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TOWARD A PROGRAM IN JEWISH ETHICS FOR
PRIMARY-INTERMEDIATE RELIGIOUS SCHOOL
STUDENTS WITH READING DISABILITIES

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the requirements for the degree of Master
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Digest

This thesis is an investigation into the problem of providing those children in our religious schools having reading disabilities with an understanding of Jewish ethics.

The thesis is divided into two major sections. The first section deals with research into the general question of helping those with reading disabilities. The second section takes the form of a Teacher's Guide for use with Dyslexic children. Dyslexia is defined as "a disorder manifested by difficulty in learning to read despite conventional instruction, adequate intelligence and socio-cultural opportunity. It is dependent upon fundamental cognitive disabilities which are frequently of constitutional origin."

The Research portion of the thesis is divided into five chapters. The first chapter, the Introduction, raises the problem of learning-disabled children in our religious school classrooms whose needs are not being adequately met. It also points out the goals set for our religious schools by the Joint Committee of the Union of American Hebrew Congregations and the United Synagogue of America on Special Education. The second chapter provides the reader with a general understanding of reading retardation and the various approaches being used in general education to correct the reading problems. Chapter three focuses on those children afflicted with Dyslexia. This section presents definitions,

causes, characteristics and techniques for testing Dyslexic children. The fourth chapter discusses those programs presently in use in both the public and religious school to cope with the Dyslexic child. In chapter five, I present my conclusions based on my research which include: 1) the religious school is far behind in helping disabled children; 2) available programs place undue emphasis on ritual and ignore Jewish ethics; and 3) recommendations for Dyslexia awareness programs as part of teacher training.

The second major section forms the beginnings of a Teacher's Guide based on my research. This provides a manual for training teachers and parents as to the characteristics of Dyslexia. It also speaks of the need for open communication between public and religious school teachers concerning dyslexic children. Finally, the Guide explores the general religious school philosophy necessary to teach the Dyslexic Jewish ethics and provides a sample unit description and lesson plans to aid the teacher in carrying out this program.

For Anita and Bethami,
who have deepened my understanding
of living

CONTENTS

	<u>Page</u>
Acknowledgements	
Chapter I - Introduction	1
Chapter II - The Problem Reader - General Approaches and Research	5
Chapter III - The Dyslexic Child - "Through a Glass Darkly"	13
Chapter IV - Clinical Approaches to Dyslexia Public School versus Religious School	34
Chapter V - Conclusions	42
Figures -	
1. Drawing of a clock	47
2. Examples of handwritten responses	48
3. Writing to dictation	49
4. Sally Smith articles on Shedd Program	50
Footnotes	52
Bibliography	55

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"Much have I learned from my teachers,
more from my colleagues, but most from
my students."

Talmud: Taanit, 7b

I

INTRODUCTION

"You shall not place a stumbling block before the blind..."
(Leviticus 19:14)

Many types of stumbling blocks exist in our world today. Some are highly physical such as the poverty which causes harsh pangs of hunger to ripple across the stomach of an innocent child. Another may take abstract shape in the fear of an elderly woman to leave the safety of her home at night.

But there is another type of stumbling block which shall be our concern in the following study. This stumbling block exists in most of the classrooms of America. It takes shape in a reticence on the part of administrators, educators and parents to acknowledge the existence of grave reading problems in our schools. It takes shape in the labelling of certain children as hyperactive, as trouble-makers, as just plain lazy. This problem touches us as rabbis and teachers of the Jewish community as well. For just as there are children in the public schools who cannot acquire learning due to reading deficiencies, so too these same children exist in the religious school.

What shall we do with these children? How shall we make them cognizant of their great heritage as Jews? If they cannot read the books we provide for their instruction, by what methods can they learn?

As in so many other facets of our modern existence, it seems that the last to be cared for are the exceptions to the rule. This is most certainly the case in regard to the "exceptional" or learning-disabled children in our religious schools. Not until 1968 did any of the major Jewish educational bodies attempt to cope with this difficult issue. If our average religious school class does not meet the needs of these special children, what can be done for them? This was the basic question first raised by the Commission on Education of the United Synagogue of America. In 1968, both the United Synagogue of America and the Union of American Hebrew Congregations established Committees on Special Education in order to explore the needs of "handicapped" children in relation to religious education.

As a result of their early meetings, the following statements emerged:

1. We take cognizance of the need for religious education for all children, including the exceptional child, and of the relationship which must exist between the religious and secular programs of education for the exceptional. Both are concerned with achieving a secure, more meaningful and richer life despite potential and actual obstacles which the exceptional individual will encounter in society.
2. By 'exceptional' we refer to the child or young person who is handicapped to the extent that he has not been able to adjust to a regular classroom situation.¹

In addition, the Committee also drew up the following general goals for a curriculum providing for exceptional

children and youth. This curriculum is to give:

- 1) a sense of security, belonging and worthwhileness of life in relation to Jewish events and experiences;
- 2) skills and opportunities for active participation in family and community life;
- 3) functional knowledge, ethical and ritual, based on our Jewish heritage, so that distinction and choice may be made between acceptable and nonacceptable behavior and a sense of appreciation of, and responsibility to, the Jewish faith and to Jewish life may be developed;
- 4) parallel series of experiences and materials geared to the needs of the families of exceptional children and youth.²

In view of these goals, one of the major purposes of this thesis shall be to provide a useful instrument for teaching Jewish ethics which may serve as an aid for those desirous of helping reading disabled youngsters. However, before it is possible to provide such a Teacher's Guide, it will first be necessary to examine the nature of reading difficulties; the approaches being tried in the public school and clinic; the nature of dyslexia; and finally, methods used in both public and religious institutions to cope with the dyslexic child. Only after such careful examination of this dilemma can one then construct a suitable approach for teaching these exceptional children.

The Teacher's Guide, which shall form the second major section of this thesis, is meant to answer basic questions of religious school administrators, teachers and parents in regard to the dyslexic. Based upon the research done in the

first section of this thesis, the Guide will treat the following subjects: 1) Spotting dyslexic reading problems and testing thereof; 2) The teacher of the special class; 3) Parent involvement; 4) Cooperation of public school with religious school 5) General techniques and approaches to dyslexia; 6) An approach to Jewish ethics for the third/fourth grade.

Finally, it should be pointed out that this Teacher's Guide can only be effective if the teacher uses it as it was intended -- as a guide. This means that the needs of the individual child must remain paramount. It also means that the teacher should feel free to innovate and experiment with the material in order to better meet the needs of the dyslexic child. Hopefully, this Guide will be readily adaptable for use in any size religious school. The only requirement for removing our "stumbling block" is an active desire on the part of teachers, parents and administrators to do so.

II

THE PROBLEM READER - GENERAL APPROACHES AND RESEARCH

In the area of remediation of reading problems there exists a large variety of approaches. Before one can select a suitable method for use in the primary grade religious school setting, it is first necessary to review the methods being utilized in general education to cope with this multifaceted dilemma.

Size of Groups

It should first be noted that the major emphasis of this study is concerned with reading instruction suitable for use with small groups, as distinguished from classroom or individual instruction. It is a truism that although from choice or necessity we teach students in groups, it is as individuals that they learn. Therefore, the kind of student determines the kind of group to which he should be assigned and the kind of method which is appropriate. The focus of this research is directed toward those classes which should seldom exceed four, or at the most, six. As a rule, the more severe the problem, the smaller the desirable class size.¹

Kinds of Small Groups

In public school reading programs there are normally six common types of instructional setting, three of which shall be our concern in our research. One must rule out of consideration,

except as reference points, the normal classroom for pupils making normal progress in what is called developmental reading, the special classes for intellectually or otherwise handicapped children (except for dyslexics), and the individual programs for those students with problems so severe or unique that they cannot be taught well in groups. This leaves preventive, corrective, and remedial types of grouping.

According to a leader in development of new reading techniques, Margaret Pearson, the three groups just mentioned may be understood as meeting the following needs:

1. Preventive programs are coming into favor for children who give evidence on early screening tests that they are likely to fail in the ordinary primary reading programs, but whose failure might be prevented by use of a different teaching method.²
2. Corrective reading classes serve small groups of pupils whose progress is unsatisfactory and who seem to need more intensive, somewhat individualized work similar in kind to that of a developmental [normal] reading program.³
3. Remedial reading groups are formed in two ways.
 1. They may be made up of several students having similar types of severe problems, perhaps from different classrooms, who can profitably be taught together or for whom it is not administratively possible

to provide the individual help which would meet their needs even better.

2. The other kind of remedial group may consist of students who have had similar basic individual remedial teaching, have reached approximately the same stage of remediation, have very similar needs, and can move into a small class although they are not ready to return to the regular classroom.⁴

The children falling under these three categories are all in need of some type of small group approach in order to cope with their problem. Yet it is essential to be more specific in classifying the type of reading problem(s) manifest in these individuals.

Before it is possible to categorize those with reading problems which concern us, it might be best to put forward a general definition of reading retardation. According to a leading authority, Dr. Ralph D. Rabinovitch, director of the Hawthorne Center (Psychiatric Hospitals) in Northville, Michigan, reading retardation may be defined as "a significant discrepancy between the actual reading level and expected reading level for performance mental age."⁵ For practical purposes then, we shall consider as significant one year retardation in children up to ten years of age, and two years retardation in children past ten years of age. Admittedly this is an arbitrary decision, but it serves the purpose of defining our terms.

Thus having a basic definition, it is now possible to set forth a categorization of basic reading problems. Dr. Rabinovitch suggests the following classification which is accepted by most experts in this field.

1. Reading disabilities with brain damage known or strongly evidenced. These children have their "capacity to learn to read impaired by frank brain damage manifested by clear-cut neurologic deficits... History usually reveals the cause of the brain injury, common agents being prenatal toxicity, birth trauma or anoxia [absence of oxygen], encephalitis, and head injury. These cases are diagnosed as reading retardations secondary to brain injury." ⁶
2. Secondary reading retardation arises from various causes. In these cases the "capacity to learn to read is intact but is utilized insufficiently for the child to achieve a reading level appropriate to his mental age. The causative factor is exogenous, the child having a normal reading potential that has been impaired by negativism, anxiety, depression, emotional blocking, psychosis, limited schooling opportunity, or other external influence. These cases are diagnosed as reading retardations secondary to exogenous factors." ⁷
3. Primary reading retardation is synonymous with dyslexia, specific language disability, and congenital word-blindness. In these individuals their

"capacity to learn to read is impaired without definite brain damage suggested in the history or on neurologic examination. The defect is in the ability to deal with letters and words as symbols, with resultant diminished ability to integrate the meaningfulness of written material. The problem appears to reflect a basic disturbed pattern of neurologic organization. Because this etiology is biologic or endogenous, these cases are diagnosed as primary reading retardations (developmental dyslexia)."⁸

In our research, this third classification, primary reading retardation, shall be our central focus with some reference to retardations secondary to exogenous factors. It is virtually impossible in the opinion of many experts to clearly delineate between these two forms of reading disability with precision. As Dr. Rabinovitch reports, "In my own work I am often obliged to diagnose 'secondary reading retardation with a touch of the primary syndrome.'"⁹ Bearing this dilemma in mind, let us then examine first the general strategies being used in the teaching of reading to students with special needs in our public schools, and second, the clinical approaches adaptable to classroom use for remedial instruction.

As one considers how society teaches its young what they must know about their language, attention is focused on particular aspects, with greater or lesser peripheral illumination of the others. The primary focus may be on the "message" as apprehended by the mature reader. The message thus becomes

the goal of instruction. In the case of religious instruction then, the standard "message" curriculum might try to impart an understanding of "what it means to be ethical." This is most definitely the normative approach in most public school settings. The use of the basal reader system is common in developmental programs all over the country.¹⁰ To the extent that this approach is suitable to small, intensive instruction classes, it is best used for Corrective reading.

