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Appraising the Needs of a Ninth Grade Reading Class

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APPRAISING THE NEEDS OF
A NINTH GRADE READING CLASS

A Research Paper
Presented to
the Graduate Faculty
Central Washington State College

In Partial Fulfillment
of the Requirements for the Degree
Master of Education

by
Wilena Barker Heald
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THIS PAPER IS APPROVED AS MEETING
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COMPLETION OF RESEARCH PAPER.

Loretta M. Miller
FOR THE GRADUATE FACULTY

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CHAPTER I

INTRODUCTION

I. THE PRESENT TESTING PROGRAM

Many students who enter high school at Milton-Freewater, Oregon, are unable to do satisfactory work because they can not read. This situation, although common in secondary schools in the United States (9:3), must be improved. The student must reach his potential in reading so that he may contribute wholesomely to our democracy in his own community and the nation.

At the present time the student whose reading ability is two to six years below his grade level is being placed in a reading class. For this class the students receive credit for the course in English 1.

The present testing program is administered at three levels. When the student enters the ninth grade, he is placed in an English class upon the basis of three factors:

1. The California Test of Mental Maturity, given in the seventh grade.
2. The Stanford Achievement Test, given in the latter part of the eighth grade.
3. The recommendations of his eighth grade teachers.

In the first two months of the ninth grade, three tests are given to the entire class:

1. The California Test of Mental Maturity,
2. The S.R.A. Reading Record, and
3. The S.R.A. Starting Level Guide.

The California Test of Mental Maturity, grades 9-16, provides a record of the student's mental age when entering high school. The S.R.A. Reading Record surveys his abilities in comprehension, rate, paragraph meaning, vocabulary, and locational skills of reading a map, a graph, and an index. The S.R.A. Reading Laboratory Starting Level Guide provides the proper starting level for work in the S.R.A. Reading Laboratory. Records of these tests are recorded in the cumulative file in the guidance office. These tests have been used for four purposes:

1. To give a general diagnosis of the student's reading ability.
2. To aid in placing the student in the class where he can work satisfactorily.
3. To give a general diagnosis of his ability and achievement at the beginning of his high school years.
4. To serve as a basis for determining progress.

In the ninth grade reading class, the California Reading achievement test is given. More individual analysis and more adequate methods of recording the results would improve understanding of student needs.

II. PURPOSE OF STUDY

The purpose of this paper was (1) to survey the general principles of good diagnosis, (2) to determine the criteria for selecting suitable tests, and (3) to suggest suitable tools for appraisal to be used by the classroom teacher.

CHAPTER II

PRINCIPLES OF DIAGNOSIS

I. PROBLEM, PROCEDURES, AND LIMITATIONS

The principles to be considered in making a diagnosis will affect the choice of tests. Since a diagnosis must be directed toward the improvement of reading, it must meet certain standards. The following principles must be considered in choosing tests, whether administered by the clinician or the classroom teacher.

Locating the general problem. A general diagnosis should be made to determine the nature of the problem (3:117). This testing program may determine whether a student has a reading disability or is a slow learner. Many factors should be considered in classifying a student as a disabled reader or a slow reader. For general purposes a student may be classified as a disabled reader when his mental age is one or more years higher than his reading age (11:60).

General diagnosis can serve three purposes: First, it gives information necessary to adjust instruction to meet the needs of the entire class. Second, the general diagnosis can give the information necessary for adjusting instruction to individual differences within the class. Third, a general diagnosis can help locate the children who are in need of more detailed analysis (2:129).

General diagnosis is made by giving a group achievement

test and a test of mental ability. Cumulative records will supply other pertinent information of value in determining whether or not the student is making adequate progress in relation to his expected capability. If his growth is satisfactory, he would need no further diagnosis. However, if one area of diagnosis showed marked weakness, that area should have an analytical diagnosis.

Analytical diagnosis has two important contributions to make to the correction of reading disability. First, it locates those areas of limited ability that need to be explored more fully. Second, it is often sufficiently diagnostic to indicate by itself the instructional adjustment required (2:130).

