in this study?
No, you don't. No one will be mad at you if you don't want to do this. If you don't want to be in this study, just tell me or your parents. And, remember, you can say yes now and change your mind later. It's up to you.
Your Mom or Dad will also have to give permission for you to be in this study.
Do you have any questions?
You can ask questions any time. You can ask now. You can ask later. You can talk to me or you can talk to someone else.

If you sign this paper, it means that you have read this form and agree to be in the study. If you don't want to be in the study, don't sign this paper. Being in the study is up to you, and no one will be upset if you don't sign this paper or if you change your mind later.
The person who talks to you will give you a copy of this form to keep.

_____ _____
Signature of Child Date

SIGNATURE OF PERSON CONDUCTING ASSENT DISCUSSION

I have explained the study to _____(*print name of child here*) in language he/she can understand, and the child has agreed to be in the study.

_____ _____
Signature of Person Conducting Assent Discussion Date

_____

Name of Person Conducting Assent Discussion (*print*)

Institutional Review Board

Informed Consent to Participate in a Research Study

Project Title:	The Making of a Thriving University-Based Reading Clinic: A Case Study
Principal Investigator:	Meagan Eeg Moreland
Department:	Instructional Leadership and Academic Curriculum

You are being asked to volunteer for this research study. This study is being conducted at Geranium University. You were selected as a possible participant because you are a parent of a child being tutored this semester. Please read this form and ask any questions that you may have before agreeing to take part in this study.

Purpose of the Research Study
The purpose of this case study is to thoroughly examine the Reading Clinic and gain an understanding of why it has been able to stay vibrant over the years. I like to know your views of the reading clinic and how you are affected by the clinic.

Number of Participants
About 48 parents, 24 children, three Reading Education candidates, one professor and one administrator will take part in this study.

Procedures
If you agree to be in this study, you will be asked to do the following: As a parent you will participate in a focus group interview with 5 or 6 other people or an individual interview. The focus group will take place in a private area and will consist of open ended questions pertaining to your experience as a parent of a child being tutored. Your child's tutoring experience will not be impacted by anything you say

Length of Participation
If you volunteer to participate in the study, you will be asked to be in a focus group and/or be interviewed. The estimated time needed to complete a focus group is about 30-45 minutes and an interview is also about 30-45 minutes should you decide to participate. There will only be one interview and no follow up interview will take place.

Risks of being in the study are
There is no foreseeable risk involved in this study.

Benefits of being in the study are
None

Compensation
You will not be reimbursed for you time and participation in this study.

Confidentiality
In published reports, there will be no information included that will make it possible to identify Research records will be stored securely and only approved researchers will have access to the records.
There are organizations that may inspect and/or copy your research records for quality assurance and data analysis. These organizations include the OU Institutional Review Board.

Voluntary Nature of the Study
Participation in this study is voluntary. If you withdraw or decline participation, you will not be penalized or lose benefits or services unrelated to the study. If you decide to participate, you may decline to answer any question and may choose to withdraw at any time.

Audio Recording of Study Activities
To assist with accurate recording of your responses, interviews or focus groups may be recorded on an audio recording device. You have the right to refuse to allow such recording without penalty. If you do not agree to audio-recording, you can not participate in this study. Please select one of the following options.
I consent to audio recording. ___ Yes ___ No.

Contacts and Questions
If you have concerns or complaints about the research, the researcher(s) conducting this study can be contacted Jiening Ruan at (405)325-4204 and jruan@ou.edu
Contact the researcher(s) if you have questions or if you have experienced a research-related injury.

.

You will be given a copy of this information to keep for your records. If you are not given a copy of this consent form, please request one.

Informed Consent to Participate in a Research Study

Project Title:	The Making of a Thriving University-Based Reading Clinic: A Case Study
Principal Investigator:	Meagan Eeg Moreland
Department:	Instructional Leadership and Academic Curriculum

You are being asked to volunteer for this research study. This study is being conducted at Geranium University. You were selected as a possible participant because you are a faculty member involved with the reading clinic. Please read this form and ask any questions that you may have before agreeing to take part in this study.

Purpose of the Research Study

The purpose of this case study is to thoroughly examine the Reading Clinic and gain an understanding of why it has been able to stay vibrant over the years. I like to know your views of the reading clinic and how you are affected by the clinic.

Number of Participants

About 48 parents, three children, three Reading Education candidates, one professor and one administrator will take part in this study.

Procedures

If you agree to be in this study, you will be asked to do the following: as a faculty member you will be asked to complete an interview with the researcher. The interview will contain questions relevant to your role in the reading clinic as an administrator.