If the focus is on the nature of the language itself, (which in general shall not affect us) the instructional strategy will consist of linguistics or phonics, or a combination of these, as the way to master the medium. Although this approach does not appear to be of great use to us in the religious school setting, it can be beneficial to the remedial teacher in so far as alternative methods are made available.

The "processor" is the center of the third major approach to reading instruction. This processor is to be understood as the learner for whom both medium and message exist. This method seeks to know how he learns, what is wrong with his learning, and what to do about his inadequacy. One thinks here first of the initial teaching and of measures for preventing problems, then of instructing corrective groups of students with secondary handicaps, and next of remedial groups. It is important to bear in mind that each of these approaches is usually strongly influenced by the viewpoints of learning psychologists and neurologists.

In addition, the religious school teacher should be made aware of the following clinical methods presently being used in the public school setting to facilitate remediation.

The Visual-Auditory-Kinesthetic-Tactile (VAKT) approach is the remedial technique most often recommended by people coming into the field of reading disorders from the developmental reading world.¹¹ When learning breaks down badly enough and morale is low, the student is helped to learn the visual patterns of words he wants to know by tracing with his finger large, written models of these words, while simultaneously pronouncing them, syllable by syllable, until he has mastered them, can write them from memory, and can file them in his "dictionary" box. Further steps are designed to take him to the usual direct visual learning of whole words. In extreme cases this technique is generally employed in clinical teaching of individuals, but its designer, M.S. Johnson, used it with small classes, especially for the development of skills in written work. Its emphasis is on whole words, analyzed at most to the syllabic level. The tactile-kinesthetic strengths of the learners are relied upon to help establish the visual patterns, with the auditory-speech mode giving some support. This method is suitable for some disabled readers and may be used in groups if sufficient adult help is available. It does not seem to meet the needs of most dyslexics as well as could be hoped, probably because of its whole-word orientation, its lack of systematic build-up of language structure, and its low audio-vocal involvement.

According to other experts, lists of words organized in patterned groups provide another individual teaching device which can be used with groups.¹² In this method word lists are arranged in accordance with their sound-spelling patterns; they may be practiced aloud for visual-auditory-vocal reinforcement, and written for kinesthetic support. When one uses these devices, short-sentences of known words can be read early; story reading is often delayed until word-skill permits the student to read books near his level of interest. This method has been successfully used with older students whose motivation was strong.¹³

The neuro-physiological approach has at least a forty year history of use with dyslexic students. It has developed a considerable body of literature, teachers' guides and supplementary materials. However, before we can explore the nature of this approach, it seems fitting to examine the entire problem of dyslexia in greater detail.

III

THE DYSLEXIC CHILD - "THROUGH A GLASS DARKLY"

In the case of dyslexia it is no small task to attempt to formulate an adequate definition of the problem. Indeed, a number of experts have given up all attempts to do so. Yet an international body of experts does exist which sought to provide such an answer. The group is known as The Research Group on Developmental Dyslexia of the World Federation of Neurology. It is comprised of men and women in the fields of neurology, pediatrics, psychology, and pedagogy. They recommended the following two definitions for general acceptance:

- A. Specific Developmental Dyslexia - "A disorder manifested by difficulty in learning to read despite conventional instruction, adequate intelligence, and socio-cultural opportunity. It is dependent upon fundamental cognitive disabilities which are frequently of constitutional origin."
- B. Dyslexia - "A disorder in children who, despite conventional classroom experience, fail to attain the language skills of reading, writing and spelling commensurate with their intellectual abilities."¹

Based upon these definitions it becomes clear that the dyslexic individual can be distinguished from other types of problem readers. The dyslexic exhibits no clear cut neurologic deficits caused by frank brain damage. In most cases there is no history of birth trauma or the other characteristics common

in brain damaged individuals. In addition, the dyslexic generally is not affected by exogenous factors such as psychosis, limited schooling opportunity or other external influences. Obviously, given time the exogenous factors would take their toll upon the dyslexic child. Yet, initially these factors are not of great influence. If this is so, what do experts believe the causes of dyslexia to be?

Most studies indicate that dyslexia appears to be hereditary in nature. According to W.F. Brewer, who conducted a study of an extended family group (as reported by Shedd): "From the maximal estimate pedigree, it is concluded that specific language disability is a dominant sex-influenced or partially sex-linked tract with almost complete penetrance."² With regard to the sex-linked findings most studies available conclude that the number of males with dyslexia greatly outnumber the number of females in ratios ranging from 6-1 to 10-1. This then is a factor which the teacher can utilize for guidance.

Based upon such hereditary studies, the most favored hypothesis as to the cause of dyslexia appears to be the theory of cerebral immaturity, or maturational lag. According to Critchley, maturation comprises a process of growth from unstable and primitive to stable and highly integrated hierarchic behavior.³ A developmental dyslexic is often regarded as a "late bloomer," but only in regard to the flowering of certain specific faculties. As Critchley reports from a study of "Congenital Dyslexia" done in 1961 by Goaddy and Reinhold:

They stressed the idea that in normal circumstances asymmetry of the functions of the two cerebral hemispheres is established as a child develops, and that this asymmetry of function is closely related to the performance of reading and writing. Children with developmental dyslexia, however, fail to establish such an asymmetry of function in the cerebral hemispheres.⁴

This most attractive hypothesis raises certain questions. If specific developmental dyslexia represents a peculiar type of cerebral immaturity, it follows that the difficulty in reading might eventually improve - provided, of course, that attempts to learn are continued long enough. But, sadly, the opportunities for such learning slip by all too quickly. It is clear that more research is needed into the entire question of causation for dyslexia. As of this point in time the most popular speculation points toward some type of hereditary genetic imbalance.

Having a working definition and noting the probable causes, let us now examine the set of test findings, characteristics and symptoms which typify the dyslexic individual.

I. Test performance indicators.

1. Spotty performance on I.Q. tests, achievement is high in some areas; low in others. There may be a discrepancy between the verbal and performance subtests on the Wechsler Adult Intelligence Scale and on the Wechsler Intelligence Scale for Children. The Stanford Binet also is a sensitive instrument to measure memory, recall, digit span and figure copying.

2. Below mental age on tests of drawing a person. According to a study done by A.W. Mason in 1967, as well as others, the Goodenough draw-a-man test "yields markedly depressed scores in relation to the individually derived I.Q. scores."⁵
3. Visual-motor Gestalt tests are poor for age and indicated intelligence.
4. Poor performance on group tests which require reading and writing. The standardized achievement tests utilized in most public schools reflect a marked lack of language facility. Teacher made tests employed in ordinary classroom situations produce even greater differences. A study now in progress conducted by Dr. Shedd indicates a mean variation between written and oral examination of 50 points on a hundred point scale.⁶

II. Impairments of Perception and Concept Formation

1. Impaired discrimination of right and left. This means that the individual with dyslexia may hesitate before making a decision involving right-left discrimination. Though such an individual may be able to identify his right or left hand, he may experience great difficulty identifying his right or left foot or other parts of his body.⁷ Closely related to the lack of right and left discrimination is a lack of right-left dominance. Especially by the time children enter the primary grades,

most have shown preference for "writing" with either the left or right hand. This is not the case with the dyslexic. Within the personal experience of the writer, and as reported by experts, the dyslexic often transfers a writing apparatus from hand to hand. When asked "With which hand do you write?" the dyslexic child may say the left hand at one moment and the right hand the next.

2. Poor spatial orientation. This difficulty may be observed in relation to the Gestalt test, for when the dyslexic individual is given a blank sheet of paper and asked to draw a series of twelve designs, he has difficulty organizing the designs in terms of the space of the paper. When the individual begins to copy the designs he usually starts at any point on the page, placing the designs in a harum-scarum fashion on the page.⁸ Typical of this individual is his losing his place while reading. He generally will have great difficulty in reorienting himself to the page and then finding his place. (See Figure 1.)
3. Impaired orientation in time. Temporal disorganization is shown in lack of time sequence or rhythm. The dyslexic child is often unable to maintain a steady rhythmic pattern or even to observe a pause in simple clapping exercises.
4. Field dependent perception. When one is asked to look at a differentiated visual field, the average

individual is able to notice that one part stands out from the remainder. The part which stands out is, in technical terminology, called the "figure" and the rest is called the "ground." The individual with dyslexia does not discriminate between figure and ground in a pattern but responds to both. In an "embedded figures" test devised by Gottschaldt,⁹ one or two simple geometric designs are presented, together with a number of very complex designs. The testee is required to detect which of the simple figures lies concealed or incorporated within the complex design. The problem is therefore one of holding or isolating simple patterns in elaborate configurations. As simple as it seems to the "normal" individual who can report the pattern's place in a fraction of a second or at most a few seconds, the dyslexic cannot do so. Thus, the dyslexic may perceive the entire picture but is unable to detect the details.

5. Frequent perceptual reversals in reading and in writing numbers beyond age and instructional level. When most children begin to read or to write one often notes the errors in form or pronunciation which occur. Usually, however, such errors are eliminated after the instruction rendered within a few weeks or months. For the dyslexic there is a continued confusion of left and right, up and down, with a subsequent reversal of

letters or syllables within words or words themselves. The letter "b" becomes "d"; "p" becomes "q"; "saw" may be perceived as "was"; "left" as "felt"; "on" as "no." Numbers may also be reversed with 1946 becoming 1964. The confusion also extends to up and down. Such an individual may write "m" for "w" or "d" for "p." It should also be noted that the individual's age is not a primary determinant. As can be seen in Figure 2, the range of age in these five boys is from 7 years up to 17 years. All five individuals have I.Q.'s in the average or superior range. Each has attempted to write to dictation, "The yellow pig saw the little baby."¹⁰

6. Impaired reproductions of rhythmic pattern. There is definite "dysrhythmia" or lack of rhythm in speaking and reading. There is also difficulty in musical rhythmic production.

III. Disorders of Speech and Communication

1. Impaired discrimination of auditory stimuli. Inadequate perceptual functioning makes it difficult for dyslexic children to detect differences in sounds of letters even though they have adequate hearing. Thus a child who cannot tell the difference between the beginning sounds of such words as "tag" and "cad," or hears no difference between "sat" and "set" will find it extremely difficult to learn to read when taught by a method

which requires sound-letter association.¹¹ There is frequently difficulty in remembering sounds of the common digraphs "ch, sh, etc." The dyslexic child has difficulty in blending sounds. The simple word "shalom" when taught in the religious school class may cause great anxiety for such an individual. Another major point is that even if the dyslexic individual has been taught sufficient auditory discriminative ability to associate letters and sounds correctly, he still cannot synthesize them to decipher unknown words.¹²

2. Frequent mild speech irregularities. The dyslexic individual has a speech difficulty which is most nearly exemplified by the diagnostic entity called "cluttering." This includes marked omissions and substitutions to a degree that approaches what we would call jargonic speech. In this case the individual knows what he wants to say; he intends to say it; but what comes out is phonetically garbled, usually with inappropriate stress patterns. Critchley points out that this garbling may be called "reversals of concepts, saying, for example, black for white, nice for nasty."¹³ In another study done in 1962 by Saunders, as reported by Critchley, there is marked reversal in time sequences, whereby the dyslexic child may say first for last, now for later, seldom for often. One child within the Saunders testing said "the day after yesterday...I mean the day before tomorrow" when what he really meant was

the day after tomorrow.¹⁴

IV. Disorders of Motor Function

1. Non-specific motor awkwardness. Rabinovitch has pointed out that "Observation of gait and the performance of motor acts such as dressing and closing doors and the handling of psychological test materials, led to a definite impression of nonspecific awkwardness and clumsiness in motor function."¹⁵ What this means in simpler terms is that one moment the person appears to have the satisfactory motor control and at the next moment he may "fall over his own feet." Minor accidents are quite common with this group due to frequent falling or stumbling. At the same time Critchley points out this inordinate clumsiness is anything but an invariable symptom. He reports: "...it is rare. Of my series of 125 cases, it was noted in 34. When present it was more commonly encountered in the very young dyslexics. Most of my patients actually showed real dexterity."¹⁶
2. A Periodic Loss of Fine Motor Skills. Disturbances in fine motor skills is evidenced in handwriting, drawing, coloring, cutting, or other manual activities that involve fine motor movements. There is also fine motor skills loss in speech. This is what we call "speech clutter" or what the layman might call sloppy speech. Dr. Rabinovitch cites some extreme examples which

serve as guidelines for testing expressive language in other potential dyslexics. These are taken from the transcripts of the language of such children.¹⁷

QUESTION: Why is it better to build a house of brick than of wood?

