

# THE NORTH SURREY DYSLEXIC SOCIETY

For the recognition of dyslexia and the advancement of literacy

## REVIEW

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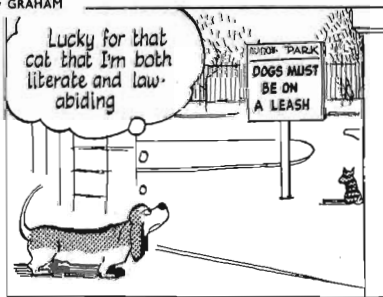
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FRED BASSET  
by GRAHAM



With acknowledgements to  
the London DAILY MAIL

The Plowden Report established that the encouragement received in the home was the most important influence on the child's performance at school: teachers are certainly very ready to say that the parents' relationship with their children can make for difficulties in learning.

Happy the dyslexic child who has been diagnosed and who receives help, not only from his remedial teacher, but from his parents at home and teachers at school.

We hope this 'Review' will stimulate further study and lead both parents and teachers to reflect on their respective responsibilities, at home and in the classroom.

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In the past few years there has been a swing among leading educational psychologists to the view that dyslexia is a problem in its own right. The comfortable old notion that a child who fails to read must be Dull, Deprived, or Disturbed, is being eroded by the Word Blind Centre with their research on dyslexia, and by the reading research departments of Universities. The Government sponsor, quite rightly, an expensive Road Research Laboratory and a Common Cold Research Unit; it is high time they added research into reading methods and started a National Inquiry into special educational needs. The 10% of our children who leave school each year barely able to write their name or read the simplest signs is reason enough.

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Among this vast number of failures it is scarcely surprising that failure due primarily to a specific reading disability (e.g. specific developmental dyslexia, minimal neurological dysfunction, etc. etc.) is not being identified separately and diagnosed appropriately for specialised remedial techniques.

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The work of the Word Blind Centre, a part of the Invalid Children's Aid Association, is made possible by the financial support of the Children's Research Fund; the Word Blind Centre continues to make the most important single contribution to research into Specific Dyslexia in this country.

The Centre, for Children with Severe Reading Disabilities, was set up with these objects:-

- . To assess the difficulties of intelligent children who cannot easily learn to read and write.
- . To provide special coaching for a selected group.
- . To carry out research into the nature and cause of the difficulty in order to find out if there is more than one kind of specific dyslexia and if so:-
- . To match teaching method to disability.
- . To find, if possible, a screening test suitable for six year olds.
- . To provide a focus for all ideas and experiences in the United Kingdom and elsewhere for the benefit of parents and indeed for all who work for dyslexic children, including school teachers, psychologists, and doctors.
- . To link with University Departments of Education and Psychology for basic research into the nature of the learning difficulty.

In their capacity as a focus they arranged a meeting last month at the I.C.A.A. under the chairmanship of Dr. A. Franklin White. Present were Dr. MacDonald Critchley, Consultant Neurologist; Professor T. R. Miles, Professor of Psychology, University of North Wales; Miss Eileen Hilton, General Secretary of the I.C.A.A.; Mrs. S. Naidoo, Director of the Word Blind Centre; Miss K. Rackham, Secretary of the Centre. Invited and present were representatives of the Bath Association for the Study of Dyslexia, the Scottish Association for the study of Dyslexia, and the North Surrey Dyslexic Society.

The meeting was arranged to discuss our various attitudes and methods of working.

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The Bath Association for the Study of Dyslexia has pride of seniority and achievement. Founded in 1966 because of the ever growing desperation of parents and teachers its aims are:-

1. To establish the incidence and extent of Specific Language disability (Dyslexia) and
2. To provide remedial treatment for children in the South West and South Wales, so that they may attain their full potential.

