INTRODUCTION

Reading Recovery is a short-term early literacy intervention designed for first-grade children having difficulty learning to read and write. Children meet individually with a specially trained, highly skilled teacher for 30 minutes daily. The instruction continues for a range of 12-20 weeks. The majority of children who participate make faster than average progress in order to catch up with their peers and continue to learn independently in the regular classroom. It also can serve as a pre-referral intervention for a small number of children who may need specialized longer-term assistance. Data collected on all children annually provide compelling evidence of the effectiveness of the intervention.

IMPORTANT INFORMATION AND UPDATES

- **Scientifically-Based Research:** Scientifically-based reading research has been conducted on the theoretical base of Reading Recovery, as well as on evidence of its effects and evidence of its replicability across schools. For information on the research support for Reading Recovery visit: www.readingrecovery.org and click on “Research.” In addition, the National Data Evaluation Center has collected data on every teacher and child in Reading Recovery for more than two decades. To review visit: www.ndec.us.

- **What Works Clearinghouse:** Reading Recovery received the highest marks on the U.S. Department of Education’s What Works Clearinghouse, a division of the Institute of Education Sciences. In a review of beginning reading programs, the WWC found that Reading Recovery has positive effects (highest rating) on students’ alphabetic skills and general reading achievement and potentially positive effects (next highest rating level) of evidence on fluency and comprehension outcomes. This independent external review of the experimental research on Reading Recovery establishes the effectiveness based on scientific theory.

- **Independent Evaluation:** A meta-analysis of 35 published studies on Reading Recovery appeared in the research journal titled *Educational Evaluation and Policy Analysis* (D’Agostino & Murphy, 2004). This independent analysis of the research showed consistently positive results for the intervention.

- **Response-to-Intervention:** Reading Recovery serves as a “Response-to-Intervention” approach to serving children with the most appropriate intensive instruction. The revised *Individuals with Disabilities Act* (IDEA) allows schools to use 15% of their Special Education funds on Early Intervening Services or Response to Intervention approaches, which is clearly appropriate for Reading Recovery service to the lowest-achieving children.

- **Teachers Serve Many Children:** Reading Recovery teachers in schools connected to Purdue University served an average of eight children in Reading Recovery; however, during the other half of their day, teachers worked with an average of 50 children during the 2008-2009 school year. Therefore, according to data collected at Purdue, teachers provided instruction to an average of 58 children across the year.

- **Subsequent Progress:** A large follow-up study in Indiana found that most of the children were reading texts at levels similar to their peers one, two, and three years after they successfully completed the intervention in the first grade. On the Gates-MacGinitie Reading Test the vast majority of the former Reading Recovery children performed within an average band of the cohort sample groups at 2nd, 3rd, and 4th grade levels (Schmitt & Gregory, 2005). See other follow-up and longitudinal studies at www.readingrecovery.org and click on “Research.”

**History of Reading Recovery**

The work of developmental psychologist Marie M. Clay yielded a set of research-based procedures found to reverse the failure cycle in most children in a relatively short period of time. Reading Recovery, a national program in New Zealand, expanded to the United States in 1984, when the first university training center in the United States was established at The Ohio State University. Reading Recovery has also expanded to Australia, Canada, the United Kingdom, Ireland, and Denmark. Currently in the U.S., there are 22 universities training Reading Recovery teacher leaders and 361 sites training Reading Recovery teachers. There are 1,909 school districts and 9,810 teachers are involved in Reading Recovery.
Purdue Reading Recovery 2008-2009

Network Description

Purdue University Reading Recovery Center supports 21 Teacher Training Sites—all 19 Reading Recovery Sites in Indiana, and one site each in Virginia and New York. The trainers at Purdue University Training Center provide yearlong training for teacher leaders who return to districts (sites) to train teachers. In addition, Purdue trainers provide ongoing professional development for teacher leaders, technical support to sites, and annual evaluation of program data. During the 2008-2009 academic year, Reading Recovery professionals at sites affiliated with Purdue served 4,215 children. This was achieved by 25 teacher leaders and 503 teachers at 305 schools in 102 school districts.

Intervention Outcomes

Reading Recovery accounts for all children served, regardless of the number of lessons they receive. Because the goal is successful performance within the average of the classroom, children’s interventions are discontinued as soon as it can be predicted they can profit from classroom literacy instruction without further individual tutoring. Rigorous criteria for discontinuing the series of lessons are applied and then a new child enters that teaching slot.

Of the 4,215 children served, even if they had only one lesson or were served for a brief period, 2,303 children, or 54%, met the stringent criteria for discontinued service in an average of 16.3 weeks. (See Figure 1.) Another 21% were recommended for further assessment and/or consideration for longer-term instructional support after receiving a full series of lessons of at least 20 weeks, which is also a positive action benefiting both the child and the school. At the end of the school year, 16% percent were still in Reading Recovery with insufficient time to complete their individual interventions. Mobility during service was 6%. Due to rare and unusual circumstances, 3% were unable to complete their lessons.

Considering only the children who had the opportunity for a complete intervention, 73% of them reached the criteria for having their service successfully discontinued. This means that nearly three fourths of the lowest-achieving readers in the first grade reached average levels in reading and writing. They will most likely continue their school careers on equal footing with their average peers as a result of this intensive, short-term intervention and with continued good classroom instruction. (See Figure 2.) A little more than one-fourth (27%) of the children who received a full intervention made progress but not sufficient to reach average levels. They were recommended for consideration of a more intensive intervention, a positive outcome of the time spent with the teacher, who observed closely and learned much about the student’s strengths and weaknesses.