Analytical group tests are silent reading tests. The information included in such tests differs, but in general it includes rate, comprehension, paragraph meaning, sentence meaning, vocabulary, word recognition, and sometimes locational skills such as map reading, use of references, use of index, alphabetization, and graph reading. It may also include spelling. Since no two tests cover the same skills, it is wise to make a careful examination of the available tests to decide which will be suitable for a given group of students.

Determining procedures. The diagnosis must indicate the specific area for treatment and how improvement can be brought about. If a student is found to be weak in word recognition, an informal check of the word-recognition skills will point out which vocabulary words need to be taught. If

improvement is not brought about by this procedure, there may be other factors involved. Individual diagnosis is often carried out by a classroom teacher with informal procedures. When the need includes very difficult problems, it is wise to refer the student to a clinic.

Case-study-diagnosis involves the use of standardized tests employed in general and analytical diagnosis, individual standardized diagnostic reading tests, and informal approaches to the various aspects of reading. It also includes an analysis of the child's strengths and limitations as an individual, his sensory and physical capacities, his emotional reactions, his attitudes towards reading, and environmental factors which might affect progress (2:161).

Discrepancies between mental ability and reading achievement are re-examined by individual tests. Since group intelligence tests rely strongly on the ability to read, a clearer picture of the student's ability can be obtained by an individual test which uses very little reading.

Detecting limiting conditions. The diagnosis must detect any limiting conditions within the child for which the program must adjust. It may be a very simple informal diagnosis, or it may involve a complete study of sensory characteristics, emotional reactions, attitudes towards reading, social adjustment, and health factors. Absences due to prolonged illness affect reading development. A thorough search for every possible handicap is necessary for a case-study-diagnosis.

II. METHODOLOGY

Using standardized tests. Whenever possible, standardized tests should be used. The material in standardized tests has been carefully selected and arranged systematically (3:10). While standardized tests do not test everything the teacher needs to know, they do provide standardized scores as a basis for evaluating the student (8:168).

Arriving at decisions. Decisions in formulating a program of improvement must be based on the results of tests or batteries of tests. The reading score, the intelligence score, physical factors, and all other factors which interfere with the complex process of reading should be evaluated.

Using informal procedures. An informal reading test may be given to determine the instructional level of the student. An interesting inventory such as the one suggested by Kottmeyer (3:54) will acquaint the teacher with the student's interests. An informal diagnosis blank would be useful to accumulate information from informal tests, from oral reading, physical and sensory tests, and other relevant data. A very complete informal diagnosis blank is given in Bond and Tinker (2:172).

Using continuous diagnosis. Diagnosis must be continuous throughout the teaching process. When the initial diagnosis is made, the instructional program is outlined.

As practice or other remediation improves the quality of work, the development will change the needs. Diagnosis is a means of showing progress. Therefore, the teacher will need to diagnose or evaluate continuously.

Making careful records. Careful records should be made of each test or informal diagnosis. The recommendations should be made for remedial procedures. Progress should also be recorded. Strang and Bracken (12:205) note that too often the teacher has no record of the pupils' test scores. Kottmeyer (8:50) reminds us that a teacher will be able to work more effectively and systematically if she will keep a good record of her findings.

CHAPTER III

TOOLS FOR DIAGNOSING A NINTH GRADE READING CLASS

I. READING TESTS

Group achievement tests are given before the student reaches the ninth grade. In the ninth grade the California Test of Mental Maturity, the S.R.A. Reading Record, and the Kuder Preference Record are given to all ninth grade students. Therefore, only the tests for formulating methods of improvement in reading will be discussed.

