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# READING FAILURE AND REMEDIATION<sup>1</sup>

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"If children are to become capable of realising their potential in later life, they must acquire the basic tools that a twentieth-century society demands. We have failed if a group of children leaves school without any real knowledge of how to understand and handle these tools. If a child leaves school unable to read or inhibited from reading because of continuous difficulties, he suffers a communication handicap which will sharply affect his choice of career, his earning capacity and his role as a member of a society whose daily bread is the printed word."

("Challenge of Reading Failure," NFER, 1968)

Much has been written about the teaching of reading. In fact, no area of the school curriculum has received as much attention or created an equal amount of controversy. Reading is a complex of abilities and includes visual perception and discrimination, auditory perception and discrimination, association of visual and auditory patterns, linguistic ability and a capacity for the detailed analysis of the sound structure of individual words. Reading is a skill of paramount importance. It may be regarded as a "tool" skill, and although learning competency in the separate content areas certainly fluctuates (the classic example being that some children with reading problems learn arithmetic fundamentals with ease), most children who have trouble in school have trouble with almost all subjects. The acquisition of reading ability opens many doors and reading failure is, therefore, a major factor in educational failure. Reading failure can affect a child's whole attitude to school and in some cases, bring on emotional disturbance.

Literature on the main methods of teaching reading is readily available to those who seek it. Most teachers know that these methods include the alphabetic, phonic, "look and say", "whole word" and sentence methods. These teachers may appreciate the importance, values and aims of each method. They are probably aware that the alphabetic method stresses the name and shapes of letters and that this seems to help in learning letter sequences and left to right word attack; that this method may help spelling ability. They probably realise that the phonic method helps the child to recognise shapes of letters and word parts and that its greatest advantage is in "unlocking" unfamiliar words. They probably appreciate that the "look and say" and "whole word"

method emphasises the patterns of words and that pictures may help the child in learning meaningful words; that this particular method helps the child to learn those words that are phonically irregular. They probably know that the sentence method emphasises the sentence as the unit of meaning and that its main advantage is in helping fluent reading.

However, knowing how to teach reading is often not enough. Teachers of reading also need to know how to deal with those children who are having difficulty with reading. They have to be aware that backwardness may be caused by physical defects in sight or hearing or by emotional disturbance. The teacher should examine these possibilities by obtaining advice from the educational psychologist and using, with care, diagnostic tests and observations. There are many backward readers who, for one reason or another, have just not mastered the difficulties of reading. They have no physical defects to impede their progress in reading and the degree of emotional disturbance does not appear to be sufficient to cause them any insuperable difficulties. To all outward appearances they are just slower children.

The findings of 13 years' research by Morris (NFER, 1966) into reading standards and progress in a group of primary schools in Kent showed that one out of 8 children is unable to read by the age of 8. She found that half of these remained semi-literate until the end of their school days with a resulting occupational handicap which must still be affecting their lives.

The most serious defect that Morris emphasised was that first-year junior teachers were unable to diagnose reading backwardness accurately and provide a remedy. Almost half the children reaching junior school still needed infant teaching, but only one junior teacher out of 4 had received training in infant methods. She also found that teachers in half of the junior schools did not use instructional materials at all because they believed that children considered them "babyish".

Among the many reading deficiencies, I have found the following to be common in the cases referred to our Remedial Reading Clinic: inability to tackle isolated words, insufficient knowledge of the names and sounds of the letters of the alphabet, limited and in some cases no ability in the analysis and synthesis of words in terms of their constituent sounds, lack of directional attack upon words, inattention to the details of words, inadequate capacity to memorise words and reversals. Reasons for back-

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wardness may include the following: the children may not have been sufficiently interested in the content of the reading materials and lessons to want to learn to read; they may not have been compatible with their teacher; some poor readers are the victims of poor teaching; or there may have been any one or more of a number of influences working upon them in such a way as to distract them from reading, e.g., home circumstances where there was a lack of respect for reading. Any one of these factors could have prevented the child from concentrating upon learning to read at a vital stage and thereby he could have missed crucial parts of the instructional programme.

Sound, systematic and organised reading instruction with emphasis on skill-building should be provided for children in at least the first two years of the primary school and this should be regarded as fundamental to their whole future. Part of the school day should include a good deal of reading to children and discussion of what has been read as well as what children have done at home, in outings with the family or what they have seen on television. After all, it is during the first six to seven years of a child's life that physical and mental growth are not only most rapid but also most susceptible to influence by the environment.

Significant differences exist among children, both in learning rate and in learning capacity. These individual differences become more and more pronounced as children move up the academic ladder. The entire reading curriculum of the children within a classroom must be adjusted to their individual reading capacities if the printed page is to become an effective tool of learning and if reading disability is to be prevented. A class made up of 30 to 40 children cannot be taught as though all members of the class had the same interests, desires, intellectual capacities or physical characteristics. Nor can it be taught as though they had reached the same levels of attainment in reading or possess identical instructional needs. A child should be given material that is as nearly suitable to his level of reading growth as is possible. He must be taught by methods compatible with his characteristics and capacities. In an ideal situation, each child would be able to work with his own teacher who would teach the skill at the child's individual level. In practice, however, faced with 30 to 40 children, a teacher seldom has time to confer with individual pupils. This problem may be partially overcome if material is so planned that pupils are allowed to progress in small, logical steps at their own pace. Maximum learning can take place if the material provides the learner with an immediate indication of how he has performed.