ANSWER: Well, just in case a hurricane the house can break down, but you put brick on, it can just hit it but not break nothing down.
(Aged 9 years)

QUESTION: What must you do to make water boil?

ANSWER: You should put it under a fire. (Aged 10 Years)

QUESTION: How did he get hurt?

ANSWER: He sprang a thing, a arm when he felled out of that tree. (Aged 11 years)

QUESTION: Is it nighttime or daytime now?

ANSWER: Daytime. It's, well, clouds are out and stuff. It's white the clouds, it's lightsen up, the clouds and stuff. (Aged 9 years)

QUESTION: Is it morning or afternoon?

ANSWER: It's in the noontime. Noon. In the noon.
(Aged 9 years)

All these examples and many more are evidence of a loss of fine motor skills in the area of speech.

V. Academic Performance and Adjustment

1. Reading Disabilities. In the area of ascertaining the extent of reading disability much confusion exists.

Some experts, such as A.J. Harris, recommend subtracting five years from the mental age. For example, if the individual's mental age is 12.5, a subtraction of five yields a reading expectancy of 7.5 years. The standard procedure, however, is to relate performance to chronological age and grade placement. It is obvious that this assessment must be made by experts. The average public or religious school teacher is simply not equipped to determine proper performance levels. However that teacher should be familiar with the tests available.

2. Spelling Disabilities. The existence of errors in spelling is quite apparent. Though a dyslexic may have, and often does possess, an outstanding capacity for memorization of words, he cannot retain the words. This is due to the fact that spelling is so strictly patterned that any variation is incorrect. Giving such an individual a list of 25 words of adequate difficulty will distinguish him from the subject who lacks knowledge of spelling. The dyslexic will reverse, omit, add, or confuse letters; consequently, a word such as "girl" will appear "gril" or "analew" as "shlaom." In particular there is much confusion over vowels and vowel sounds. It will be clear that the dyslexic individual is almost unaware of the patterns of the English language.

3. Writing Disabilities. One need look no further than the written page to be aware of dysgraphia in the dyslexic child. The simple task of writing a paragraph provides the needed evidence. The writing will be slow, cramped, angular, uneven and uncertain as evidenced by the variation in letter slant, and the tendency to erase and scratch out. Any pressure for rapid performance generally destroys the dyslexic's ability to cope with the writing process. This is evidenced in the three examples found in Figure 3. It is important to note once again the problem of spatial orientation and confusion in directionality. For the dyslexic this means that writing on unlined paper is extremely difficult with the writing wandering off to any point on the paper rather than proceeding from left to right. Imagine the additional difficulty for this individual if placed in a religious school environment where the study of the Hebrew language was also a requirement!
4. Variability in performance. The dyslexic's performance in the three areas mentioned above shifts from paragraph to paragraph, from day to day. The oral reading by Gray, discussed later, will typically yield many errors for the first paragraph, a reduction of errors on the second and on some successive ones. This eventually leads to a gradual deterioration and in

some instances to a complete inability to read.

This variation causes many teachers and parents to accuse the dyslexic of "goofing off" or to say "he is bored with the subject matter."

5. Poor ability to organize work. It is common knowledge that in order for tasks to be handled effectively there must be analysis into elements, then synthesis into the whole. This is a process which the dyslexic child cannot handle effectively. It is common to watch such a child work endlessly on one aspect of a task without ever relating it to task completion. Typical of this syndrome is the parents' report that "their dyslexic child can perform adequately as long as they are 'sitting with him' but the moment they leave him to his own devices he fails."¹⁶ Thus, as long as they can provide the needed structure the child can cope, but the moment they leave, the same child finds it difficult to establish such a structure. In the experience of this writer, this difficulty became apparent while working with a dyslexic child who was ten years of age. This boy, if interrupted while reciting a series of words or the alphabet, could not proceed from that point. Rather, he had to go back to the beginning and produce the entire series again.
6. Slowness in finishing work. If one achieves an understanding of the dyslexic's reading, writing and spelling disabilities and also his inability to organize material,

then this supplies the reason(s) behind his slowness in task completion.

VI. Disorders of Attention and Concentration

1. Short attention span for age. In dyslexics there exists something which we may term the inattention phenomenon. This phenomenon is characterized by the fact that at one moment the individual with this disability receives a stimulus, while at the next moment the stimulus does not get through. Teachers often speak of the individual as a "day dreamer." In such cases the stimulus may need to be increased in intensity or repeated. Often times, changing the stimulus, touching the person, or asking him to change his physical position may help regulate the tension level. This may then improve the performance.

VII. Characteristics of Social Behavior

Obviously we develop our concepts through the use of oral language. When we add visual symbols such as the alphabet, these concepts become comprehensible and therefore used. At the same time, these concepts become more abstract. As Dr. Arthur Combs and Dr. Donald Snygg explain in Individual Behavior:

The development of language makes possible vast opportunities for perceiving on a symbolic level what we could not ordinarily hope to experience. Although I cannot directly perceive that it is dangerous to expose myself to rays from an atomic pile, for example, I can differentiate this notion through what others whom I respect have told me.¹⁵

In another study by J.M. Wepman done in 1960, another dimension is added to our understanding. He says:

The child as he acquires the ability to do his learning through the printed word also acquires the mechanism for greater abstraction. He is no longer bound to the temporal sequence of audition but develops the spatial sequences of vision-- he learns that words substitute not only for the immediate here-and-now, but for the distant there-and-then, for the past and future as well as the present to which he has been limited... Now abstraction takes its most definitive form where the object to be abstracted is present only as a substitutive symbol, from the concrete present the individual matures to the abstracted past and future.²⁰

According to Piaget, the age at which a normal child begins to read with facility is also the age at which he changes from an egocentric individual to a societal, ethnocentric being. This generally occurs at the age of five or six. As Wepman points out, it may be that successful learning in itself plays an important part in this normal phase of externalization. Since it is with the development of reading that the potential for externalization becomes available, the dyslexic child may fail to develop the essential phase of cognitive maturation which permits the easy transition to societal adaptation. Shedd makes available some interesting statistics in this regard showing that in a literacy program at both LaGrange and Eddyville penal institutions in the state of Kentucky, results indicated that 43 per cent of the inmates were dyslexic.²¹ Shedd and Critchley also report that the rate of delinquency among dyslexics has been inordinately high.

Given all this information about the characteristics of dyslexia, other questions still remain. What percentage of the population is dyslexic and what tests most effectively ferret out the dyslexic child from the average reader? Let us answer each of these questions in turn.

In 1967, Philip M. Kline pointed out that: "Discussion of dyslexia may promote either passionate interest or complete apathy on the part of both teachers and physicians. Apathy is noticeably absent when the discussion involves a parent of a dyslexic child."²² One need only turn to any of a number of studies to realize that many cannot be party to such apathy. Hallgren in 1950 found 12% of the school age population in Stockholm were dyslexic; Gripenberg in 1963 reported 23.5% in Helsinki; and Preston in 1941 reported 20% for the United States. More recent studies have lowered the United States figure to approximately 10 to 15% of the school age population. This figure is based upon a study done in 1962 by the National Institute for Neurological Diseases and Blindness which reported that the prevalence of all forms of reading disability may be placed at 150 per 1000 school children, or 15%. With respect to the category commonly called specific (developmental) dyslexia, 10% is probably a reasonable estimate.²³ Obviously these figures apply to the religious school setting as well. If a classroom contains thirty children we might then assume that possibly three of those thirty individuals exhibit signs of "specific reading disability." As Dr. Macdonald Critchley,

President of the World Federation of Neurology, points out:

Obviously the problem is sufficiently important to merit official recognition. Facilities are sorely needed for the early recognition of dyslexics, followed by opportunities for these children to receive individual, sympathetic, and intensive tuition, either in the classroom or in special schools, residential or otherwise. An even more satisfactory solution would be to train corps of specialized teachers of dyslexia who could be sent to schools in sufficient numbers to deal with children who had been screened and later accepted as victims of developmental dyslexia.²⁴

It is no less important for the religious school educator to recognize and provide for such children within the religious school environment.

Another major factor relating both to the public and religious school environment is that developmental dyslexics and indeed all children with difficulty in learning to read tend quite early to develop neurotic reactions. Sometimes these are severe and may lead to a striking personality change. As Critchley points out:

The dyslexic is apt to find himself an alien in a critical, if not hostile, "milieu"; mocked, misunderstood, or penalized; cut off from opportunities for advancement. Should the dyslexic child be of high intelligence, his prospects of developing neurotic reactions are all the greater, as he sees himself lagging behind junior members of his family, and younger companions.²⁵

Critchley's point of view is borne out in another study which actually quotes statements made by students and their teachers regarding their learning habits. One ten year old complains: "I hate school and hate reading. I guess my

teacher is okay, but I never do anything right."²⁶ A report concerning a student in the fifth grade states: "Tommy can read fairly well, but he is lazy and so careless with his spelling and writing that he never gets his work finished, and he bothers everyone around him."²⁷

As Dr. Charles L. Shedd points out:

These large numbers of intellectually able individuals [10 - 15% of the total population] are prevented from living normal lives by a remedial disability that makes it difficult for them to learn. The resulting cost in human waste and suffering has been high in terms of psychological problems, inadequate academic achievement, and inadequate and unhappy lives. Such waste of human resources need not be the case.²⁸

Another major issue exists in regard to the identification of dyslexics. It is found in the controversy as to exactly how many of the characteristics mentioned earlier must be identified and verified before a child can receive treatment. One group of experts feels that the child must manifest every one of the characteristics while others feel that random characteristics are enough to merit treatment. This controversy has raged on for years and will not be settled soon.

The question of testing is the last major question one needs to explore in relation to dyslexia. Ideally, children in remedial groups are placed there on the basis of careful diagnostic study. It is not the suggestion of this thesis that the religious school undertake the responsibility for adequate testing. At the same time, however, the religious school director and teachers should be aware of, if not well versed in,

the screening and testing methods available. To that end we now shall discuss the entire question of diagnosing reading problems.

As with any problem, diagnosis should precede action. In the diagnosis of reading problems, the teacher tries to understand the child's reading strengths as well as his weakness. The more his strengths and weaknesses can be pinpointed, the more likely it is that a corrective or remedial program can be devised that will take advantage of what he does well and attack directly those skills he lacks.

Most areas today either have their own centers for the diagnosis of those exhibiting reading difficulties or they have ready access to such facilities. The religious school should make appropriate use of these facilities or at least be in constant touch with school counselors and others who do have this information on the religious school pupil. In addition, the teacher should be familiar with those oral reading tests which prove to be the most effective instruments in measuring dyslexic reading capacity. Critchley enumerates a series of six basic investigations which he finds most beneficial in ascertaining reading ability. They are:

- a. Gray's test, where the child is required to read aloud paragraphs of increasing difficulty. Note is made of the time taken to complete the task, and also of the total number of errors. The results are transmutated into a score based upon the child's

scholastic grade, which would range from one to eight.