Criteria for selecting tests. Standardized tests should be carefully chosen. Strang (13:257) tells us that though perfect tests are not available, it is still possible to prescribe a testing and training program in reading that will take into account individual needs. Tests chosen should be suitable to the grade level of the student. They should measure an aspect of growth in which the teacher is interested. The individual areas to be measured should be long enough to make a reliable test that measures accurately. The test should be valid; that is, it should contain questions that are clearly understood and that do not confuse the student. The factors that it tests should be so well isolated that the teacher will know just what is being tested. It should include

a wide enough range so that the poorest reader may get some questions right and the brightest reader will not make a perfect score. It would be best to have two forms (8:167). It should be easily scored (3:13).

The norms of the test should be in keeping with a population comparable to the size of the class to be tested. The scores should be easily understood. Mental Measurements Yearbook, by Oscar Buros (4), provides analyses of all standardized tests in English speaking countries as well as from a few other countries. These analyses are helpful in choosing a test to suit the needs of a particular situation.

Survey reading tests. The major purpose of survey tests in reading is to give a fairly accurate measure of the level of difficulty at which a student can read. Usually they have long time limits and two parts, one designed to measure reading comprehension and one to measure vocabulary (2:172). Tests often recommended are:

1. Diagnostic Reading Test, Survey Section
2. Cooperative English Test
3. Gates Reading Survey
4. The California Survey of Reading Achievement

Strang and Bracken (12:205) point out that the Cooperative English Test is especially suitable for a combined English and reading class. It includes items on literary appreciation as well as scores for vocabulary, speed of

comprehension, level of comprehension, and a total score.

Harris (8:174) lists these tests and several others.

Silent reading tests.

Since silent reading is the way people read at least 95 per cent of the time, teachers of reading devote most of their attention to silent reading. Consequently, most of the work on measurement of reading has been directed toward the measurement of silent reading ability (13:257).

Many survey tests are also used for diagnostic purposes. The Diagnostic Reading Test has a diagnostic section separate from the survey section. The entire battery would take nearly four hours. It includes the following tests: Section I, Vocabulary; Section II, Comprehension: Part 1, Silent, Part 2, Auditory; Section III, Rates of Reading: Part 1, General, Part 2, Social Studies, Part 3, Science; Section IV, Word Attack: Part 1, Oral, Part 2, Silent (10:267). Only parts of the diagnostic battery need be used if the examiner is guided by the results of the survey section.

The Iowa Silent Reading Tests, New Edition, contains nine test parts, most of these pertaining to comprehension.

Oral reading tests. Oral reading tests are usually a series of paragraphs ranging in grade difficulty from lower to higher grade level. The Gray Standardized Oral Reading Paragraphs is a series of ten passages of increasing difficulty. It has only one form. It is in need of revising, for the norms are of doubtful value. However, it is easy to give

and has proved of value in determining difficulties. The Gilmore Oral Reading Test, published in 1952 (12:269), yields scores for rate and accuracy and also includes a comprehension score. It exists in two forms. The Diagnostic Reading Tests provide an oral reading test.

Informal reading tests. Informal reading tests do not provide standard scores but are useful when other tests are not available. They may explore areas standardized tests omit, such as phonetic analysis, word-recognition, and analysis of words. Informal diagnosis, whether for general purposes, analytical purposes, or case-study, may be used only when it follows the general principles of diagnosis.

Dolch (5:59) suggests a method of individual testing to be used at the beginning of the year. His method is to tell each student to read a sentence as fast as he can, then let the next student read until each student has read. It would be quite easy to pick out the poor readers early in the year. Children indicated as poor readers should have further diagnosis.

Betts (1:454) has evolved a method for determining the reading level of a student by using a series of carefully graded readers, preferably one the child has not used before. The selection chosen should be 100 to 150 words in length and near the front of the book. After the student has read the

selection the examiner chooses, he is asked questions about it. Four reading levels are determined as follows (2:170):