Length of Participation

If you volunteer to participate in the study, you will be asked to be interviewed. The estimated time needed to complete an interview is about 30-45 minutes should you decide to participate. There will only be one interview and no follow up interview will take place.

Risks of being in the study are

There is no foreseeable risk involved in this study.

Benefits of being in the study are

None

Compensation

You will not be reimbursed for you time and participation in this study. Revised 11/01/2011 Page 2 of 3

Confidentiality

In published reports, there will be no information included that will make it possible to identify Research records will be stored securely and only approved researchers will have access to the records.

There are organizations that may inspect and/or copy your research records for quality assurance and data analysis. These organizations include the OU Institutional Review Board.

Voluntary Nature of the Study

Participation in this study is voluntary. If you withdraw or decline participation, you will not be penalized or lose benefits or services unrelated to the study. If you decide to participate, you may decline to answer any question and may choose to withdraw at any time.

Audio Recording of Study Activities

To assist with accurate recording of your responses, interviews may be recorded on an audio recording device. You have the right to refuse to allow such recording without penalty. Please select one of the following options.

I consent to audio recording. ___ Yes ___ No.

Institutional Review Board

Consent to Participate in a Research Study

Project Title:	The Making of a Thriving University-Based Reading Clinic: A Case Study
Principal Investigator:	Meagan Eeg Moreland
Department:	Instructional Leadership and Academic Curriculum

You are being asked to volunteer for this research study. This study is being conducted at Geranium University. You were selected as a possible participant because you are a reading education candidate and you are tutoring a child this semester.
Please read this form and ask any questions that you may have before agreeing to take part in this study.

Purpose of the Research Study
The purpose of this case study is to thoroughly examine the Geranium Reading Clinic and gain an understanding of why it has been able to stay vibrant over the years. I like to know your views of the reading clinic and how you are affected by the clinic.

Number of Participants
About 48 parents, three children, three Reading Education candidates, one professor and one administrator will take part in this study.

Procedures
If you agree to be in this study, you will be asked to do the following: As a Reading Education candidate you will be observed while you tutor a student. The researcher will observe behind the class so you will not be interrupted by the observation. The researcher might also ask to interview you and will ask the following questions: How have you been served at the reading clinic so far? How can you be served better at the reading clinic? What do you think about the reading clinic? You will then be given a chance to add any additional information. Your grade will not be impacted by anything you say. Your grade will also not be impacted if you choose to not participate in the study.

Length of Participation
If you volunteer to participate in the study, you will be asked to be observed and/or be interviewed. The estimated time needed to complete an interview is about 30-45 minutes should you decide to participate. There will only be one interview and no follow up interview will take place.
Risks of being in the study are

There is no foreseeable risk involved in this study.

Benefits of being in the study are
There are no direct benefits if you are in the study.

Compensation
You will not be reimbursed for you time and participation in this study.

Confidentiality
In published reports, there will be no information included that will make it possible to identify Research records will be stored securely and only approved researchers will have access to the records.
There are organizations that may inspect and/or copy your research records for quality assurance and data analysis. These organizations include the OU Institutional Review Board.

Voluntary Nature of the Study
Participation in this study is voluntary. If you withdraw or decline participation, you will not be penalized or lose benefits or services unrelated to the study. If you decide to participate, you may decline to answer any question and may choose to withdraw at any time.

Audio Recording of Study Activities
To assist with accurate recording of your responses, (interviews or focus groups) may be recorded on an audio recording device. You have the right to refuse to allow such recording without penalty. (For focus groups, you may wish to use this language – "If you do not agree to audio-recording, you cannot participate in this study." Please select one of the following options.
I consent to audio recording. ___ Yes ___ No.

Institutional Review Board

Consent to Participate in a Research Study

Project Title:	The Making of a Thriving University-Based Reading Clinic: A Case Study
Principal Investigator:	Meagan Eeg Moreland
Department:	Instructional Leadership and Academic Curriculum

You are being asked to volunteer for this research study. This study is being conducted at Geranium University. You were selected as a possible participant because you are a parent of a child being tutored this semester. Please read this form and ask any questions that you may have before agreeing to take part in this study.

Purpose of the Research Study
The purpose of this case study is to thoroughly examine the Geranium University Reading Clinic and gain an understanding of why it has been able to stay vibrant over the years. I like to know your views of the reading clinic and how you are affected by the clinic.

Number of Participants
About 48 parents, three children, three Reading Education candidates, one professor and one administrator will take part in this study.

Procedures
If you agree to be in this study, you will be asked to do the following: As a parent you will allow your child to be observed while they are being tutored. If you agree to allow your child to be in this study, they will not be asked any questions or do anything extra for the researcher. The researcher will not be in the room with the child. The researcher will watch from a television monitor to understand what happens during a tutoring session.