- b. The Haggerty Reading Examination, (sigma 1, Test 2), a multiple choice test which measures the ability to read silently. Within a given time limit, the child is required to underline the appropriate answers to questions of increasing difficulty. The score is made up of the number of correct answers, minus the number of incorrect ones. This test is suitable for children between the first and fourth American school grades.
- c. The Monroe silent reading examination. Here a number of paragraphs are followed by a question, and by several suggested words, of which it is necessary to underline the appropriate one. A time-limit is imposed. The score comprises the number of correct words selected. This list is suitable for children between the third and eighth grades.
- d. The Iota word test, which measures the power of reading isolated words correctly. This test is applicable to children between the first and fifth grades.
- e. The word discrimination test. The correct word must be selected from lists of alternatives.

- f. The Stanford reading-achievement test. This is used whenever the child's reading score lies above the norms of any of the previous tests.²⁹

With the simple use of the results from these tests, the suspected cases of dyslexia might be sifted from the heterogeneous community of "normal" or retarded readers. As Dr. Charles Shedd points out:

These [tests] provide an indication of the level at which the child can read, his competence in word analysis techniques, his attitude toward his difficulty, and his fluency, articulation and expressiveness in reading aloud.³⁰

IV

CLINICAL APPROACHES TO DYSLLEXIA
PUBLIC SCHOOL VERSUS RELIGIOUS SCHOOL

Having enumerated the general characteristics of dyslexia, let us now turn to those programs which are presently being implemented to cope with the problem. As mentioned at the conclusion of Chapter II, the neurophysiological approach is the oldest in use. The distinctive features of this clinical approach are:

1. its base in the neurological understanding of the language function.
2. its methodical procedures for teaching by the simultaneous or coordinated use of the senses of sight, hearing, and muscular awareness.
3. its use of phoneme-grapheme* correspondence as the minimal units for decoding and encoding language.
4. its systematic, cumulative development of blended sequences, patterns, and language structure.
5. emphasis on the integration of reading, spelling, and handwriting.

*Phoneme - the minimal sound unit which distinguishes one word from another. Can be spelled with one or more letters (such as bat from fat, chin from shin).

Grapheme - the visual symbol or spelling which represents a phoneme (as f or ph for the sound /f/).

6. the substitution, wherever possible, of rational processes for rote memory.
7. simultaneity of cognitive and stimulus-response learning as a hedge against the dyslexic's common and unpredictable failure of automatic response.
8. the combination of disciplined method with adaptability in pace and detail to the needs and interest of the student, and the ingenuity of the teacher who can use the program as a base of operations to which other material and procedures may be added.¹

This clinical approach has taken many forms throughout the country within the past ten to fifteen years, but mainly within the realm of public schools or in underprivileged areas.

Such a program has been the object of the schools of Renton, Washington since the late 1950's and more recently, of the Highland Park Independent Schools in Dallas, Texas. Both programs began with teacher training as the all-important prerequisite. There were no "action programs" until prepared teachers could make them effective.

In Renton, the teachers voluntarily sought training, which, beginning in 1960, led to regular summer courses with college credit and a planned program of identification and preventive instruction. These courses are held each

summer at the Renton-Seattle Summer Specific Language Disability Reading Center. Teachers are given continuing guidance and supervision. As of 1969, the program in Renton involved fifty-eight classrooms and eleven hundred children out of an approximate population of eleven thousand.²

Another most interesting program, under the leadership of Dr. Charles Shedd, was initiated at the Reading Research Institute at Berea College. Their program had two primary aims: 1) understanding dyslexia as a diagnostic entity, and 2) the development of specific remedial procedures. Central to our study is the fact that the latter of these two aims came to realization in the following manner.

Procedures and materials were developed which might be used by semi-skilled or unskilled individuals as instructors under supervision. These procedures were shown to significantly reduce treatment time. Since their inception, a number of these programs have been successfully incorporated into ongoing public school programs. Finally, these programs are found to be economically feasible.

In Figure 4, an article by Sally Smith appearing in The Charlotte News, it becomes readily apparent just how successful the Shedd instruction method can be. As Ms. Smith points out, even with all the seeming chaos in the classroom, the students exhibited "an average increase in reading and comprehension of a fraction below two years in a period of eight weeks."³

Many other similar programs are now being initiated throughout the United States to help meet the challenge of dyslexia and other learning disabilities in the public school setting. In recent figures made available by the Hamilton County (Ohio) Diagnostic Clinic for the Mentally Retarded, the growth rate of such classes for the learning disabled is evident. In 1968-69, only ten or eleven learning disability classes existed for the entire Hamilton County school population. At the present time in 1973-74, with the recognition of the existence of such children in our schools there are sixty-seven such classes being conducted. These figures are mirrored in public schools throughout the land. Do the facts and figures for the Reform religious school population or any religious school during recent years reflect such progress?

For the most part, religious programs of instruction for children with severe to mild learning disabilities were not available up to recent days. Inquiries made by this writer into the availability of such concrete programming yielded almost no data. In a recent conversation with Dr. Alvin I. Schiff, director of the Board of Jewish Education, Incorporated for New York City, he reported "nothing substantial being done in this area." He asserted that especially in relation to the children with dyslexia, "nothing is being done on a scientific basis in group work." In Brooklyn, New York, a school called the Hebrew Academy

for Special Children does exist. However, most of their instruction is limited to children classified as Educable Mentally Retarded (E.M.R.). According to Dr. Max Frankel, director of the Bureau of Jewish Education for Cincinnati, Ohio, the Tikvah Program which is being carried on in that city is primarily geared to the needs of the retarded.

Clearly the path of the pioneer opens before us as religious educators. In a recent article found in the periodical Reform Judaism of March 1974, mention was made of a Chicago "citywide conference on the Learning-Disabled Child for educators, teachers, and those with general interest in the problem. Jewish experts from all over the United States led workshops, discussion sessions, and general information labs." In a conversation with Ms. Ellen Levit of the U.A.H.C. Chicago staff, one of the coordinators of the program, she stated: "This conference only showed us how much remains to be done and how far behind we really are." Ms. Levit's evaluation appears to be accurate.

Two of the "oases" in the religious desert of programming and material for the Learning Disabled child are found in the "Havanah" Program of Special Education sponsored by the Atlanta Bureau of Jewish Education and in The Sabbath Kit by Herbert A. and Barbara Greenberg. The latter material was sponsored jointly by the Union of American Hebrew Congregations and the United Synagogue of America.

In the case of the Havanah program, which was founded in 1966, classes meet on Sunday mornings from September to June at the Hebrew Academy of Atlanta. As their information states:

The 'Havanah' [Understanding] Program recognizes the right of every Jewish child to participate in an organized, systematic program of Jewish study. The goal of 'Havanah' is to provide students with an understanding of their Jewish heritage through a multiplicity of rich Jewish experiences which will enable them to participate with pride and self-assurance in various Jewish ceremonies both at home and in the synagogue. ⁴

In this program, Dr. Leon Spotts, director of the Atlanta Bureau of Jewish Education, explains that three separate types of classes are offered in order to meet the needs of the individuals. The classes are geared for Trainable-Mentally Retarded; Minimally Braindamaged; and Specific Learning Disabilities and are taught by qualified Special Education instructors. The curriculum is centered on the active celebration of Jewish holidays and in making symbols for use in the home. The main medium consists of oral presentation of material and concepts. This innovative program even includes individual instruction for Bar or Bat Mitzvah based upon the particular child's ability. This program can serve as a model for other cities.

One of the other tangible steps forward in material or programming for the Learning-Disabled child is found in The Sabbath kit conceived by Herbert and Barbara Greenberg.

The kit is the product of several years spent in testing of materials for use in special classes for the exceptional child. The need for such an "activity" curriculum is expressed beautifully in the foreward to the kit written by Dr. Gloria F. Wolinsky, Associate Professor in Special Education Services at Hunter College. She writes:

The basic premise on which this kit is built is a simple one. The need for identity, for relationships, and for belonging is as great a need for the child who is defined as different as it is for all of us. This search becomes an even more complicated one for children who are unable to cope adequately with the environment because of an inability to relate well, to make rational choices, and to have normal group and social experiences.⁵

The Sabbath (שבת) kit consists of visual and tactile materials which relate to various phases of the Shabbat experience. Basically the program is divided into three sections:

- 1) Friday night at home and in the synagogue
- 2) Saturday morning in the synagogue
- 3) the Havdalah service ⁶

This material may be used by the teacher or also by the parent for home instruction. It has proven highly effective when used with preadolescent and adolescent groups or individuals.

By use of programs and materials such as those discussed above, the first step of meeting the religious needs of these special children is being accomplished. In the larger scheme

however, much more needs to be done. Let us turn then to a summary of what we have learned from this study as well as what needs to be done in the future.

V

CONCLUSIONS

Stumbling blocks are certainly not easy to remove. As I continued my research into the entire question of religious school approaches to children with learning disabilities, I quickly realized just how scarce was any adequate programming or material for their instruction. Unlike the public school educators who began depth research into the question of reading disabilities in the late 1940's, the religious school did not begin this until the 1960's. This leaves us today in the position of pioneers forging new paths through steep mountain passes.

Just how far along the path are we? Let us seek an answer for that by using the curriculum established by the Joint Committee on Special Education as our critical guide. Those few programs which are available for the Jewish learning-disabled child are basically fulfilling several of the curriculum goals.

Those religious schools or cities which make use of materials such as The Sabbath Kit are meeting certain basic needs. Children exposed to this material generally do come away with a greater sense of security in being a Jew. Through exposure to the rituals, the learning disabled child begins to gain a feeling of K'lal Yisrael. If, in turn, these same rituals are reinforced in the homes of

these children then the situation becomes even better.

As I continued my research I realized that use of such materials and also programs like "Havanah" are geared mainly to those children classified as the Trainable Mentally Retarded or the Minimally Braindamaged. Sadly, these children have limited ultimate potential due to their physical conditions. For them, it is necessary to provide a "Jewish ritual" orientation since that is something they can retain. Yet, I asked myself, what about the children with Specific Learning Disabilities or Dyslexia?

As my research established, these children usually possess average to superior I.Q. levels. If they are repeatedly given an education which consists solely of ritual orientation, they, like us, will become bored. This is certainly normal behavior on their part. The weakness in available programming thus becomes clear. So little material exists which provides the average religious school teacher or the teacher trained in Special Education with material and/or approaches to Jewish ethics. This is one of the curriculum goals which seems to have been ignored. The Teacher's Guide which shall follow hopes to begin creative thinking on the subject of teaching Jewish ethics for the Dyslexic.

Another primary concern of this thesis was to provide Jewish educators with a stockpile of information dealing with Dyslexia. In many cases our religious school teaching

staffs consist of Jewishly interested laymen who "wish to help." Most of these people, be they in a large or small temple community, are not well-versed in basic teaching techniques nor in identification of "special" children in their classes. Through the proper use of this thesis material, my hope is to rectify that situation. I feel that I provide the religious school administrator/principal with an instructive aid which can be used in teacher training programs throughout the land.

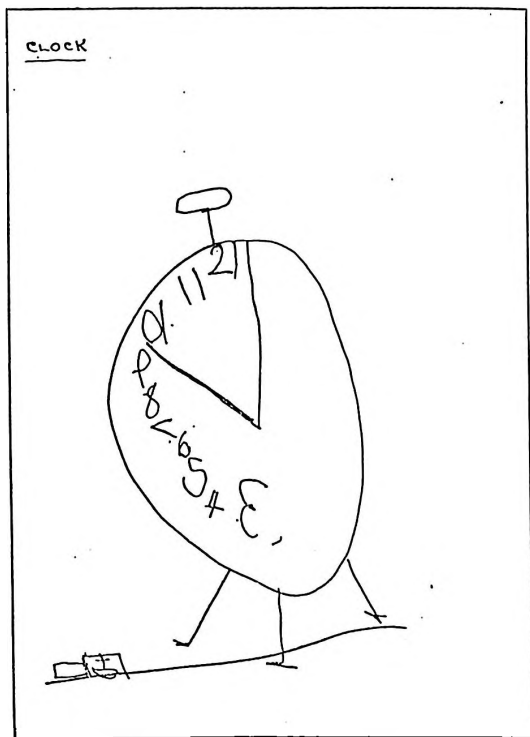
It is in this regard that I wish to recommend the presentation of a Dyslexia awareness program in each religious school at the beginning of the academic year. During this teacher training session, the material presented in the Teacher's Guide should be reviewed, with special emphasis on the characteristics of Dyslexia. This can then be supplemented by the presentation of any of a number of excellent films on the subject of Dyslexia. In the Resource section at the conclusion of this thesis a listing of a number of good movies may be found. In those religious schools which have Special Education personnel on their staff, those instructors may wish to conduct an ongoing Dyslexia awareness program throughout the year. Only by making our teachers knowledgeable in regard to Dyslexia will we be able to serve the needs of each individual in our classroom.