1. The child's independent reading level is ascertained by the level of difficulty of the book in which he can read with no more than one error in word recognition in each 100 words and in which he has a comprehension score of 90 per cent. This is the level at which he should do extensive supplementary reading for enjoyment or information in line with his interests.
2. The instructional reading level is determined from the level of the book in which the child can read with no more than one word-recognition error in each twenty words and has a comprehension score of at least seventy-five per cent. He reads orally, after study, without tension, in a conversational tone, and with rhythm and proper phrasing. This is the level at which a pupil is able to make successful progress in reading under teacher guidance.
3. The frustration reading level is marked by the book in which the child "bogs down" when he tries to read. He comprehends less than half of what he is trying to read. He reads without rhythm in an unnatural voice.
4. The probably capacity reading level is shown by the highest book in the series in which the student can comprehend seventy-five per cent of the material when it is read aloud by the examiner. The child is able to pronounce and use properly many of the words in the selection.

Durrell (7) believes that informal reading tests are the best basis for planning effective instruction. Many reading disabilities can be observed during informal reading. One important observation to note and record is pronunciation errors. Harris (3:186) suggests that differences in fluency, phrasing, and other expressions may be noted. Major speech faults, such as stuttering, stammering, lisping, or lolling,

unclear enunciation, and faulty pronunciation; quality, pitch, and intensity of the voice; and excessively loud, nasal, and sing-song voices should be noted.

It is important to note the posture of the child during reading. Eyestrain and general hygiene are affected by posture. Posture also is evidence of faulty health.

Other habits, such as pointing or placing the finger along the line which the student is reading, are noted. Informal inventories may be made which include these faults and many others. An informal inventory will be found in Appendix A.

An inventory which may be used before a student starts a problem is suggested by Shepherd (9). The purpose of this inventory is to help the pupil discover for himself the particular skills he needs. The questions asked might be about locational skills, word study skills, or comprehension skills. The test should not be a long one; it should take not more than one period to administer. The students can correct their own answers and thus find out the skills they really need to know about. Betts (1:434) describes a more detailed inventory of this kind.

II. SPELLING TESTS

Spelling is closely related to reading. It is more important to get an idea of the kind of errors one makes than

to get an exact score. Harris suggests (8:262) that a teacher make up a satisfactory list by selecting words from spellers or printed spelling lists. An informal spelling test suggested by Strang and Bracken (12:356) is included in Appendix B. This list was developed by Helen Carey and Dorothy Withrow. Common sources of error in spelling are reversals, omissions, additions, substitutions, and ignorance of the alphabet. Other errors are mispronunciation of nonphonetic words, forgetting the last part while writing the first part, and lack of familiarity with the word or its meaning.

III. SENSORY AND PHYSICAL TESTS

Visual tests are usually given the entire class; therefore, the main problem of the teacher is observation for any signs which might be causing reading difficulty. Auditory tests are given to students also; again it is the teacher's duty to watch for signs of what might be affecting the student's reading. Sometimes emotional problems need to be cleared up before a student can do better work. These should be referred to the guidance department. Some inventories which may reveal these problems might be necessary and useful. One is a projective technique which includes sentence completion (13:250). Another is the interest inventory (13:245) which Strang, Kottmeyer, and many others suggest as a method of getting to know the student's interests, activities, some environmental

conditions, and emotional reactions. Complicated cases should be referred to a clinic or a psychologist. Kottmeyer (9:56) suggests some help for speech improvement from the Bryngelson Speech Improvement Cards. A speech inventory is given before practice materials are used. Again, difficult cases should be referred to a speech therapist. Eye dominance can be detected by having a child sight a coin on the floor through a hole in a cardboard cylinder, first with both eyes, then one, and then the other. When the dominant eye is covered, the coin seems to disappear. Since most health problems, if severe, should be referred to a specialist, the teacher's role is usually observation. Her findings should be recorded as part of the diagnosis.

IV. RECORDS OF DIAGNOSIS

The cumulative record. The results of the complete diagnosis should be available at all times to the teacher. All material which will contribute to the understanding of the student should be placed in a folder, one for each student. This material is called the cumulative reading record. It should include informal materials such as autobiographies, observations gained from interviews, anecdotal records, projective techniques, and the diagnostic inventory. Folders should be prepared in advance of the diagnosis in order that test results may be easily filed. Such a file will make the

analysis of the student readily available.

