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The title on the front cover of this journal (and the theme of the coming combined conference) is *Assess and Assist*. In addition to the obvious alliteration, these two words are the hand and glove of proper instructional process for struggling readers.

It's no coincidence that the word *Assess* precedes *Assist*. This in itself sends the obvious but perhaps still misunderstood message that before attempts to rehabilitate the poor reader are made the reading specialist must engage in a diagnostic and exploratory assessment procedure. But what exactly is assessment and how does it link to recovery based instruction?

The purpose of this short paper is two-fold. Firstly to describe the three broad types of educational assessment and secondly to define how assessment informs instruction.

There are three broad areas of educational assessment. They are listed below

1. Survey Achievement Testing
2. Diagnostic Testing
3. Diagnostic Achievement Testing

Survey Achievement Testing

These tests are used to establish how well students read and are often given to satisfy educational accountability requirements imposed by educational departments. (Popham, 1999) These types of tests are usually given to all students within the year level and are often the first type of formal educational test that students do. Survey tests, as the name suggests, provide broad results of how well a student is performing relative to the large cohort of students that are educationally similar. These tests have minimal or no diagnostic capacity. So whilst they are helpful to school authorities and educational planners they represent far less value to the reading specialist as they have limited ability to inform instruction.

Diagnostic Testing

This type of testing is as legitimate as the aforementioned assessment but is for an entirely different purpose. Diagnostic testing is usually performed in a strictly controlled clinical setting and is designed to clarify the relationship between a reading disability and specific medical/neurological and psychological (behavioural) variables. (Chall and Curtis 2003) This type of testing seeks to identify and explain the aetiology of the disability. For example a medical specialist after assessing neurological reports may conclude that a child's poor reading is caused by lesions on the Angular Gyrus which is a small area of the cerebral hemisphere involved in the comprehension of oral and written language. (Harris and Hodges, 1995) The essentiality of such testing is obvious but like survey testing they only explain why the reading problem exists. Apart from providing some insight into how severe the condition may be they don't provide critical information about the make up of a suitable recovery program.

Diagnostic Achievement Testing

These tests are of most relevance to the reading specialist and therefore ought to be the most widely implemented by those seeking to help the struggling reader. Diagnostic achievement testing involves identifying and defining the strengths and weaknesses of a student's reading profile. This type of testing focuses on establishing instructional solutions rather than trying to describe an underlying cause or merely provide standardized scores. To correctly identify the relationships between a student's strengths and weaknesses in reading the reading specialist must assess the student's knowledge and functional skill in the different areas and components of reading. For example the key areas of phonemic awareness, phonological memory and automatic rapid naming would need to be assessed. Word recognition, fluency and knowledge of word meanings would also be of high interest to the reading specialist.

The essential point in exploring so much of the componentry of reading is to build as a complete a picture as possible of the student's reading needs. It is only then that a set of instructional procedures can be manufactured to match the identified needs. Hence the terminology of diagnostic achievement testing implies that what is discovered about a child's reading difficulty will have a direct bearing on how that child is rehabilitated.

Furthermore diagnostic achievement testing assists the reading educator to discern whether the problem is part of a general delay, which implies that in time the child will catch up or whether it is a difficulty, which implies that it is a curriculum area problem only and with extra help and support the child will read well. Or if it is a reading disability, which implies that it is a constitutional problem and has a neurological basis and needs to be treated in specific terms.

It should be pointed out that the diagnosis of a reading problem cannot be done with one test or even a number of tests. Along with this it is important to understand that tests of reading and reading subskills do not in themselves diagnose. In other words tests do not diagnose, people do.

This means that the diagnosis of a specific disorder of reading is entirely clinical. It is based on a thoughtful synthesis of information from the student's personal and family history, from observations of his or her speaking and reading and from tests of reading and language. As in other conditions in medicine, the history is the most critical component and is afforded the most respect. (Shaywitz 2003) Through the use of assessment instruments the reading teacher must establish that the child has a profound problem reading and spelling; this problem is totally inconsistent with his or her age, intellect and year of schooling and is detectable even though higher level language skills appear relatively unaffected. An understanding of the student's wider circle of strengths will also assist the reading teacher in establishing the nature of the difficulty.

The Construction of the Instruction

Having discussed the idea that diagnostic achievement testing informs instruction the second part of this paper deals with how this is actually worked out.

The first question to answer concerns whether or not there is an existing program that would

adequately remediate the student's reading. This requires the implementation of a prescriptive type of program. If no such program can be found then the other pathway is for the reading specialist to customize the work so as it is as individualized as possible. This is known as an eclectic approach. This approach still demands a structured, cumulative and prescriptive delivery but has the flexibility to adjust depending on the student's response to instruction. Diagnostic achievement tests must be administered at pre-determined intervals so as instruction can be continually refined to best meet the child's needs.

Appropriate testing and retesting will also help the reading teacher work out the type and depth of multisensory instruction that will be needed. Some prefabricated programs maintain the same degree of multisensorism right throughout the program. However proper testing helps determine where multisensory techniques are needed most.

Furthermore appropriate testing helps determine the frequency, intensity and duration of programming. This in turn will assist the educator in setting specific and measurable goals for the struggling reader.

Finally it is important to understand that the educator who intends managing the student's reading difficulties should, where at all possible, be the same person that conducts the testing. Results such as standardized scores can be passed on from one professional to another but the clinical awareness of the child that is built up over time by the reading specialist can seldom, if ever, be successfully communicated to another professional.

A proper understanding of the meaning of *Assess and Assist* is essential knowledge for both educators and parents. It is only by engaging the poor reader in meaningful assessment that informs actual instruction that both the educator and the student will be preserved from either under or over assessment and ineffective and endless attempts to remediate.

It is imperative that professional educators continue to be encouraged to develop practices in which the essential message of *Assess and Assist* be fully realized.

Bibliography

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About the Author

Jason McGowan is a registered teacher with undergraduate, post graduate and doctoral qualifications in special education, health promotion and exercise science. He has taught in primary and secondary school settings across a range of subjects. In 1998 he commenced his own private educational practice specializing in literacy and learning disability. He now operates autonomously within the interdisciplinary environment of the Child Development Network located at the Mater Hospital. Jason has authored and edited a number of articles, provided seminars and presentations on literacy and learning disability to medical specialists, allied health professionals, teachers, community groups and parents. His main interest now is in supporting and working directly with parents and children.