The final consideration which has been most valuable to me in completing my research is what I call the

"establishment of priorities." When I first became interested in this thesis topic I felt it would be proper for both the religious school teacher and the public school instructor to improve the Dyslexic's reading skills. Once I delved into the complex nature of Dyslexia, I soon realized that the goals for religious school programming had, of necessity, to be different from the public school Special Education class. Indeed, the role of the religious school learning-disability classes should be to further enhance that which the public school is accomplishing. Yet it can go one step further. The religious school teacher, once aware of Dyslexia, has an excellent opportunity for creative non-text oriented programming on Jewish ethics. Given the time, materials and proper supervision, the average religious school teacher can help the Dyslexic improve his or her self-image as a Jew. Thus, the Dyslexic child may take great steps toward understanding how and why Judaism impels him to be an ethical human being. As a result of this improved self-image, it seems logical that the Dyslexic child will be better equipped to cope with his learning problem as he moves toward the adult world.

In conclusion then, what have we accomplished? Clearly this thesis is only the beginning effort towards solving a difficult dilemma in our learning environment. Much remains that needs accomplishing. We must make a concerted effort to see that the Dyslexics and all other "exceptional" children are given the same rights as Jews in the normative community. Through continuing research and dedication we

shall one day find the Dyslexic and normal adult working side by side for the good of Judaism and mankind. My one caution to those interested in helping these "special" individuals is to be persistent and full of hope. To paraphrase the words of the great poet Robert Frost, we have "miles to go before we sleep." There is much to be done!

Figure 1

Drawing of a clock, showing severe spatial difficulties, neglect of the right half of the dial, and various rotations and reversals.

The child was an intelligent boy of 6 years 8 months with a family history of dyslexia. Seen again at the age of 9 years and 1 month, his reading and spelling ages were at a 7-year level. His spontaneous drawing of a clock was then well executed.

Frontispiece in The Dyslexic Child
by Macdonald Critchley

Figure 2

Reading problems in children: Definitions and classifications 7

Fred, aged 14

the yel^{ow} big saw the liddle bab
 the yellow pig saw the little baby

Tom, aged 12

the will pig saw
 the liddle Bedd

George, aged 17

ter ylop pis
 the yellow pig
 oke ter lile boy
 saw the little baby

Jim, aged 10

The ellwey gad sand
 The litke qadd

David, aged 13

bat xan d, g ant
 Tab tax at

Fig. 1-1. Examples of handwritten responses by five dyslexic boys with performance I.Q.'s in the average or superior range.

last Monday we went to
the Zoo. We spent much
time in front of an exhibi-
tion cage with hal Seuner
mahgen. they made ~~tea~~
us. ~~but~~ we went
They were put out they
paws for nuts.

Last Monday we went to the Zoo. We spent much time in front of an iron cage which held seven monkeys. They made us laugh when they put out their paws for nuts.

Fig. 10 Writing to dictation. R.G., male aged 11 years. C88584.

Early the next morning, a long parade of farm animals started up the mountains.

Early the next morning a long parade
of farm animals started up the mountains

Fig. 11 Writing to dictation. R.S., male aged 13 years.

Jack and Jill went up the hill to
fetch a pail of water
Jack fell down and here is how
and here is how
and here is how

Jack and Jill went up the hill to fetch a pail of water
Jack fell down and broke his crown, and Jill came tumbling after.

Fig. 12 Writing to dictation. J.L., male aged 9 years. C85071.

Tests For Suspected Dyslexics Are Scheduled At Country Day

"APSL Approach to Literacy." This is on the front of every mental test to teach dyslexic and hypodyslexic children at Country Day.

It stands for Alphabetic Phonetic Sequential Literacy. The method is used to teach children to learn by seeing, saying, hearing and feeling. Beginning with the first letters of the alphabet and moving on to word families.

The method is now designed by Dr. Charles Shedd, head of the Reading Disability Clinic at the University of Alabama Medical College, an authority on dyslexia and the man who conducts the program here.

This method can be taught by volunteers. When someone asked a mother, who had been teaching during the winter on a voluntary basis, why aren't trained instructors used? Her reply was, "All you need to be able to do is say 'good morning,' 'goodbye,' and know how to READ."

When a child enters Dr. Shedd's program, he starts on the very first method — makes no difference what his age or grade level is.

Written in script on the body's first left-hand page is a



DR. SHEDD

large letter A. A dot in the upper right hand of the page indicates where the child should start tracing the letter and it arrows show the path he should follow in counter-clockwise pattern around in the standing dot again, then downward to complete the turn.

As the youngster sees the letter, he pronounces it out loud so that he hears himself and the others around him making the short A sound.

While he speaks, he traces

the letter with his index finger so that he also feels the letter. Then he uses a piece of fine sandpaper to trace the letter on so that he really feels how it is formed.

On the opposite page of the book, in script and print, are small and capital letters of the alphabet and the first word family consisting of a and an.

The next two pages add o and on in the same pattern, to make more word families.

It takes time, but gradually the child learns to read phrases such as "A lot eat eat" and "Put a hot, hot." These may not sound complicated to you, but they are for these children.

When he reaches page 32 and can read "Ted had a truck in a box" and "Daddy put the ice on the truck," he progresses to the next book which contains long vowels and consonant combinations such as bl and cl.

A dyslexic child lacks the ability to achieve in motor coordination. That doesn't sound too serious, but imagine what it would be like if you couldn't catch a forward pass, hit a baseball with a bat or even jump rope — and you were in a child's world. You'd

be a pretty frustrated, unhappy individual.

During the summer sessions at Country Day, the children attend classes in folk dancing, jumping rope, marching to music, playing ball, shooting baskets and forward passing. There is a psychological purpose connected with these sessions.

These young people may never be able to compete well in physical activity, but at least they are able to learn enough to relieve their embarrassment somewhat.

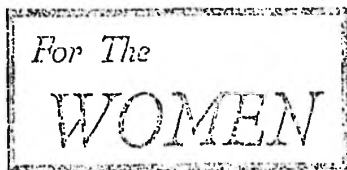
If you suspect your child might be dyslexic, there is a way to find out whether he is or not.

Dr. Shedd will begin his fall testing program at Country Day late in October. Then he'll be back in November, January and March doing the same thing.

The test is \$25 for three hours of testing and you receive a verbal evaluation from Dr. Shedd the same day your child is tested.

By calling the Dyslexia Foundation of Charlotte at 335-6644, you can put your youngster's name on the list.

SALLY SMITH



12A--THE CHARLOTTE NEWS-- Fri., Aug. 29, 1969

WOMEN

10A—THE CHARLOTTE NEWS—Fri., Aug. 27, 1939

It's Teacher Versus Dyslexic Child

Noise, Confusion Everywhere
In Classroom

By SALLY SMITH

Entering a classroom where
dyslexic and hyperkinetic chil-
dren are being taught reminds
one of a jumbled up kindergarten
classroom.

There is nothing quiet about
it. Every now and then you can
hear the palm of a hand make
contact with a wooden desk, in
an effort to capture a student's
attention.

You might see a youngster
with his head in the seat of the
chair, and his legs stretched
out and another crouch as he
answers questions or sounds
out loud.

The average onlooker would
think it is weird to a uncer-
tain degree. But considering the
situation may be, the situation
is in a learning environment.

It's practically one-to-one
between teacher versus stu-
dent. And it's the only way
the youngsters can be taught
read and write.

But if they have been
taught year after year, but
the teacher of their school
classroom. They often are
not called upon in the class-
room because the teacher knows
they can't read.

These children have learning
difficulties and are being
taught in a way to help solve
the problems.

A fairly number of them
are really lost confidence in
themselves and consider their
teaching as a waste. But
they are trying to teach these young
people how to read.

At Country Day school where Dr. Charles
H. H. H. conducted his intensive
work, it was their belief.
Dr. H. H. H. is head of the
University of Alabama Medical
Center and an authority on
the subject. Margaret Shedd, Dr.
H. H. H.'s sister, supervised the
program.

But progress resulting in
large increase in reading
achievement of a few
of the boys two years in a
row and it took weeks, accord-
ing to the doctor.

The 10, attending the session
ranged from first graders in
elementary school to a 20-
year-old man who came from
Florida to enter the program.

The cost was \$10.00 per student
and each high school and
college student paid a re-
served seat for the eight-week
period.

Classes started at 8 a.m. and
ended at 5 p.m. — that's a long
day. To an outsider, the instruc-
tion appeared to be grueling
but when an eight-year-old boy
was asked if he were tired at
the end of the day, he quickly
replied, "No."

How could you not help but
be? "I guess it's because I'm
learning something," he said.

Firm Control

Discipline was the order of
the day — it had to be. These
children are highly distractible
and fidgety and can upset a
calm situation at the drop of a
hat.

It was amazing to see the
control the young instructors
were able to have over the
quite often unruly students.
(One young boy got so
distracted one day that he
bounced over every desk in the
classroom.)

"Spic and span" was a term
heard constantly in the class-
room and around the walkways
outside.

Anyone who could not behave
himself was put on spic and
span — that meant cleaning up
the grounds and anything else
that needed to be done to keep
things running smoothly. The
list was never without names
on it.

One could walk into a class-
room and it was like hearing
100 different people saying 100
different things at precisely the
same time.

The desks weren't lined up as
they are under normal condi-
tions. Instead, along the walls,
in corners and in the middle of
the room you would find a
teacher on one side of a small
table and a student on the
other.

Never missing from the sur-
face of the table was a piece of
sandpaper.

When the youngsters were
given a word to write and learn
the meaning of, they were
required to write it over and
over again with a finger in
large letters on the sandpaper.

This helps the child identify
the letters and also teaches the
hand movement of left to right,
right-to-left, etc. If it's
something a dyslexic child does
not have. Nor does he have the
ability to put together in pat-
tern form auditory and/or writ-
ten symbols and have them
come out with the meaning
they have for other children.

The hyperactive or hyper-
kinetic child can have trouble
of dyslexia, but his main prob-
lem is that he just can't sit
still long enough to learn any-
thing.

The one-to-one teaching
method allows a certain
amount of control to be estab-
lished on the child's tension
level.

If the child is too tense he
won't retain what he's being
taught. If he is just the
opposite he won't learn any-
thing either. It's up to the
teacher to keep the tension
level where it should be.

As one instructor put it,
"You give these children as
much as they can take."

Never is the child referred to
by his first name. It's Mr.
Jones, Miss Smith and the
tactics used are firm ones.
There's no honey-speak; it's
serious business.

During one period each day it
resembled a public school
classroom — one teacher in
front of some 20 students.

For one hour they did nothing
but sound out over and over
consonant and vowel sounds
putting them together in word
form.

There was a lot of yawning,
stretching, bouncing of knees
and making hand movements
like those of a flying airplane.
But they sounded out the words
and had to know the meaning
or meanings of each one.

Small reading groups were
conducted during the day, plac-
ing these children with one
instructor for concentrated
reading. They were required to
be able to give a consensus of
what they had read.

Last winter the instructors
conducting the in-school classes
were not paid. They were
volunteer mothers of the children
in the program.