The diagnostic inventory. A diagnostic inventory includes the records of all tests, formal and informal. It assures a purposeful, systematic investigation, makes it possible to refer to the student's disabilities easily, and allows observation of his progress. Kottmeyer (9:Ch. 6) has suggested the following broad areas for a diagnostic inventory: (1) general data, (2) physical and sensory tests, (3) standardized tests, (4) disability analysis, and (5) a summary. Many of the test batteries, such as those of Durrell and Gates, include similar information. If one is making up an informal inventory, it would be possible to add only the areas useful to the class being diagnosed.

CHAPTER IV

SUMMARY

There are many diagnostic devices to improve the analysis of ninth grade reading difficulties in Milton-Freewater, Oregon. An interest inventory given the first week will acquaint the teacher with attitudes, interests, and some emotional problems.

An autobiography may be used to further acquaint the teacher with the student's experiences. A projective device will reveal likes and dislikes about reading.

A reading record, a record of all the reading the student has done for a day, two days, or a week will give a picture of the student's reading habits.

The Gray Oral Reading Paragraphs will detect word-recognition errors. The Reading Inventory will detect needs in various skills and help the student to analyze his own difficulties so that he can plan with the teacher ways to improve.

A reading survey test such as the Diagnostic Reading Test, Survey Section, will give the reading level. A second form at the end of the semester will be in an individual folder. A class summary on one sheet will give a quick analysis of the teaching needs. An informal diagnostic inventory

will be prepared before the classes meet.

Several factors should be kept in mind in giving these tests. It would not be wise to give all tests within one day or within one week. They should be given when the situation indicates that analysis is needed. They should be given in such a manner that the student's interest is aroused but anxiety is not developed (13:273). Pupil-teacher evaluation should be carried on continuously. Diagnosis will be continuous as the need arises and used only as far as necessary to insure progress.

BIBLIOGRAPHY

BIBLIOGRAPHY

1. Betts, Emmett A. Foundations of Reading Instruction. New York: American Book Company, 1954. 756 pp.
2. Bond, Guy L. and Miles A. Tinker Reading Difficulties Their Diagnosis and Correction. New York: Appleton-Century-Crofts, Inc., 1957. 486 pp.
3. Breuckner, Leo J. and Guy L. Bond The Diagnosis and Treatment of Learning Difficulties. New York: Appleton-Century-Croft, Inc., 1955. 424 pp.
4. Buros, Oscar K. (ed.). The Fifth Mental Measurements Yearbook. New Jersey: The Gryphon Press, 1959.
5. Causey, Oscar S. The Reading Teacher's Reader. New York: The Ronald Press, 1958. 339 pp.
6. Dolch, William E. A Manual For Remedial Reading. Champaign: The Garrard Press, 1945. 464 pp.
7. Durrell, Donald D. Improvement of Basic Reading Abilities. New York: World Book Co., 1940.
8. Harris, Albert J. How to Increase Reading Ability. New York: Longmans, Green and Co., 1956. 633 pp.
9. Kottmeyer, William Handbook for Remedial Reading. St. Louis: Webster Publishing Company, 1947. 179 pp.
10. Shepherd, David L. "Developmental Reading in the Content Fields," Central Washington College of Education, Ellensburg, Washington, 1961.
11. Simpson, Elizabeth A., Helping High-School Students Read Better. Chicago: Science Research Associates, Inc., 1954. 146 pp.
12. Strang, Ruth and Dorothy K. Bracken Making Better Readers. Boston: D. C. Heath and Co., 1957. 367 pp.
13. ———, Constance M. McCullough, and Arthur E. Traxler, Problems in the Improvement of Reading. New York: McGraw-Hill Book Company, Inc., 1955. 426 pp.