Demographics

- Gender: 59% boys, 41% girls
- Socio-Economic Status: 68% received free or reduced lunches
- Ethnicity/Racial Groups:
  - 12% African American
  - 12% Hispanic/Latino
  - 71% White
  - 2% Multi-ethnic
  - 3% Other
- Language: 89% native English speakers
Comparison of Text Reading Level Gains: Evidence of Effectiveness

The goal of the Reading Recovery intervention is to provide low-achieving children with a necessary individualized intervention to allow them to benefit from their classroom instruction. This requires accelerated progress on their part since they begin the year as the lowest achieving children in the classroom. A critical measure of progress toward this goal is to compare their text reading level in the fall and spring to that of a group of first graders randomly selected from the entire population of first-grade students at schools with Reading Recovery. When children who were selected first in the fall for Reading Recovery complete their interventions (generally a maximum of twenty weeks), teachers select new students to replace them no matter how much time is left in the school year. The comparisons among these groups are described in the following two figures:

In Figure 3 (right), the random sample group is compared to the children who were served first and those who were served in the second group starting mid-year. The green line represents the progress of the random sample group, who started the year approximately at grade level and continued in that direction to maintain this standing. The blue line illustrates the progress of the children who entered the intervention first because they were identified as the lowest-achieving literacy learners, well below random sample group. It is clear they achieved accelerated progress and maintained their standing with students achieving at an average level at year-end. The red line demonstrates how the children who began instruction at mid-year and only then started to make accelerated progress mid-year made slow progress from fall while they waited for their turn in the intervention. They caught up to the Reading Recovery students taught before them and with the random sample. Based on their low progress, we could predict their lack of achievement by year-end if the school had not had an early intervention opportunity for them.

Figure 4 also makes comparisons to the random sample and lesson discontinued groups, but also reflects the progress of the children represented by the red line who received a complete intervention in Reading Recovery (at least 20 weeks) but did not make sufficient progress for a short-term intervention and were recommended for further evaluation by the school team. It is clear they made gains in literacy achievement and this development will assist them in the next stage of their instruction. And finally, the green line illustrates the progress of the group who did not have sufficient time in the intervention (incomplete program) to achieve similar acceptable first-grade achievement. If the school had established a higher level of implementation, this group likely would have achieved grade-level progress because they started out at levels above the group who made exceptional progress during the intervention and their progress trend portends high achievement gains.

Essentially, these data provide quite compelling evidence that having Reading Recovery available in a school can alter the paths of progress of low-achieving students, thereby eliminating the number of students in the school at the low end of the achievement distribution. Marie Clay had stated this was the major goal of the intervention and it has been replicated as such in schools across the country for nearly 25 years.

The centerpiece of Reading Recovery is the development of readers who are self-regulated strategy users who move through the text on their own, use word attack strategies on their own, monitor their own reading and comprehension...

(Michael Pressley & Rothrig, 2005)
Reduction in Special Education Placement and Grade One Retention

Reading Recovery has led the way in leaving no child behind. It dramatically reduces the numbers of children with reading difficulties and the cost of those children to school systems. Although Reading Recovery children were the lowest readers and writers when entering grade one, only 1 child, or less than 1% of the children who successfully completed a full Reading Recovery intervention, were placed in LD services for reading compared to 1 child, or less than 1%, of the random sample population. The same is true for children retained in grade one, where only 1% of children who successfully reached the stringent criteria for completing the intervention comprised the group of children retained for reasons related to achievement in reading. This compares to 1% of the random sample group.

Costs, Policy, and Prevention of Failure

Everyone knows it is financially costly to provide several years of Special Education or Title I services or additional years of schooling with retention decisions for children who struggle with learning, but the affective costs, which leave children to deal with low self-esteem, continuing academic failure, and less than bright futures, are unnecessary and preventable. Henry Levin (1989) challenges us to accept that we will spend nearly 50% more to educate the at-risk child. It will indeed cost more “to teach some children in the individual Reading Recovery setting for a short term, but the long-term savings will far outweigh the initial investment. Isn’t 30 to 50 hours of intensive intervention—the equivalent of 2 weeks of schooling—more economical than years of special education or remedial compensatory services?” (Schmitt, Askew, Fountas, Lyons, & Pinnell, 2005, p. 170).

Reading Recovery implementation has established a strong track record of preventing literacy failure for first graders, near the beginning of their schooling and before they have to experience failure. Policy makers need to know which programs are successful in improving student outcomes in measurable ways. Scientific research validated by the U.S. Department of Education’s What Works Clearinghouse and 25 years of scientific evaluation data and replicable research such as that reported here support the investment of resources in this prevention effort. Reading Recovery meets the cost effectiveness test with student outcome data that document accelerated progress in a short period of time. It is the goal of the Purdue University Reading Recovery faculty to do whatever is necessary to assure literacy for all children in Purdue affiliated schools as well as to contribute to the national effort by sustaining leadership in the Reading Recovery Council of North America (RRCNA), the North American Trainers Group (NATG), and the International Reading Recovery Trainers Organization (IRRTO).

When asked, “Don’t you think it’s too expensive?” We have steadfastly answered, “The evidence shows it works.” We also added the overused tagline, “Pay now or pay a great deal later.”

(James Flood and Diane Lapp, 2005)