It made no difference whether
a bride name was set up or
not. Mama gave five years a
week to teaching the children,
but never her own child.

After the program got off the
ground, grandmothers, aunts,
uncles and people interested in
the problem began volunteering
their services.

There were 117 children partic-
ipating and an equal number
of volunteers.

For one hour a day, the
children at Country Day who
were in the program were
drawn from a class at various
times during the day. They
tried to pull them from a
subject like French — if they
couldn't learn English, they
couldn't learn French.

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were in the program were
drawn from a class at various
times during the day. They
tried to pull them from a
subject like French — if they
couldn't learn English, they
couldn't learn French.

The same firm, impersonal
manner of teaching was used
by the teachers.

As one said, "It was really
hard, but you just had to
convince yourself that it is the
only way these children are
going to learn — and they are
all such wonderful youngsters."

This fall the same system
will be used again.

But members of the Dyslexia
Foundation, which was estab-
lished in January, are
concerned about the children
who were in the summer
program who attend public
school.

Says Mrs. Walter Barr: "We
are planning to have Saturday
instruction for these children
here at Country Day. It will
probably be three or four hours
each Saturday."

Program At Selwyn

A group of parents from
Selwyn Elementary School
who had children involved in
the summer program, spent
hours this summer observing
the teaching methods.

They intend to start a pro-
gram this fall at the public
school for an hour a day before
school each morning. Here it
again, it was voluntary
teaching on the parents' part.

Says Dr. Smedley, "I do not see
why this program cannot, with
very little expense, be put into
the public schools. At Mount-
batten Public School in
Birmingham, it is a yearly cost
of \$4 in the period."

"The help is voluntary, not
only from parents, but from the
community. What cost is this if
it teaches children to read and
write. After all, our poor
children are full of people
with this problem."

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A TEACHER'S GUIDE
FOR USE WITH THE
DYSLEXIC CHILD

-AN APPROACH TO JEWISH ETHICS-

Foreword

This guide is intended for use by the religious school teacher, administrator and parent who are trying to provide an understanding of Jewish values and ethics to the dyslexic child. Based on statistics, it has been shown that every classroom contains at least one child handicapped by dyslexia, a hereditary reading disability. This guide will hopefully provide the teacher and parents with an understanding of the problem. It also provides methods which may be utilized in detecting and coping with this problem. The primary goal of this guide is to provide the exceptional child with "functional knowledge, ethical and ritual, based on our Jewish heritage," so that the child may have a sense of pride in being a Jew. This guide will hopefully aid in filling a void in the Jewish learning-disabled child's education. Most previous programs and materials place extreme emphasis on the fulfillment of Jewish rituals. This work seeks to build the child's awareness of what it means to have a Jewish "self-image" and how that image dictates the way we live and react to others.

CONTENTS

	Page
Foreword	
1. Spotting the Dyslexic in the Classroom	1
A. Testing methods	
2. The Teacher of the Dyslexic	9
3. A Word to Parents	11
4. Public School and Religious School - Open Communication	13
5. General Philosophy/Approaches to Dyslexia	15
6. Jewish Ethics for the Dyslexic	18
A. Sample programs for the third/fourth grade level	
7. Resources	
A. University Reading Clinics which test severe reading disabilities	26
B. Films recommended for use in teacher training on Dyslexia	31

SPOTTING THE DYSLEXIC IN THE CLASSROOM

Dyslexia is a reading disability which affects some children in your religious school class. There are specific things with which the Dyslexic child has trouble.

These are:

1. Motor Coordination

He has poor fine and gross motor coordination. The poor fine motor coordination is seen in the dysgraphic handwriting of the Dyslexic. The gross motor awkwardness is usually seen in his inability to play games such as baseball, football and tennis. A Dyslexic child is usually a good swimmer. He falls for no apparent reason and his walk very often lacks rhythm.

2. Auditory Discrimination

Usually the Dyslexic is tested out as having normal hearing, but he has a problem in distinguishing one sound from another such as "tin" from "ten."

3. Reading

The Dyslexic reads poorly. His eye may not fall on each word, phrase and sentence from left to right. Hence, he may perceive the word "cat" four ways on the same page - cat, tac, act, atc. He also does not perceive the internal detail of

words. He may see two words that look alike such as "peace" and "pierce" and call one for the other because their outside configuration is the same. He does not realize that the internal detail is different.

He may call the word "was" - "saw" and vice-versa. He may call 1946 - 1964. Many words in the English language look alike and the Dyslexic sees no structure to language at all. To him, it is a maze and a frustration.

4. Writing

His writing is angular, scrawled, and poorly formed. Given an unlined piece of paper, the Dyslexic may write down the page showing no spatial judgement.

5. Spelling

The Dyslexic child's spontaneous spelling is unbelievable. He may use patterns found nowhere in the English language. He very often scores 100 on public school spelling tests if he memorizes the words and then quickly takes the test. A week later, given the same test, he does not know any of the words.

6. Left-Right Directionality

Directionality is one of the greatest weaknesses of the Dyslexic. Some adults who have Dyslexia cannot clearly tell left from

right without an anchor such as a ring, watch, or scar to which they can refer. The pertinent factor here is that the person with poor dominance and directionality does not always read material as the normal reader - from left to right. Therefore, we see the confusion of d for b; p for q; "was" for "saw;" and "tac" for "cat."

7. Visual-Motor Perception

His vision is normal, but somewhere in the central nervous system there is a dysfunction causing the visual message to be perceived incorrectly by the brain.

8. Speech

His articulation is slurred, his speech often mumbled and generally sloppy.

9. Rhythms

In Israeli dancing or other rhythmic exercises, he has great difficulty. The Dyslexic usually cannot clap back a rhythm that has been clapped to him. This poor rhythm is seen in his walking, speech and to a greater extent, in his oral reading.

10. Organizing

He has poor ability in spatial relationships and often scatters material in a haphazard

fashion all over the page. This is often seen in other activities as well.

11. Sequence

He has trouble with "what comes after," "what comes before." He is often confused on common sequence materials, i.e. days of the week, months of the year, the order of Shabbat ritual. He has trouble in changing from one activity to another. If he begins a drawing on one subject he may well carry the characters over into a totally unrelated drawing done later.

12. Keeping his place

This is a constant problem with the Dyslexic. He has great difficulty in finding his place while reading and, if he loses that place, must totally reorient himself to the page.

13. Following Directions

If the Dyslexic has poor auditory memory, he generally cannot retain spoken directions. At the same time, when given written directions, he is unable to interpret them.

In addition to these major characteristics, a number of other symptoms generally occur which may help the teacher and parent identify the Dyslexic. You will often say (or hear it said of such children) that he is:

1. hyperactive sometimes. He is often in constant motion. It is almost a form of torture to make him stay in one place.
2. hypoactive sometimes. He is the child often accused of daydreaming. He has fluctuating tension levels and moves constantly to get his tension up to a performing level. If he cannot achieve this, he will daydream.
3. extremely variable. One day he seems to know something well, the next day he seems to regard the same material as though completely new.
4. sometimes a behavior problem, but in many cases seeks to compensate for deficiencies by being "super-good."
5. a child who works well when his teacher or parent sits right by him, but is lost when left to work on his own.
6. accused of slowness in school work. It is not that he is really slow; it is that he really cannot do the work.
7. often called an underachiever.
often called lazy.
told he is not trying.

8. a child with normal to superior I.Q. who suffers from a visual motor perception disability.

These are some of the signposts which should help the religious school teacher identify potential Dyslexic children in the average classroom.

After identification of a possible occurrence of Dyslexia, the next step is to make use of adequate testing in order to validate the suspicions. Obviously, most religious school teachers and administrators are not qualified to administer tests for Dyslexia. Yet, there is something that can be done! It is of utmost importance for the teacher to be aware of diagnostic facilities which are available for such testing. Many university campuses now house fine diagnostic research centers for the treatment of learning-disabilities. One may find in the Resource Section of this Teacher's Guide an extensive government listing of such facilities throughout the United States. In addition, most major cities have clinics for the testing and treatment of learning-disabled individuals. Once the child has been through the series of reading and coordination tests necessary to establish whether or not he is Dyslexic, the responsibility shifts to the public and religious school teachers. They, in turn, must seek the cooperation of the parents in a number of ways which shall be discussed shortly. At this point it is essential that the teachers

be aware of the meaning of the test results. The following are some of the test indicators and tests which generally yield evidence of Dyslexia:

1. Spotty performance on I.Q. tests; achievement is high in some areas, low in others.
2. Below mental age on tests of drawing a person.
3. Visual motor Gestalt tests are poor for age and indicated intelligence.
4. Poor performance on group tests which require reading and writing.
5. Scores on the following tests indicate the child's reading ability and thus, the level on which he can be offered instruction:
 - a. Gray's test, where the child is required to read aloud paragraphs of increasing difficulty. Note is made of the time taken to complete the task, and also of the total number of errors. The results are transmuted into a score based upon the child's scholastic grade, which would range from one to eight.
 - b. The Haggerty Reading Examination, a multiple choice test which measures the ability to read silently. Within a given time limit, the child is required to underline the appropriate answers to

questions of increasing difficulty.

This test is suitable for children between the first and fourth grades.

c. The Monroe silent reading examination.

Here a number of paragraphs are followed by a question and by several suggested words. The child must underline the appropriate one. This test is good for children between the third and eighth grades.

d. The Iota word test, which measures the power of reading isolated words correctly.

This series is applicable to children between the first and fifth grades.

e. The word discrimination test. Here the correct word must be selected from lists of alternatives.

The results of these tests then should aid the religious school teacher to gear his instruction to the needs of the individual child. This brings us to the point where the individual teacher takes control of the situation and attempts to instruct the child.

THE TEACHER OF THE DYSLEXIC

Whatever the method employed and whatever the composition of the class, in almost all cases the teacher is the crucial factor in effectiveness. If the teacher is as good as he needs to be and is free of undue restraint, his primary interest will be in teaching the children "what it means to live ethically as a Jew," not in following a system. The teacher will use a system, if it is effective. He will vary and supplement it as his developed awareness shows the need and his informed skill shows the way to do so. For this special teacher a system, or better, an approach, is at its best a foundation in which he can believe and trust. This approach must also allow the teacher to build his own professional skill and the child's continued growth as new horizons open for both of them.

Ideally, the religious school teacher of dyslexic children should be a dedicated and professionally experienced teacher in the field of Special Education. This writer is under no illusions, however, as to the possibility of such a faculty in most religious schools. Therefore, this Guide addresses itself to the average religious school teacher who desires to understand the special needs of the Dyslexic children he teaches.

To the Teacher:

As a teacher of "exceptional" children, you can help them grow as Jews by showing a willingness to create original

curriculum materials and by organizing special programs which are geared to individual levels. In this you may feel as David must have felt when he came face to face with Goliath. As a religious school teacher, you can take an active role in "socializing" a child cut off from many average ways of learning. This will call upon you to be as creative and as flexible as possible. It also places upon you the responsibility of being as educated as possible about the characteristics and problems of Dyslexic children. They are listed for your study and reference in the preceding chapter. These characteristics make the Dyslexic child what he is - not what he, his parents, pediatrician or other teachers wish him to be. And yet with these identifiable physical barriers to learning, he is sent to school to learn and compete on a most unfair basis with normal children. As a result the devastating cycle begins...the decline in self respect, surface manifestations of frustrations, and so many other problems.

This need not be the pattern if you, as a teacher interested in meeting the needs of each student, will seek to break the cycle. If you will only reach out to these children and show them how great is the heritage of their fathers, they can learn and feel accomplishment. In the process it is hoped that you will also expand your understanding of the values handed down to us by our forefathers. It is my hope that it will be said of you: "He who teaches a child is as if he had created it." (Talmud: Sanhedrin 19b)

A WORD TO PARENTS

As the mother or father of a child with Dyslexia, you already are aware of the frustrations he or she faces each day. Your natural tendency is to ask: "What can I do to help? I must feel that I am helping my daughter/son to cope with her/his handicap."

