



Reading Recovery *at SDSU*

2004-2006 EXECUTIVE SUMMARY



SAN DIEGO STATE
UNIVERSITY

Reading Recovery Intervention

Reading Recovery is a short-term early literacy intervention designed for first grade children who have difficulty learning to read and write. In daily thirty-minute lessons, specially trained Reading Recovery teachers provide individual children with focused intensive instruction. The goal of Reading Recovery is to enable children who are struggling in first grade to “catch up” to their classmates and be able to profit from classroom instruction, without the need for further intervention. Reading Recovery is a preventive intervention intended to greatly undercut large numbers of students developing long-term reading difficulties.

Spoiling predictions of failure. The underlying premise of early intervention is to identify children who are having difficulty learning to read before several months or years of poor responding are habituated. Reading Recovery identifies first grade children who are already falling behind their peers and selects them into Reading Recovery to receive specialized, personalized one-to-one tutoring for up to 20 weeks. The majority of Reading Recovery children accelerate their progress and their lessons are successfully discontinued, those who have not made the expected gains in reading and writing are referred for longer term intervention (such as special education).

More than 1.5 million children in the United States have received Reading Recovery tutoring. Data collected on these children provide substantial evidence of Reading Recovery’s effectiveness. See the Reading Recovery National Data Evaluation Center website for more information (<http://www.ndec.us/>).

Results of SDSU Reading Recovery for 2004-2006

During the 2004-2006 school years, SDSU Reading Recovery professionals served 5547 children in 41 school districts and 189 schools. Reading Recovery was delivered by 414 Reading Recovery teachers under the leadership of 20 teacher leaders.

SDSU Reading Recovery Sites

<i>Teacher Training Site</i>	<i>Teachers</i>	<i>Students served</i>
Cartwright, AZ	10	83
Colton, CA	48	483
Gillette, WY	19	171
Hesperia, CA	7	117
Jamul-Dulzura, CA	5	51
Long Beach, CA	39	625
Los Angeles County Office of Ed, CA	16	199
Natrona, WY	19	297
Poway, CA	35	417
Riverside, CA	17	148
Rowland, CA	14	98
San Diego County Office of Ed, CA	43	253
San Diego, CA	113	1567
Sheridan, WY	15	234
Southwest Ed Develop Ctr, UT	35	484
Torrance, CA	10	165
<i>Totals</i>	400	4752

Demographics. In 2004-2006 a diverse population of children was served in Reading Recovery:

	2004/05	2005/06
Native Americans	1%	2%
Asian	3%	3%
Black	9%	8%
Hispanic	54%	55%
Pacific Islander	1%	1%
White	29%	29%
Multi-ethnic	2%	1%

Outcomes. Reading Recovery accounts for all children served, even if served for only one day. At the end of each child’s series of lessons, a status category is assigned. The five status categories are: (a) discontinued successfully from the inter-

vention having reached an average reading level, (b) recommended for further assessment or consideration of additional instructional support after having a full series of lessons of at least 20 weeks, (c) incomplete series of lessons usually because the school year ends while the student is being served, (d) moved before completing the series of lessons, and (e) none of the above which is a seldom used category for outcomes not fitting the above categories (i.e., a student is placed back in kindergarten). Because the goal is successful performance within the average of the classroom, children's lessons are discontinued as soon as it can be predicted that they will continue progressing with only classroom literacy instruction, and without further individual tutoring. For the discontinued status category, rigorous criteria are

applied on a case-by-case basis by Reading Recovery professionals.(c)