For optimum reading achievement, the child needs to develop body awareness, a knowledge of left and right, the ability to hold a pencil or crayon correctly, the ability to perceive similarities and differences, an understanding of concepts and vocabulary denoting spatial position (e.g., in, on, under, beside, behind,

etc.), an understanding of concepts and vocabulary relating to time (before, after, later, etc.), the capacity to recognise and name familiar objects in pictures, comprehension of words and subordinate clauses denoting logical relationships (e.g., because, therefore, etc.), and the capacity to relate familiar objects to their purpose. Preferably, comprehensive programmes of training in motor skills, in visual perception and in language skills will have preceded and will continue to accompany the process of initial reading. If such programmes are instituted, they will prevent many subsequent difficulties in learning to read.

Most non-readers and backward readers in our primary schools are late starters or underachievers. These are the children who create problems for many teachers. They are usually given a programme of "remedial teaching". What is remedial teaching? It is first good teaching or "teaching at its best". Otto and McMenemy (1966) have pointed out that the main difference between remedial teaching and regular classroom teaching is that "... in remedial teaching we may more consistently be able to adhere to the principles that we can only verbalise in regular classroom teaching." Adherence to sound principles is feasible in a remedial situation because

- 1) the teacher-pupil ratio is somewhat restricted
- 2) rich and varied supplementary instructional materials are available and used and
- 3) most important of all, the teacher is able to base all instruction upon careful diagnosis and consideration of the needs of individuals rather than on the demands of curriculum guides.

Remedial instruction has traditionally been interpreted as referring to the specialised teaching given to a child whose achievement does not measure up to his potential. Recently, the term has been applied more selectively and is now generally reserved for the "relatively few children who are severely disabled in their ability to achieve in one or more of the basic skill areas and whose disabilities stem from delimiting factors that require individual attention, such as a muscular imbalance that causes poor visual perception and resultant inability to visualise or learn words." The term therefore applies to children who require remedial help to overcome the disability that is inhibiting their progress. In practice, children are given remedial help when their achievement is 2 or more years below their capacity level. But I must emphasise that in a remedial programme, the goal of ultimate achievement is to read at or above grade level. Usually, deep and intensive diagnosis is needed to identify a child in need of remedial teaching. His disability is quite severe and requires treatment which cannot adequately be provided in a regular classroom.

To be effective in remedial work, teachers should have confidence in themselves, a sympathetic understanding of the child and a precise knowledge and understanding of the reading materials available and used at different levels of ability. Then working

out a reading programme, the teacher should consider his or her own personality and approach with the class. If the approach is good and the child can relax, then the atmosphere created will enable the child to take success and failure in his stride.

Rather than lumping all poor readers together, regardless of potential, the trend is towards careful study of individual strengths, weaknesses and possibilities for improvement. Teachers can learn to handle at least 90% of reading defect cases. For the remaining 10%, more expert diagnosis and remediation are called for. These cases should be referred to a reading clinic, and so it is important that teachers recognise them. What is more important, teachers now can and should prevent the development of serious reading disabilities by taking preventive measures before either defective reading habits or personality maladjustments become established.

Children with reading problems can be referred to the Remedial Reading Clinic at the Institute of Education. The three-fold functions of the Clinic are:-

- 1) to help children with learning difficulties and to return each child with an improved sense of self-confidence and achievement to the school which referred him;
- 2) to document such cases for research into root causes of poor learning behaviour;
- 3) to provide information for the training of teachers to cope with specific problems of children in difficulty.

Each child who is referred is tested and a treatment programme is designed, based on the results of the various tests selected to reveal his learning problem. Normally, a new case is given remediation on a one-to-one correspondence. When a child has made enough progress to join a group, he is fitted into a small group of children who have similar learning difficulties, usually no larger than four. These sessions are on a weekly basis — the individual sessions are an hour a week and the group sessions are one and a half hours weekly.

When the children have made sufficient progress, that is to say, if the gap between potential and achievement has narrowed, they will be discharged to the care of their class teachers who will then be briefed to do the follow-up work.

Besides diagnosis and remediation, the Clinic also offers once a year a 60-hour in-service course to qualified teachers entitled "An Approach to Remedial Reading Instruction". There is also an elective course entitled "Teaching Slow Learners To Read" offered every semester to pre-service students.

It is hoped that teachers, on successful completion of these courses, will carry out the remediation of the "90% of the reading defect cases" mentioned earlier in the paper and be able to identify "the remaining 10%" for referral to relevant agencies. In addition, they should also carry out the follow-up work which is so necessary to the newly-discharged cases if regression is to be prevented.

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