Their pamphlet defines 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.' They list as characteristics of Specific Dyslexia the following:-

- . Delayed or inadequate spoken language.
- . Difficulty in learning and remembering printed words.
- . Reversals of orientation of letter, or sequence of letters in words, when read or written; e.g. b - d, was - saw, quite - quiet.
- . Persistent spelling errors; cramped or illegible handwriting.
- . Continued uncertainty as to right or left-handedness.
- . Confusion about directions in space or time. (Right and left, up and down, yesterday and tomorrow.)
- . Difficulty in finding the 'right' word when speaking.
- . Defective written composition.
- . Similar problems among relatives.

They have recently planned and held their first Teacher Training Course under the

direction of Mrs. Sally Childs. Members will already have heard of this course as the Society undertook to raise £100 to sponsor a teacher from Surrey. Our sponsored teacher, Miss M.J. Prendergast, Teacher-in-charge of the Ardmore Centre for remedial Education, Redhill, has sent us a report on the course which we print in this Review. We were delighted that three other remedial teachers from Surrey also attended the course, sponsored by Surrey County Council.

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## NOTES ON OUR CONTRIBUTORS

Mr. L.W. Cooke worked at the Reading Centre set up by the County Borough of Bournemouth. He was for many years the Headmaster of a Primary School before he retired to concentrate his energies on remedial work with special reference to dyslexia. His sudden death in February is a great loss to us.

Mrs. Beatrix Tudor-Hart B.A. has been teaching reading for 35 years. For 16 years she has been the head of a primary school. The full report on the experiment she briefly describes here is to be published in America. She is the author of 'Learning to Live' published by Thames and Hudson.

Miss Anna Evillen is an experienced teacher who has for many years had a special interest in dyslexia.

Miss M.J. Prendergast has been for 3½ years the Teacher in Charge of the Ardmore Centre for Remedial Education at Redhill, Surrey. The Centre caters for 24 primary age children of the normal range of intelligence.

## WHAT IS THE PROBLEM-FOR PARENTS? by L.W. Cooke

Many more people are becoming aware of the problem presented by the 'Word Blind' or Dyslexic Child, and our knowledge of the characteristics revealed by research and the use of diagnostic techniques is rapidly accumulating. There is still however a great need for this to be printed and circulated in Medical and Educational Circles, so that those likely to be in close contact with the growing child, can identify the condition at the earliest possible moment.

A second problem then arises, namely that of how to set about obtaining the remedial treatment which is so necessary to help the particular form of difficulty which your child is experiencing. Little information is at present available, either from research workers, or remedial clinics, to help Remedial Teachers, Class Teachers, Headteachers and guide their approach.

The approach to be used in the two following cases must of necessity be quite different:-

- (i) Paul - aged 12½ - vision uncorrected Left Eye 6/5 Right Eye 6/36 corrected both eyes 6/5

"in the beginnnging God createb the heaven and earth. and the earth was without form, and void; anb barkness was upon the face of the beep, anb the sprit of God moves upon the face of water  
anb God Saib. set there de sight; anb there was dight."

This is a copy from text, and falls into the broad category of those in need of help with mainly visual difficulty.

- (ii) David - aged 10 - vision normal.

"The Cheriment Socing".

wentvet sentcorns lens, and in wot in vest.shot of the unvust he  
hrnst hes raindien and loun up his sau, I thir / is sutter - him nevr  
yet pot insthere in it sayt of the crrt brter.

This was dictated to David from - The Christmas Stocking -

"Wherever Santa Claus lives, and in whatever spot of the universe he harnesses his reindeer and loads up his sleigh, one thing is certain - he never yet put anything into that sleigh for little Carl Krinken."

He is obviously in great need of phonic help with his auditory troubles.

Having found that your child displays one, some, many, or all of these characteristics:- Reversals; Inversions; Mirror writing; Non-orientation of letter sequences; Lack of Phonic link with vowels or consonants; Inability to spell at his normal age level; Lack of control of letter formations; WHAT CAN YOU DO?

1. See your Son's/ Daughter's Head Teacher/Class Teacher/ Remedial Teacher (if one is serving in his or her school). Ask for help and what you can do to assist.
2. Ask for help from the Educational Psychologist with a referral from the Head Teacher, or from the Child Guidance Clinic through the School Medical Officer of Health.
3. Ask your family doctor to help - sometimes this leads to opinions being obtained from Opticians, Ophthalmologists and Orthoptists.
4. Ask whether diagnostic help can be given by the 'Word Blind Centre' of the Invalid Children's Aid Association, through your District or County Education Officer.