Figure 1

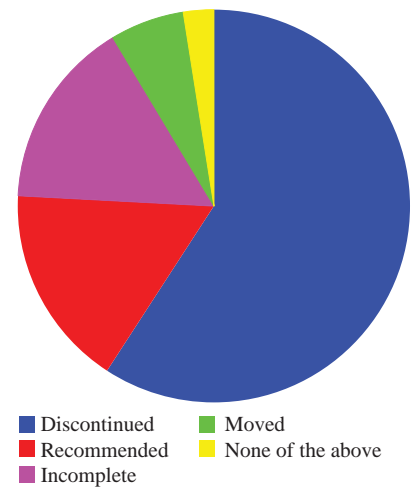
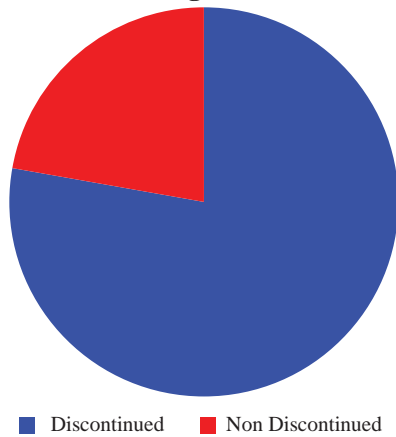


Figure 2



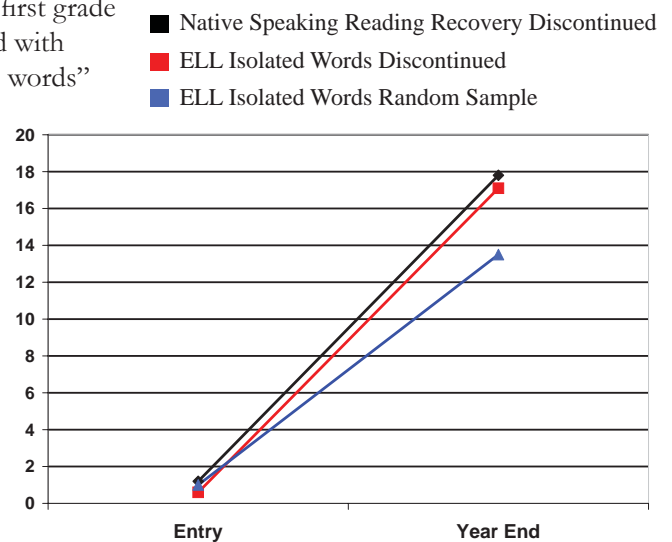
Of these 4202 children, 3272 or 78% were successfully discontinued (Figure 2).

Figure 1 shows the total number of children served in each status category by sites affiliated with the SDSU Reading Recovery Training Center from 2004-2006. Of the 5547 children who received even one day of Reading Recovery service and for whom complete data are available, 3281 (59 percent) had their series of lessons discontinued, signifying successful completion of the intervention. One way to think about this is that this is the equivalent of 164 classrooms of first graders who have developed competency in reading and writing and are likely to be successful in school.

It is also constructive to compare data from students who were able to complete a full series of Reading Recovery lessons (up to 20 weeks). Of these 4202 children, 3272 or 78% were successfully discontinued (Figure 2).

Closing the Gap. Research has shown that an achievement gap exists for many English language learners (ELLs) compared with native speakers of English. Reading Recovery has been shown to be an effective intervention for English language learners in the United States (Kelly, Gómez-Bellengé, Chen, & Schultz, 2005). English language learners served in the SDSU service area during 2005 benefited considerably from Reading Recovery. Figure 3 displays data comparing the progress of ELLs who spoke only “isolated words” in the fall of first grade with native English speakers in Reading Recovery and with Random Sample ELLs who also spoke only “isolated words” but were not low enough on literacy tasks to qualify for Reading Recovery. As the graph shows, ELL Reading Recovery children started the year at the lowest level but made similar gains to native English speaking children in Reading Recovery. Both groups of Reading Recovery children made greater gains than their ELL Random Sample peers who began the year high enough to not qualify for Reading Recovery, and both groups of Reading Recovery children reached the average levels of performance in reading and writing. The expectation for these RR children is that they will continue to progress in school without further intervention.

Figure 3



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