There are some things which you can do to help your child and his teacher. Let me share some of these items with you.

1. Understand your child's problem and expect from him what he can do, but do not demand performance that he cannot master due to his disability.
2. Be aware of his left-right dominance at all times. Have him do things always with his dominant hand. Check to see that he cuts and writes with that dominant hand.
3. See that he has a good breakfast in the morning and plenty of time to get dressed and ready for religious school.
4. Read to him. With his disability he will be able to retain many things presented orally. This will fill in gaps in his knowledge caused by his lack of reading ability.

5. See that he goes to bed by 8:30-9:00 on the evening before school. He must be doubly fresh for the task of learning.

These pointers are, at the very least, a few of the ways in which you as a parent can help your child to learn.

Another important matter for you as the parent of a Dyslexic is to keep channels of communication open between you and the teachers. Know what is going on in the classroom. It would be best if you would acquaint yourself with the stories which will be used to relate the ethics of our Jewish heritage. Therefore, when your child comes home from religious school, you can reinforce that day's instruction. If the teacher does not furnish you with such material, see that he does. This does not mean, however, that you make the child feel uncomfortable by pushing or "nudging" at home. Positive reinforcement must be done with a gentle touch, plenty of understanding and love. With the proper combination of instruction, love and patience, your child will someday be able to hold a place of honor among the children of Israel.

PUBLIC SCHOOL AND RELIGIOUS SCHOOL - OPEN COMMUNICATION

It is absolutely essential at this point to take note of the need for a good working relationship between the public schools and religious schools in regard to the Dyslexic child. In order for any remediation to occur, the utmost in cooperation must exist between these two educational facilities. What does this mean in more practical terms?

Obviously, the comments made by the child's secular school teacher as well as results from psychological testing are both highly confidential. Many religious school teachers are never made aware of difficulties experienced by a particular child in public school. In the case of the Dyslexic, such a gap in the teacher's understanding could be, and often is, disastrous. Somehow principals, administrators, and rabbis must begin to seek the open cooperation of the public school administration. Perhaps joint programs of teacher training would be a first step toward building confidence. If it is possible, the various secular and religious school teachers should be able to observe the student they hold in common in both settings.

Once good avenues of communication are opened they must be used continuously. The public school teacher should notify the religious school teacher about the progress being made by the Dyslexic individual. The

uninformed religious school teacher can undo in five minutes what the public school teacher has sought for months. I need only note the case of a seven year old girl who was enrolled in a Reform religious school which required instruction in the Hebrew language. This poor child was totally bewildered within a few days. Since she could not distinguish left from right, she became confused when asked to read in both school environments. Luckily, her reading instructor noticed her confusion and made a thorough inquiry. She was removed from the Hebrew curriculum and was soon making fine progress. She may serve as a strong argument for a free exchange of information between the secular and religious schools.

GENERAL PHILOSOPHY/APPROACHES TO DYSLEXIA

Developing an understanding of self and of those around us is central to the educational process. The average child is at once a thinking, acting, and feeling being. His thoughts and actions always involve feelings. He may like some subjects, be excited about and interested in certain media, dislike doing routine drills or homework, be angry with a certain teacher or be intensively involved with a project.

The feelings which accompany learning have a significant effect on its results. If a child has positive feelings, he tends to be motivated toward the task, participate with a high degree of involvement, and is more likely to derive permanent gains from his efforts. Conversely, if his feelings are negative, he is poorly motivated, participates on a minimal basis, and is less likely to derive permanent gains from his efforts.

This latter category is especially applicable to the Dyslexic child. In the average religious school setting this child must, due to his physical disability, develop negative feelings toward almost any presentation of Judaic materials. This is a natural response on his part seeing as how he cannot compete on equal footing with his classmates.

In the following pages it is our goal to develop ideas and approaches which will help the Dyslexic child become more aware of the relationship between himself, other people, and his needs and goals. This can only be accomplished if his experiences take place in an atmosphere characterized by:

1. A mutual respect and trust by teacher and child.
2. A focus on mutual alignment of purposes.
3. A feeling on the part of the Dyslexic children that they all belong to the group.
4. An environment where it is safe for the Dyslexic child to look at inner needs, hopes and wishes.
5. An opportunity to express needs which, if left unclarified, hamper the learning process.
6. An emphasis on the importance of self-evaluation in contrast to evaluation by others.
7. A climate marked by identification, recognition, acceptance and appreciation of individual differences.
8. An emphasis on growth from dependence to independence.

It is virtually impossible for these criteria to be realized in the normal religious school classroom. Therefore, it is the suggestion of this writer that the Dyslexic children have special group instruction for at least part

of the religious school day. Some experts on learning-disabilities feel that the Dyslexic should not be totally isolated from the normative classroom contact with peers. The reason for this is that the Dyslexic, if totally removed from the peer group, will develop a false sense of confidence. When that child is confronted by a real life pressure, he will almost certainly crumble emotionally with the realization of his disability. Thus, the divided schedule approach seems to be the best of both worlds.

There are a number of other special requirements which remain essential in order for the Dyslexic to cope with and feel motivated by the religious school or any instructive process. These are:

1. The recognition of the child's Dyslexic disability in all phases of activity planning.
2. The need for presenting highly structured material in order for him to be able to cope.
3. The use of non-reading oriented approaches to instruction. Maximum use should be made of visual and oral aids to learning.
4. The learning process must flow out of the Dyslexic's self-image which is distorted as a result of his disability.
5. The methods used in the religious school must be coordinated with any other instructive processes being utilized elsewhere with each child.

Perhaps the major source of motivation is the Dyslexic child's self-concept which is derived in part from the attitudes toward him of significant adults. If he is loved and accepted, then he will tend to be self-confident and courageous. This enables him to develop an active-constructive approach to life in contrast to a passive or destructive one.

Given this freedom over his world, the Dyslexic can approach expectations and tasks in terms of his own needs and his desire to be significant. He shall decide consciously or otherwise how he wishes to be known, and his behavior eventually will become consistent with his concept of himself. Even though he will have to face the multifaceted difficulties of Dyslexia throughout his life, he can still feel good about himself and his being Jewish.

Let us then turn to the task of mapping out a sampling of some possible methods of teaching the Dyslexic about the specific values of Judaism. Since the textbook is not viable for this child's religious education, we shall now explore some alternative methods. Once again, it is essential to remember that any of these suggestions must be adapted to meet the needs of the individual child.

JEWISH ETHICS FOR THE DYSLEXIC

The basis of our suggested teaching approach for Dyslexic children in the religious school shall be an Oral-Activity oriented methodology. In simpler terms this means that the learning shall consist of:

- 1) the oral presentation by the teacher of certain stories culled from Jewish legend or Midrash which show how the values of Judaism are unique.
- 2) the development of certain activities such as role-playing to evoke the real-life qualities of Jewish ethics.
- 3) the recognition that instruction in ritual practices alone will not create a morally sensitive human being nor a committed Jew.

This particular unit is geared to the supposed level of the Third/Fourth grader, the child 8 to 10 years old. We begin with this level student since it is by this age that definite identifications of Dyslexics are usually made. We also choose this range since most children begin to exercise their creative verbalization process by this age.

For the purpose of giving suitable examples of material, units and lesson plans, I have chosen to draw from the textbook Lessons from Our Living Past edited by Jules Harlow. The simple moralistic stories contained in this beautifully prepared textbook shall serve our needs extremely well.

Mr. Harlow points out in the introduction contained in the textbook,

Rather than as figures of superhuman proportions, the principals of Jewish legend - even of those legends based directly on the heroic narratives in the Bible - appear to us in the common garb of humanity; whereas the epic hero is larger than life, the "hero" of Jewish legend is precisely life-sized.

These Jewish "heroes" are especially positive factors for the Dyslexic child. As we shall see, the men and women depicted in Jewish legend provide someone with whom the Dyslexic child can identify. Let us turn then to some suggestions for units of study with the Dyslexic.

Unit I Understanding and Accepting Self as a Jew

- A. Goal - to help the Dyslexic child appreciate himself as a unique individual, worthy of respect by others as well as by himself. The unit will attempt to answer the question: "What does it mean that I am a Jew?"
- B. Psychological Perspective - As each child develops, he formulates a self-concept and develops a sense of identity. He becomes more aware of himself and must cope with the differentiation between self, self-ideal, and the expectations of peers and adults. He must come to accept his liabilities as well as his assets. This involves accepting imperfection in himself. A major emphasis of this

theme is that in life, as in the classroom, one experiences failure as well as success.

This first unit can be approached from any number of directions. I shall present some alternative lesson plan modes to show how the teacher of the Dyslexic class may be extremely flexible.

Lesson One - Our Heritage as Jews

1. Text - "Who Will Be My Surety?"

A. Summary: When at Mount Sinai, the people of Israel pledged to educate their children in the ways of God in return for receiving the gift of Torah. Therefore, a covenant, an agreement, exists which binds all Jews to the God of our fathers. This agreement reaches down to our own time as well.

2. Educational Rationale - To become aware of self-image as Jew, the Dyslexic child must have illustrated for him the nature of his heritage, the Torah.

3. Suggested Methodologies

a. Puppets: Since the children will be unable to read the story, one mode of presentation may be the use of hand puppets to relate the story to the children. These can be constructed simply of felt, yarn, buttons, and other random pieces of material. Once assembled these prove

to be excellent teaching devices for Dyslexic children. The puppets should represent:

- 1) Moses - a nomadic appearance with a white beard.
- 2) People of Israel - at least one male and one female puppet which can be interchanged in the various sections of dialogue.
- 3) Narrator - a modern looking child puppet. This will help the children relate to their part in the story.

(Other suggested character types for possible use would be a king, a queen, a poor man, a soldier and a young shepherd. All of the above mentioned hand puppet creations will help the teacher make the material vibrant for these children.)

- b. Photographic method: With the use of a Polaroid camera, the teacher can make each child feel as if he were at Sinai. Before the class session the teacher can prepare either a series of pictures or a booklet depicting the story to be told. Other than the figure of Moses, all the other characters should be without faces. Before the day's lesson begins, the teacher can photograph each child, inserting

his/her face onto the characters of the story. Once again, this will make the child aware of his own personal heritage as a Jew.

- c. Role Playing: After the teacher has related the story, let the children reenact it in their own terms. As part of this exercise, the children may wish to examine a Sefer Torah in order to discover the physical reality of their heritage.

- d. Questions for discussion and role play:

- 1. Who is responsible for teaching Torah?

Have each child determine something that is extremely precious to him which he would want someone else to share. Have various groups role play such an exchange. Discuss the feelings they have toward the exchange and their friends in terms of covenant.

Lesson Two - Trusting Ourselves

- 1. Text - "Akiva and the Rock"

- A. Summary: "A grown man who can neither read nor write becomes a famous rabbi. How? Because he perseveres." This story is especially applicable for Dyslexic children who are so often confronted with failure. Akiva teaches the lesson that if one really wishes to learn Torah, he will succeed.

2. Educational Rationale: To build a sense of confidence in himself as capable of learning about Judaism, the child must be shown that others have worked hard to achieve success.
3. Suggested Methodologies
 - a. The image of the rock: In this approach the teacher bases his entire lesson around the strength of rock and stone. He may bring in a collection of very rough, heavy jagged stones for the children to examine. He may place great emphasis on the crude, unfinished nature of the stones. Interwoven into this examination would be the story of Akiva, Rachel and Kalba Savua. When the story reaches the portion dealing with the water carving a hole in the rock, the teacher can pass around stones worn smooth from a stream. He then can discuss the strength of the water to wear down the stones. This can then be compared to the strength of learning (Torah) to overcome our problems.
 - b. A Story Told in Clay: Ask the art teacher (or the regular teacher himself may do this if qualified) to bring a good size piece of sculpting clay into the classroom. The class should be encouraged to physically examine the

crude nature of the clay. Then the teacher should relate the story of "Akiva and the Rock" as the art teacher begins to form the clay into the bust of a man. Gradually the teacher should begin to emphasize how something quite unique and beautiful developed out of the once ignorant Akiva. Out of his crude former self a great scholar emerged. This was through the love and faith of his wife Rachel. By this point, the art teacher should have finished a bust of Akiva made from the crude clay. Here the teacher can illustrate how we all have the potential for good within us, it simply takes learning, care and love to bring it to the surface. Now give the children some unfinished clay and ask them to shape things which they find meaningful based on the story.