APPENDIXES

APPENDIX A

DIAGNOSTIC SPELLING TEST

Developed by Helen Carey and Dorothy Withrow

(To determine instructional spelling level)

Dictate the following list of seventy words. They are listed by grade level, ten words to each level. The first level on which a student misspells two or more words is probably his instructional spelling level. For a more accurate diagnosis a larger sampling of words may be dictated. It is not likely that a student's instructional level will be above that determined by this test, but it may well be above it.

Grade 2	Grade 3	Grade 4	Grade 5
1. about	11. ache	21. coast	31. arithmetic
2. brother	12. chapter	22. cocoa	32. author
3. chair	13. feast	23. doctor	33. dentist
4. lion	14. lose	24. everywhere	34. English
5. name	15. meal	25. fought	35. fourteen
6. next	16. monkey	26. greedy	36. loose
7. room	17. picture	27. guide	37. procession
8. were	18. piece	28. medicine	38. pronounce
9. where	19. stairs	29. watch	39. volunteer
10. your	20. woman	30. women	40. wrap

Grade 6	Grade 7	Grade 8
41. accident	51. accomodation	61. abundant
42. although	52. acquaintance	62. appropriate
43. conceal	53. beginning	63. cafeteria
44. correspondent	54. brought	64. complexion
45. difference	55. character	65. congratulate
46. excellent	56. commercial	66. curiosity
47. freight	57. disappointment	67. prejudice
48. laboratory	58. government	68. privilege
49. pamphlet	59. principal	69. quarrel
50. relief	60. villain	70. restaurant

APPENDIX B

DIAGNOSTIC INVENTORY (9:70-73)

DISABILITY ANALYSIS

	Does Use	Does Not Use	Comment
A. ORAL READING			
1. Word attack			
Guessing			
Configuration			
Spelling			
Syllabication			
Context clues			
Blending			
2. Word analysis	Knows	Does Not Know	Knows Partly Notations
Letter names			
Letter sounds			
Blend sounds			
Prefixes			
Suffixes			
Central vowels			
Sight vocabulary			
3. Mechanical errors	Does Make	Does Not Make	Notations
Word reversals			
Letter reversals			
Letter confusions			
Word confusions			
Letter omissions			
Word omissions			
Word substitutions			
Punctuation clues			
Word repetition			
Word calling			

DIAGNOSTIC INVENTORY, CONTINUED

4. Eye-movement handicaps

Eye-voice span	Satisfactory_____Unsatisfactory_____
Loses place	Often_____Sometimes_____Rarely_____
Finger pointing	Often_____Sometimes_____Rarely_____
Low oral rate	Level_____Words per minute_____

5. Vocal handicaps

Speech defects	Sounds_____
Enunciation	Satisfactory_____Unsatisfactory_____
Voice control	Satisfactory_____Unsatisfactory_____

B. SILENT READING

- | | | |
|-------------------|-----------------------|------------------------|
| 1. Rate | Words per minute_____ | Level of material_____ |
| 2. Articulation | Yes_____No_____ | |
| 3. Head movements | Yes_____No_____ | |
| 4. Comprehension | | |

Locational Reading

	Satis- factory	Unsatis- factory	Com- ment
a. Ability to alphabetize	_____	_____	_____
b. Ability to use dictionary	_____	_____	_____
c. Ability to use encyclopedia	_____	_____	_____
d. Ability to use library	_____	_____	_____
e. Ability to skim	_____	_____	_____

Assimilative Reading

	Test	G-Score
a. Ability to follow directions	_____	_____
b. Ability to locate central thought	_____	_____
c. Ability to recall detail	_____	_____

Recreational Reading

- a. Extent_____
- b. Nature_____

Eye-movement habits

- a. No. of fixations per 100 words_____
- b. No. of regressions per 100 words_____
- c. Recognition span_____
- d. Rate_____Card level_____

DIAGNOSTIC INVENTORY, CONTINUED

SUMMARY

1. Date of entry into clinic _____
2. Date of release _____
3. No. of periods of instruction _____
4. Initial Oral _____ Final Oral _____ Gain _____
5. Initial Silent Reading Test Scores _____
6. Final Silent Reading Test Scores _____
7. Gain _____
8. Subsequent reports and comments: _____