REMEMBER in view of what was said in the first two paragraphs, that in all these cases you may be asking help of someone who has a limited knowledge of dyslexia, and also has little knowledge of remedial techniques or approach; and in certain very much to regretted cases is opposed to the recognition of any such condition as dyslexia or Word Blindness.

In the remedial work which I have been doing over the last eight years in conjunction with our Educational Psychologist, I have found that using the medium of the initial teaching alphabet invented by Sir James Pitman, the phonic regularity of the alphabet has benefitted those children suffering from auditory difficulty; and the type-face, digraphs and letter shapes have assisted those with visual troubles. In a number of cases the results have been so phenomenal, that they have had to be experienced to be believed. When the alphabet is in more general use remedially, I am sure that more and more teachers will come to use it as a new approach in cases where other means have had repeated failures.

#### WHAT IS THE PROBLEM - FOR TEACHERS?

In the tripartite arrangement of Infant/Junior/Secondary Education the child who has a Reading difficulty is handicapped in many ways:-

1. In Infant Schools (with their large classes) where generally a Look-and-Say method of approach is used, very little phonic approach is possible. Through the restricted and confined vocabulary of traditional Reading Schemes, (necessarily so, because of the anomalies of English spelling), there is little connection between the spoken or written vocabulary of the child, and the printed word. Traditional print and spelling prevent a really dependable phonic approach in the initial stage of learning despite the fact recently discovered that in an experiment with 800 pupils in some 18 schools, using Sir James Pitman's initial teaching alphabet, 38.8 per cent using a phonic method read fluently, but only 20 per cent of the matching Look-and-Say group read fluently.
2. In Junior Schools (again with large classes) receiving pupils who have only two years of Infant Schooling, often interrupted by absences from childhood complaints teachers expect children to be auditorily, orally, and visually fluent. Too often is heard the comment that it is the Infant Teacher's job to teach all the children

This experiment is the subject of Mrs. Tudor-Hart's article: Ed:

to read. When the Infant 2-year department is part of a combined Infant/Junior School under one Head Teacher, it is often possible to bridge this gap by exchange of information about children, and by combining opinion on methods and schemes of work. It rarely happens that any such co-operation comes about when two schools are apart, under the direction of two Head Teachers, and often on different sites.

3. In Secondary Schools where classes are still large, and the size of school is larger than the Infant and Junior School, due to its provision to accommodate an intake from several Junior Schools; "streaming" for ability, and "setting" for subjects, makes it difficult to allow provision for a child who has not achieved visual or vocal fluency. Often it is not possible to allow the child to develop its innate ability in some subjects, because of its lack of facility to communicate generally.

Again the opportunities for a close relationship between the Secondary School and its contributory Junior Schools is rarely physically possible. All too often the criticism is still levelled against those who taught the child at an earlier age, that they have failed - rather than an acceptance of a condition which should be investigated and assessed, and a determined attempt made to find a remedial approach suitable to the child.

Much complicated time-tabling, and movement of children from specialist teacher to teacher, or subject room to room, or laboratory to laboratory, are not the circumstances in which a child whose attainments have been handicapped by previous failure can begin to gain confidence, or achieve progress. Yet in some subjects a child may be potentially capable - if fluency in Reading, Writing and Spelling can be achieved.

Many Authorities have appointed Remedial Teachers to serve in schools, others have set up Remedial Centres - and recently Advisors have been appointed for Remedial Work, to co-ordinate and train teachers. This is a significant move forwards; part-time teachers so employed have often not had training for their work, or have somebody to whom they can turn for helpful advice. This is a field in which there is great scope for education; in giving guidance on what symptoms can be looked for; in prescribed methods of approach; in suggesting teaching methods; and in general organising in-service teaching training courses.