These lesson plans only begin to scratch the surface of the numerous methods which need to be developed to face the difficulties of Dyslexia. It is obvious that such lessons require considerable planning and creativity on the part of the teacher. Only by such methodology will we be able to "reach" these children. We must make the effort if we do not wish to see valuable Jewish lives going to waste due to an "I can't be bothered" syndrome. Certainly

this Teacher's Guide and thesis are not the final answer to the problems faced by Dyslexic children. Yet, they do represent a beginning step toward meeting these children's needs. Hopefully, this work will be expanded in the near future into a more complete methodological guide. In closing then, let me turn to the words of the sages:

It is not ours to complete the task;
but neither are we free to desist from
it.

RESOURCES

UNIVERSITY READING CLINICS THAT TREAT
SEVERE READING DISABILITIES

Auburn University
School of Education
Reading Clinic
Auburn, Alabama 36830

University of Alabama Medical Center
Department of Pediatrics
Clinic for Developmental and
Learning Disorders
1919 Seventh Avenue, South
Birmingham, Alabama 35233

Arizona State University
College of Education
Department of Elementary Education
Reading Center
Tempe, Arizona 85281

Northern Arizona University
Department of Special Education
Flagstaff, Arizona 86001

University of Arizona
College of Education
Reading Service Center
Tucson, Arizona 85721

University of Arizona
Department of Psychology
Psychological Clinical
Tucson, Arizona 85721

University of Arkansas
Department of Psychiatry
Division of Child Psychiatry
Medical Center
Little Rock, Arkansas 72203

California State College at Long Beach
Educational Psychology Clinic
Long Beach, California 90804

California State College at
Los Angeles
Department of Associated Clinics
5151 State College Drive
Los Angeles, California 90032

California State College
at Los Angeles
Department of Psychology
and Special Education
Learning and Behavior Problems
Project
Los Angeles, California 90032

San Diego State College
Clinical Training Center
5402 College Avenue
San Diego, California 92115

San Francisco State College
School of Education
Learning Clinic
1600 Holloway Avenue
San Francisco, California 94132

Stanford University
School of Medicine
Dept. of Speech Pathology
and Audiology
Institute for Childhood Aphasia
1691 El Camino Road
Palo Alto, California 94306

University of California
Psychology Clinic School
405 Hilgard Avenue
Los Angeles, California 90024

Whittier College
Department of Education
Reading Clinic
13425 East Philadelphia
Whittier, California 90608

Colorado State University
Department of Hearing and
Speech Service
Speech and Hearing Clinic
Fort Collins, Colorado 80521

University of Colorado
Speech and Hearing Clinic
934 Broadway
Boulder, Colorado 80302

University of Denver
Department of Speech Pathology
and Audiology
Speech and Hearing Center
University Park Campus
Denver, Colorado 80210

Western State College
Department of Education
Gunnison, Colorado 81230

University of Delaware
Department of Education
Reading Study Center
Newark, Delaware 19711

University of Florida
College of Education
Personnel Services Dept.
Children's Learning Center
Gainesville, Florida 32601

University of Florida
Dept. of Comprehensive English
Reading Laboratory and Clinic
310 Anderson Hall
Gainesville, Florida 32601

University of Miami
Department of Special Education
Child Development Center
Coral Gables, Florida 33121

Emory University
Division of Teacher Education
Atlanta, Georgia 30309

Idaho State University
College of Education
Pocatello, Idaho 83201

Bradley University
School of Speech Therapy
Peoria, Illinois 61606

Loyola University Guidance Center
820 N. Michigan Avenue
Chicago, Illinois 60611

Northwestern University
Dept. of Communicative Disorders
1831 Harrison
Evanston, Illinois 60201

University of Chicago
Department of Education
Speech and Language Clinic
950 E. 59th Street
Chicago, Illinois 60637

University of Illinois -
Medical Center
Center for Handicapped Children
840 S. Wood Street
Chicago, Illinois 60612

Indiana State University
Dept. of Pediatric Neurology
11 W. Michigan
Indianapolis, Indiana 46202

Iowa College of Education
Children's Reading Clinic
Iowa City, Iowa 52240

State College of Iowa
Educational and Speech Clinic
Cedar Falls, Iowa 50613

Fort Hays Kansas State College
Division of Education and
Psychology
Psychological Service Center
Hays, Kansas 67601

University of Kansas
Department of Psychology
Psychological Clinics
307 Fraser Hall
Lawrence, Kansas 66044

University of Kansas Medical
Center
Children's Rehabilitation Unit
Rainbow at 39th Street
Kansas City, Kansas 66103

Morehead State University
Department of Psychology
Morehead, Kentucky 40351

Grambling College
Special Education Center
Grambling, Louisiana 71245

Louisiana State University
Department of Speech
Speech and Hearing Clinic
Baton Rouge, Louisiana 70803

Louisiana State University
in New Orleans
Special Education Center
Lakefront
New Orleans, Louisiana 70112

Northeast Louisiana State College
Department of Special Education
Special Education Center
Monroe, Louisiana 71201

Northwestern State College
Department of Special Education
Special Education Center
Natchitoches, Louisiana 71201

University of Southwestern
Louisiana
Department of Special Education
Special Education Center
Box 515 N.S.L.
Lafayette, Louisiana 70501

Coppin State College
Department of Special Education
2500 W. North Avenue
Baltimore, Maryland 21216

Boston University
Department of Special Education
Psycho-Educational Clinic
765 Commonwealth Avenue
Boston, Massachusetts 02115

State College
Department of Special Education
Fitchburg, Massachusetts 01420

Central Michigan University
Department of Education
Psycho-Educational Clinic
Mt. Pleasant, Michigan 48858

University of Michigan
Division of Reading Improvement
Services
Bureau of Psychological Services
1610 Washtenaw
Ann Arbor, Michigan 48104

Wayne State University
Dept. of Speech and Special
Education
Speech and Hearing Center
5900 Second Avenue
Detroit, Michigan 48202

University of Mississippi
University Medical Center
Department of Pediatrics
Child Development Clinic
Jackson, Mississippi 39216

University of Southern Mississippi
Dept. of Speech and Hearing
Sciences
Special Education and Psycho-
logical Clinic
Southern Station
Hattiesburg, Mississippi 39401

Missouri State Teachers College
Dept. of Special Programs
Reading Clinic
Speech and Hearing Clinic
Violette Hall
Kirksville, Missouri 63501

St. Louis University
Department of Speech
Speech and Hearing Clinics
15 N. Grand Boulevard
St. Louis, Missouri 63103

Newark State College
Dept. of Special Education
Child Study Center: Evaluation,
Psychological, Speech, Hear-
ing, Reading, Orthodontics
Clinics
Union, New Jersey 07083

State College
Department of Education
Reading Clinic-Child Study Center
Union, New Jersey 07083

Trenton State College
Child Study and Demonstration
Center
Trenton, New Jersey 08625

University of New Mexico
College of Education
Dept. of Education, Guidance
and Counseling
Manzanita Center
Albuquerque, New Mexico 87106

Brooklyn College
Department of Education
Educational Clinic
Brooklyn, New York 11210

Hofstra University
The Reading Center
Hempstead, New York 11550

New York University
Bellevue Medical Center
Dept. of Neurology and Psychiatry
Language Research Unit
550 First Avenue
New York, New York 10016

New York University
Bellevue Medical Center
Department of Psychiatry
Language Research Unit
550 First Avenue
New York, New York 10016

Syracuse University
School of Education
Syracuse, New York 13210

Duke University
Medical Center
Division of Medical Psychology
Department of Psychiatry
Durham, North Carolina 27706

Minot State College
Department of Special Education
Speech and Hearing Clinic
Minot, North Dakota 58701

University of North Dakota
Evaluation Center for Exceptional
Children
Grand Forks, North Dakota 58201

Kent State University
College of Education
Educational Child Study Center
Kent, Ohio 44240

Kent State University
Department of Psychology
Psychological Clinic
Kent, Ohio 44240

Otterbein College
Educational Development Laboratory
Westerville, Ohio 43081

The University of Akron
Speech and Hearing Clinic
222 James Street
Akron, Ohio 44304

Oregon College of Education
Dept. of Special Education and
Rehabilitation
Education Evaluation Center
Monmouth, Oregon 97361

University of Oregon
School of Education
DeBusk Memorial Center
Eugene, Oregon 97403

Indiana University of Pennsylvania
Dept. of Special Education and
Clinical Services
Campus Laboratory School
Indiana, Pennsylvania 19150

Temple University
Laboratory School of the Reading
Clinic
Cheltenham and Sedgwick Avenues
Philadelphia, Pennsylvania 19150

University of Pennsylvania
Graduate School of Education
Reading Clinic
3700 Walnut Street
Philadelphia, Pennsylvania 19104

Augustana College
Crippled Children's Hospital
and School
Department of Speech Education
Sioux Falls, South Dakota 57102

Peabody College
Child Study Center
Box 158
Nashville, Tennessee 37203

University of Tennessee
Department of Curriculum and
Instruction
College of Education
Reading Center
Knoxville, Tennessee 37916

Abilene Christian College
Department of Speech
Station ACC
Abilene, Texas 75222

Southwest Texas State College
San Marcos, Texas 78666

Texas Woman's University Institute
for Mental and Physical Development
Drawer E TWU Station
Denton, Texas 76201

University of Texas
Department of Pediatrics
Medical Branch
Child Development Clinic
Galveston, Texas 77550

University of Texas Medical Branch
Dept. of Neurology and Psychiatry
Division of Child Psychiatry
Galveston, Texas 77550

West Texas State University
Dept. of Speech, Education and
Psychology
Canyon, Texas 79016

University of Utah
Speech and Hearing Center
1699 East 5th Street, South
Salt Lake City, Utah 84105

Old Dominion College
School of Education
Child Study Center
Hampton, Blvd.
Norfolk, Virginia 23508

University of Richmond
Psychology Department
Center for Psychological
Services
Post Office Box 38
Richmond, Virginia 23173

University of Virginia
Speech and Hearing Center
Dept. of Speech Pathology
and Audiology
109 Cabell Hall
Charlottesville, Virginia 22903

University of Washington
Department of Pediatrics
Division of Child Health
4701 24th Avenue, N.E.
Seattle, Washington 98105

University of Wisconsin
Reading Clinic
3203 N. Downer Avenue
Milwaukee, Wisconsin 53211

Wisconsin State University
Dept. of Speech Pathology
and Audiology
Speech and Hearing Clinic
Stevens Point, Wisconsin 54481

FILMS RECOMMENDED FOR USE IN TEACHING TRAINING ON DYSLEXIA

1. "Why Billy Can't Learn"
2. "Anyone Can"
3. "Thursday's Children"
4. "It Feels Like You're Left Out of the World"
5. "Identifying Learning Disabilities"
6. "Developing Auditory and Communication Skills"
7. "Developing Visual Motor Skills"
8. "Early Recognition"
9. "Walk in Another Pair of Shoes"

NOTE: Additional information concerning these films and
the films themselves may be obtained through the

Special Education Regional Resource Center
3147 Clifton Avenue
Cincinnati, Ohio 45220

or

Mr. David Braukman's office
Area Code 513 861-4953