APPENDIX C

TESTS SUITABLE FOR ANALYTICAL DIAGNOSIS IN NINTH GRADE

Name of Test	Grade	Abilities Measured	Publisher
California Reading Test	9-14	Vocabulary. Comprehension. Speed.	California Test Bureau, 1959.
Cooperative English Test	7-12	Vocabulary. Comprehension. Appreciation.	Educational Testing Service, 1952.
Diagnostic Reading Test-Survey Other	7-13	Vocabulary. Comprehension. Auditory comp. General Rate. Reading in social science. Oral word attack Silent word attack	Science Research Associates & Committee on Diagnostic Reading Tests, 1952.
Diagnostic Examination of Silent Reading Abilities M. J. Van Wagenen and A. Dvorak	4-12	Rate of comprehension. Perception of relations. Vocabulary in context Vocabulary in isolation. Central thought. Detail. Interpretation. Inferences.	Educational Test Bureau, 1940.
Gates Reading Survey	4-9	Vocabulary. Comprehension. Speed. Accuracy.	Teachers College, Columbia U., 1939.
Iowa Tests B. Basic Study Skills Advanced Battery E. Horn, M. Mc-Broom H. A. Greene E. F. Lindquist	5-9	Reading of maps. Use of references. Use of index. Use of dictionary. Reading graphs. Reading charts. Reading tables.	Houghton Mifflin Co., Yearly.

TESTS SUITABLE FOR ANALYTICAL DIAGNOSIS IN NINTH GRADE (CONT.)

Name of Test	Grade	Abilities Measured	Publisher
Iowa Silent Reading Test	4-9	Rate of reading. Comprehension of Words. Sentences. Paragraph. Article. Alphabetizing. Indexing.	World Book C., 1943.
Leavell Analytical Oral Reading	1-12		
McGuffey Diagnostic Reading Tests	7-9	Syllabication. Sound recognition. Vocabulary. Appreciation. Rate of Reading	Educational
Reading Diagnostic Record			Teachers College, Columbia U., 1952.
Schrammel-Gray High School College Reading Test	7-13		Public School Publishing Co., 1940.
S.R.A. Reading Record	7-12	Rate. Comprehension. Paragraph. Sentence. Reading Directory. Map, table, graph. Advertisements. Index usage. Vocabulary Technical. General.	Science Research Associates, 1947.
Traxler Silent Reading Test	7-12		Public School Publishing Co., 1942.

APPENDIX D

ORAL READING TESTS SUITABLE FOR NINTH GRADE

Name of Test	Grade	Abilities Measured	Publisher
Durrell-Sullivan Reading Capacity	3-6		World Book Co., 1938.
Durrell Analysis Reading Difficulty	1-6	Oral reading. Silent reading. Visual memory. Sounds in words. Learning rate. Others.	World Book Co., 1955.
Durost-Center Word Mastery	9-13	Vocabulary. Isolated. Context.	World Book Co., 1952.
Gilmore Oral Reading Test	1-8	Comprehension. Rate. Accuracy.	World Book Co., 1952.
Grays Standardized Oral Reading Test	1-8	Comprehension. Rate. Accuracy	World Book Co., 1952.
Grays Standardized Oral Reading Check Tests	1-8	Rate. Accuracy. Analysis of errors.	Public School Publishing Co., 1922.
Grays Standardized Oral Reading Paragraph Test	1-8	Rate. Accuracy. Analysis of errors.	Public School Publishing Co., 1915.

APPENDIX E

WORK-STUDY SKILLS

Name of Test	Grade	Abilities Measured	Publisher
Iowa Every Pupil Tests Work Study Skills	5-9	Map reading. Use of references. Use of index. Use of dictionary. Reading graphs.	Houghton Mifflin Co.
Survey of Study Habits, Traxler	7-10		Educational Records Bureau, 1944.