LEARNING TO READ--THE GREAT DEBATE (IMPLICATIONS OF THE STUDY FOR CHILDREN WITH LEARNING DISABILITIES).

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SOME OF THE IMPLICATIONS OF CHALL'S "LEARNING TO READ, THE GREAT DEBATE" FOR TEACHING PERCEPTUALLY HANDICAPPED CHILDREN TO READ ARE DISCUSSED. CHALL CONTRASTED THE WHOLE-WORD APPROACH WITH THE CODE-EMPHASIS APPROACH IN WHICH A CHILD BREAKS THE CODE THROUGH LETTER-SOUND ASSOCIATIONS. IT HAS BEEN OBSERVED THAT CHILDREN FIND MORE DIFFICULTY IN DECODING THE PRINTED WORD THAN IN COMPREHENDING THE STORY, THAT PHONICS DOES NOT NECESSARILY RESULT IN MECHANICAL READING, AND THAT PHONETIC KNOWLEDGE ALLOWS THE CHILD TO READ INDEPENDENTLY AND IMPROVES HIS SPELLING AND WRITING ABILITIES. TEACHING PERCEPTUALLY HANDICAPPED CHILDREN TO READ REQUIRES SYSTEMATIC PHONICS INSTRUCTION ENRICHED BY KINESTHETIC TRAINING, LESSONS PROGRAMED IN SMALL SEGMENTS, AND CONSTANT REVIEW AND REINFORCEMENT. THE CODE-EMPHASIS APPROACH OFFERS MUCH IN THIS DIRECTION. CHALL'S BOOK POINTS UP THE NEED FOR IMPROVED READING RESEARCH AND FOR THE DEVELOPMENT OF DIAGNOSTIC AND EVALUATION INSTRUMENTS. PREVENTION RATHER THAN REMEDIATION IS EMPHASIZED. THIS PAPER WAS PRESENTED AT THE ASSOCIATION FOR CHILDREN WITH LEARNING DISABILITIES CONFERENCE (BOSTON, FEBRUARY 1968). (NS)
LEARNING TO READ: THE GREAT DEBATE
(Implications of the Study for Children with Learning Disabilities)

Learning to Read: The Great Debate has been hailed as a clearly written dispassionate study of the research on the teaching of beginning reading. Those of us who remember the intensity of feeling which surrounded some of the previous books which challenged the prevailing methods of beginning reading instruction, welcome Doctor Chall's cool, impartial study. This is not a book to be read and laid aside but one which will be referred to again and again by those who are concerned with the selection of methods, programs and materials for the teaching of reading.

In the study two methods are contrasted: the whole word approach in which words are taught as wholes and recognized "at sight" and meaning is emphasized from the start is compared with the code-emphasis approach in which the teaching of letter-sound association enables the child to learn to read by "breaking" the code.

In Lincoln we have found the same system of unified phonics which has proved so useful in teaching the perceptually handicapped child to be an effective method for teaching all beginning reading. This alphabetic phonetic program which is based on the Spalding system presents seventy phonograms which represent all of the sounds in English.

Doctor Chall classifies this phonetic system as difficult because the selection of words on the basis of spelling frequency results in the early

introduction of such irregularly spelled words as, "go", "come" and "to". For some children it has been necessary to adjust the program by introducing only regularly spelled words at first.

When the child has learned a few consonants and one vowel sound, he can write and read back such phonetic sentences as "Sam has a bat." Thus he learns early that these letters represent the sounds of the language he speaks. His first experience with "breaking" the code is that of reading back the words that he himself has written.

During the first year of reading instruction most children progress through several basal readers, a wide variety of library books and supplementary materials with a primary emphasis on comprehension.

The results of teaching beginning reading by the code emphasis approach leads us to conclude, as did Doctor Chall in her study that:

1. The beginning reader has no difficulty understanding the simple stories that he reads. The difficulty lies in decoding the printed word.
2. Young children do not find that learning phonics is dull and dry.
3. Early phonetic instruction does not make for mechanical reading.
4. Directing the child's attention to parts of words greatly upgrades spelling.
5. Phonetic knowledge enables the young child to become an independent reader by providing him with a procedure for decoding unknown words.
6. Children have the desire and the tools to write their own stories.

To insure the success of a phonetic program, it is imperative to provide instruction for new staff members, student teachers and substitute teachers. Since most teacher training institutions offer no course in this field, preschool and in-service workshops must be instituted by the school system.
This conference is concerned with the identification and teaching of the perceptually handicapped child, therefore, you have all been alerted to observe such significant characteristics as clumsiness, hyperactivity and disorientation in time or space. We cannot generalize as these children do not all have the same deficiencies and differ greatly from each other. However, all of these children are strongly disposed toward difficulty in recognition and analysis of words, therefore, they will all experience trouble in "breaking" the code.

Perceptually handicapped children require careful and specific training to help them in decoding the written word. They will benefit from systematic instruction in phonics with much kinesthetic reinforcement such as tracing sand paper letters and writing letters on the chalk board.

Lessons must be programmed into small segments which the child can master. A new step must not be added until the preceding lesson has been over learned. We cannot disobey the laws of learning with these children since what they know one day they sometimes forget the next. Constant review and reinforcement must be provided.

Teaching the sounds of the letters is not enough. Practice in blending or fusing the sounds into words is necessary. We do not know how the perceptually handicapped child sees a word, therefore his attention must be directed to the order of the letters and particularly to left to right progression. Many of these children have poor visual recall and will have to rely on phonics to decode words. These children will need to decode a word many times before it becomes part of their "sight" vocabulary. After some success has been achieved in silent reading, progress in oral reading and spelling, both of which have stronger decoding components, may be less rapid.
Despite their difficulties once these children have achieved some success in decoding, they are able to overcome their specific reading problems and do acquire an interest in school work.

Among her recommendations, Doctor Chall asks for improved reading research. Further development and evaluation of diagnostic instruments which would enable educators to identify at pre-school or kindergarten age those children liable to have difficulty learning to read would seem a promising area of concentration. Early identification and training of such children would enable them to realize their potential before their motivation to learn has been diminished and their self-image damaged by repeated failure. Future research might well be directed toward measures with an emphasis on prevention rather than remediation.