Length of Participation
If you allow your child to participate in the study, they will be asked to be observed during one tutoring session for about one hour.

Risks of being in the study are
There is no foreseeable risk involved in this study.

Benefits of being in the study are
None

Compensation
You will not be reimbursed for you time and participation in this study.

Confidentiality
In published reports, there will be no information included that will make it possible to identify Research records will be stored securely and only approved researchers will have access to the records.
There are organizations that may inspect and/or copy your research records for quality assurance and data analysis. These organizations include the OU Institutional Review Board.

Voluntary Nature of the Study
Participation in this study is voluntary. If you withdraw or decline participation, you will not be penalized or lose benefits or services unrelated to the study. If you decide to participate, you may decline to answer any question and may choose to withdraw at any time.

You will be given a copy of this information to keep for your records. If you are not given a copy of this consent form, please request one.

Statement of Consent
I have read the above information. I have asked questions and have received satisfactory answers. I consent to participate in the study.
Participant Signature Print Name Date
Signature of Person Obtaining Consent Date
Print Name of Person Obtaining Consent

Appendix G. Tutoring lesson framework

Diagnostic Narrative: Applied Assessment **(Day #3 and Beyond)** **Tancock (1994) and** **Walker (2005)**		
Lesson #9 **Date:** **Clinician's Name:** **Child's Name:** **Child's Age:** **Grade in School:** **Instructional Range:**		
Materials for All Lesson Parts:		
Familiar TextTime(Approximately 5-10 Minutes)	**What:** {Must be a text the students has successfully read before}	
	How:	
	Rationale (Why):	

	Observations	
Guided Contextual Reading (Approximately 20-25 minutes)	**Objective(s):** {Must focus on comprehension at the instructional reading level}	**<u>After this portion of the lesson, the student will be able to</u>**:
	What:	
	How (Before Reading):	
	How (During Reading):	
	How (After Reading):	

	Rationale (Why):	
	Observations:	

Skill and Strategy Lesson – **May include *Words Their Way*, *The Dolch Kit*, and/or any other sources. (Approximately 10-15 Minutes)**	**Objective(s):** {Must focus on a "need" of your student found through assessment}	**<u>After this portion of the lesson, the student will be able to</u>**: 1. 2.
	What (Name of Activity):	
	How:	
	Rationale (Why):	
	Observations:	
"Writing" (Approximately **5-10 Minutes)**	**Objective(s):**	**<u>After this portion of the lesson, the student will be able to</u>**: 1. 2.

	What:	
	How:	
	Rationale (Why):	
	Observations:	
"Teacher Read-Aloud" (Approximately 5-10 Minutes)	**What:**	

Reflections: My Thoughts on Today's Reading Lesson…

What did you learn about your student this week (in terms of reading/literacy)?
What did you learn about your teaching (especially in terms of reading/literacy)?
What is one reading/literacy goal for your next lesson? How will you make this happen?

Appendix H. Assessment Summary Sheet

Graduate Reading Candidate Name: _____

Elementary Student's Name: _____

Current Grade Level of Student: _____

School:_____

Assessment	**Independent Reading Level**	**Instructional Reading Level**	**Frustration Reading Level**
John's Graded Word Lists			

Assessment	**Independent Reading Level**	**Instructional Reading Level**	**Frustration Reading Level**
John's Graded Passages			

Assessment	**Number of Words Spelled Correctly**	**Number of Features Spelled Correctly**	**Level to Begin Instruction**
Elementary Spelling Inventory – Bear (Spelling and Phonics)			

Assessment	Percentile for Recreational Reading	Percentile for Academic Reading	Percentile for Total Reading
Elementary Reading Attitude Survey (Garfield)			

Assessment	Major Interests
Interest Survey	

Assessment	Major Findings of the Student's Self-Perception
Reader Self-Perception Scale	

Assessment	Major Findings of the Student's Written Composition
Writing Sample Rubric or Checklist	

Three to Five Identified Strengths

Three to Five Identified Strengths
1.
2.
3.
4.
5.

Three to Five Identified Needs

Three to Five Identified Needs & Accompanying Common Core Standard, Available at: (http://www.corestandards.org/assets/CCSSI_ELA%20Standards.pdf)
1.
2.
3.
4.
5.

Appendix I. Pictures of Clinical Experiences

Adult waiting area, front door and reception area



Children's waiting area with manipulatives and games available



Clinic Classroom with a SMART BOARD and tables used for collaboration.



Bulletin board display.



Trifold board.