The crying need for more attention to be paid to the training of Teachers in the fundamental techniques of the Teaching of Reading, is being highlighted by reports from research departments of Universities, and from other bodies. Unless this kind of general training is provided for all teachers whatever section of the Schools they intend to serve in after training, the child whose verbal and literacy skills lag behind his potential will continue to be handicapped by lack of understanding.

#### LEARNING TO READ AND DYSLEXIA by Mrs. Beatrix Tudor-Hart

An experiment in teaching method for reading has recently been carried out in eighteen infant and all age primary schools in the Southeast of England. This is the first time such an experiment has been tried.

In order to test the relative values of a 'Whole word visual recognition' and a 'lettersound- word- building' beginning to 'learning to read', certain rules had to be laid down for the two groups of teachers to follow.

For the 'whole word recognition' method all that is necessary is to plan the list of words the children are to learn to recognise by sight. The essential properties of the words must naturally be that they are

- 1) within the familiar vocabulary of the average 5 year old.

- 2) suitable and sufficient to make up a story. For this purpose there are series of prepared and published readers. Each school chooses the set of readers considered the most suitable. All the teachers have to do is work out the best way, or ways, of presenting each word and or each sentence pinned up on the wall, presented as flash-cards - copying, tracing etc.,

The 'phonic' approach is quite different. In order to understand the separate sounds of spoken speech children have to be taught. They never hear the separate sounds which blend to make even the shortest monosyllabic word for the simple reason that no one speaks in such a way in every day life as to make these sounds appear. We do not speak like this 'the c-a-t w-e-n-t f-o-r a w-a-l-k'. When we do say something in this way children laugh and say 'you do talk funny!'. So it is absolutely essential for children to be taught to analyse and synthesise (put sounds together again to make a whole word) the sounds of spoken speech. This can only be done meaningfully through sound games. Even the children who begin with 'whole word recognition' will have to have the same preparation for phonics when these are introduced.

The experiment used the Downing readers, and all the reading material in both groups was printed in i. t. a.

One of the rules for the experiment was that all the children, on both sides, should have to pass a reading readiness test before they were to begin learning to read. This was to ensure that all the children should start at the same level of both visual and auditory discrimination.

In order to be able to take the auditory test all the children had to be given sound games (our traditional 'I Spy' with my little eye something beginning with ' is a good example). It was here that I found, to my surprise, that the teachers had not been taught, in their training colleges, anything about the sounds and structure of language. I had to teach them 'how' to teach the children about first sounds, last sounds, and finally, middle sounds, how to build from sounds. I had to explain why double and treble consonants should be avoided in the beginning, why concrete monosyllabic nouns are used because they are the only meaningful words to very young children. The majority of the teachers knew nothing about this nor were they conscious of why 'abstract' words are so much more difficult to learn. They did not therefore understand that printed speech should be presented in graded 'units' first the single concrete noun, then the short noun-action sentence, then longer sentences including abstract words and finally continuous narrative in the form of a story. There were 400+ children on either side in the experiment. There were 390+ in each group still in the schools at the end of the infant stage. Twenty two in the 'sight' group never learnt the 52 words they had to learn by sight before going on to 'learning' letter sounds. They were called dyslexic. All except three had passed the reading readiness test successfully. That is to say they could recognise by sight words which were the 'same' and 'different'. Of the three who failed one was of very low I.Q. but when put onto letter sounds at nearly seven years of age scored 8 on the Standish test at 8 years of age; another was so disturbed that he was doing no school work at all; the third we knew nothing about except that she went into junior school not even having passed the reading readiness test.

Of the other nineteen 'sight' readers who failed to learn their 52 words by sight, eight were put onto letter sounds in their last infant year because their head teachers were so worried about them. Although these children had only 6 months of 'phonic' work, one took his comprehension test at the end and scored 18 at the age of 7, two others scored 17 and 6 in their first junior year. The five others went to other schools but could word-build when they left.

