INTRODUCTION

Reading Recovery is an early literacy intervention designed for first-grade children having difficulty learning to read and write. Children meet individually with a specially trained teacher for 30 minutes daily for an average of 12-20 weeks. During this short-term intervention, children make faster than average progress in order to catch up with their peers and continue to work on their own within an average group setting in the regular classroom.

Reading Recovery serves as a safety net for children having difficulty in any good classroom program. It also can serve as a pre-referral program for a small number of children who may need specialized longer-term assistance. Data collected on all children provide compelling evidence of this intervention’s effectiveness.

PROGRAM HISTORY

The work of developmental psychologist Marie M. Clay yielded a set of researched-based procedures found to reverse the failure cycle in most children in a relatively short period of time. Reading Recovery is a national program in New Zealand and has expanded to the United States, Australia, Canada, and the United Kingdom.

Reading Recovery was initiated in the United States in 1985 at The Ohio State University. In the U.S., there are now 23 universities training Reading Recovery teacher leaders and 570 sites training Reading Recovery teachers. More than 3,300 school districts and 18,000 teachers are involved in Reading Recovery. Nearly 200,000 children are served annually.

Reading Recovery began in Indiana in 1993-1994 when seven teacher leaders were trained at Purdue University and 21 teachers were trained at Purdue and the Metropolitan School District of Warren Township. It has since expanded in Indiana and has served more than 38,868 children to date.

READING RECOVERY IN INDIANA 2001-2002

Program Description

Purdue University serves as the Reading Recovery University Training Center for Indiana. University trainers provide yearlong training for teacher leaders who return to district or consortia to train teachers. University faculty provide ongoing training, implementation support to sites, and annual evaluation of program data. During the 2001-2002 school year, Indiana Reading Recovery Professionals served 7,107 children. This was achieved through the support of 24 teacher training sites serving 145 school districts, and 467 schools. Reading Recovery training, continued professional development, and program support were funded in part by Early Intervention Literacy Grants through the Indiana Department of Education with funds allocated by the Indiana General Assembly.

Demographics

Reading Recovery children in Indiana are represented by the following population demographics: 58% were boys; 44% received free or reduced price school lunches; 76% were white, 16% were African American, 7% were Hispanic/Latino, and 1% were multiethnic; and 95% were native speakers of English.

PROGRAM OUTCOMES

Reading Recovery accounts for all children served, regardless of the number of lessons they received. Because the goal is successful performance within the average of the classroom, children’s programs are discontinued as soon as it can be predicted they can profit from classroom literacy instruction without further individual tutoring. Rigorous discontinuing criteria are applied.

Of all children served, even if for a short period of time, 4,128 children or 59% met the stringent criteria for discontinued service in an average of 16 weeks. Eighteen percent were recommended for further assessment and/or consideration of instructional support after receiving a full program of at least 20 weeks (also a positive action benefiting both the child and the school). At the end of the school year, 15% percent were still in Reading Recovery. Mobility during service was 5%. Due to rare and unusual circumstances, 3% were unable to complete their programs. (See Figure 1.)

Looking only at children who had the opportunity for a full program of instruction of at least twenty weeks, the percentage who were successfully discontinued from service was 76%. This means that these 76% of the lowest readers in the first grade who received a full program reached average levels in reading and writing and avoided the pitfalls of prolonged careers in remedial reading programs because of this intensive, short-term intervention. (See Figure 2.)
Text Reading Level Gains
The goal of the Reading Recovery intervention is to provide children with the necessary instruction to allow them to benefit from grade-level classroom instruction. This would require accelerated progress on their part since they began the year as the lowest achieving children in the classroom. A measure of success in reaching this two-part goal (accelerated progress and grade-level reading) would be to compare their text reading level in the fall and spring to that of a group of first graders randomly selected at each site. Figure 3 illustrates that children who successfully discontinued the program began the year below the comparison group and finished, as a group, reading above Level 15, which represents grade level text reading. As a group, the children who had a full program, including even those who did not discontinue, were reading only slightly below Level 15 and were also showing accelerated progress. These gains provide dramatic evidence of the progress of these initially low-achieving students.

Retention in Grade One
Few Reading Recovery children were retained in grade one; 6% of all children who had a full program, whether discontinued or not, were actually retained. Of those children, only 3% were retained because of reading difficulties. No children who had successfully discontinued were retained for reading difficulties.

Reading Placement in Classrooms
Classroom teachers described dramatic changes in reading group placements for Reading Recovery children who successfully completed the program across the year. In the fall, 88% were in the low group; by year-end, 10% were in low group placements.

Implementation Factors and Educational Policy
All outcomes should be considered within the context of the implementation decisions made by districts. Known to contribute to program success are (a) the level of coverage within a school and within a district, (b) protection of time for teaching sessions, (c) quality of teacher training, (d) knowledge of administrators and classroom teachers, and (e) ownership of the intervention by all stakeholders. Indiana is still far from providing Reading Recovery to all children who need it and many of the participating schools experience the impact of low coverage.

Reading Recovery has a strong track record of preventing literacy failure for many first graders. Results support the investment of resources in this prevention effort. Policy makers need to know which programs are successful in improving student outcomes in measurable ways. Reading Recovery meets the cost effectiveness test with student outcome data. It is the goal of the Purdue University Reading Recovery faculty to do all that is possible to assure literacy for all children in Indiana.

Continued Progress
Reading Recovery children who successfully complete the program continue to make progress after exiting the program. Figure 4 indicates the progress children made from time of exit to the end of the school year.

Special Education
Any prevention program should examine the impact on referrals and placements in special education. Although these children were the lowest readers and writers when entering grade one, only 5% of the children receiving a full program were referred for and placed in special education services. Only 1% of the full-program children were placed in LD programs for reading. This compares to 1% and 1% of the random sample population, respectively. Note that this comparison is between the lowest 20% and the highest 80% of the population. No successfully discontinued children were placed in LD reading programs.

Success in the early grades does not guarantee success through the school years and beyond, but failure in the early grades does virtually guarantee failure in later schooling. If there is a chance to prevent the negative spiral that begins with early reading failure from the start, then it seems necessary to do so.

(Slavin, Karweit, & Wasik, 1992)