There were no 'dyslexics' in the 'phonic' group. One girl of very low I.Q. only succeeded in the reading readiness test at 7 years 1 month. At 9½ she scored 11 in the comprehension test, reading more than she was able to understand. One boy is so disturbed that he never began any school work in the infants and is under observation; he was successful in the reading readiness test.

From the findings of this experiment it looks as if method of teaching is at least partly responsible for the appearance of dyslexia. Other findings which point to the difficulties of 'sight' reading for all children are;

1. 29 'phonic' children learnt to read in one month; in the same time only 4 children memorised 52 words by sight, and, of course, could read nothing else. 54 'phonic' children took 2 months as against 36 'sight' children.

2. The majority of children (who took from 3 to 12 months to learn either (a) 52 words by sight or (b) 42 letters (i. t. a.) and to build words) were equally divided into the number that took any given time to do this. Apart from the 22 so called 'dyslexic' children on the sight side there were a further 41 children on the 'sight' reading side (who had now had their letter sounds) who were very poor readers at the last test given. There were 23 poor 'phonic' readers and they were all less 'poor' than the 41 'sight' children. At the other end of the scale there were 35.5% of the 'phonic' children as compared with 20.4% of the 'sight' children who were reading fluently. Is not the degree, and severity, of dyslexia a result of wrong teaching method?

Teachers are apparently not taught anything about the nature of language, its structure and the differences in the concepts individuals have of language when it is spoken and when it is written. If teachers learnt about learning in young children and learning about language in particular, what it consists of, its meaning, analysing it and synthesising it, would they not be better able to teach? If children were taught meaningfully phonetically, many of the problems which the remedial clinics deal with would disappear.

( Editors note: 'Dyslexia' is used in this article in its purely semantic sense - difficulty in reading, the 22 'dyslexics' in the 'sight' group were not clinically diagnosed.)

#### BOOKS FOR DYSLExIC CHILDREN by Miss Anna Evillen

The introduction of this subject immediately puts one 'on the horns of a dilemma'. Dyslexic children need specialized remedial help with their reading difficulties. This they cannot get in many parts of Britain and the position is only improving very slowly. Children can only read by reading, so what are the poor parents expected to do? If they have sufficient patience and tolerance, of what may appear to them to be stupid mistakes, they can help when the child is ready and wanting to read to them. If they cannot understand his difficulties and get frustrated, impatient, or too personally involved with his problems they will certainly do him more harm than good. They must always remember that he is not reading the words, wrongly, but only reading them either as he sees them, or making guesses based on his comprehension of the context or some part of the word that he feels familiar with. This is because his difficulty is one of perception. His ability to deal with the mechanics of reading is therefore often below his ability to comprehend the written material. He can misread numerous words in a written passage and then proceed to give intelligent verbal answers to questions dealing with the comprehension of the material which he has so 'massacred' when reading.

How then can his parents help him? First and foremost they must remember that they are his parents not his teacher. They must always stand beside and support him in what to him is a difficult and frustrating situation. I am of course speaking metaphorically because they must help him to understand why he has these difficulties and they will do no good by cosseting or over-protecting him. If his teachers criticise him by suggesting, as they frequently do from the age of 7, that because he is bright and not yet reading he is either lazy, or a difficult naughty troublemaker in the class, the parents must make sure that they do not side with the teachers but go all out to get to the bottom of this problem and to get specialised help for him.

Drawing from the experiences related to me by parents who have tried to help their dyslexic children I would say that their most important function is to give their child the literary experience being missed due to his handicap. Those of you who are parents reading this publication, will have been reciting nursery rhymes and singing to your child since he was born, and will have started reading aloud to him at a very early age. This you will still be doing when the problem of his backwardness in reading becomes apparent to you. Continue and increase your reading to him to keep alive his interest in books during the difficult years ahead, when you are trying to get help in understanding his problems. If you have never started reading to him start at once and make sure that you read what is interesting to him; show your interest in it, however remote it may be from any of your own personal interests. Whenever possible make full use of T.V. literary and educational programmes such as Jackanory, Blue Peter, Tom Tom, Tomorrow's World and the Sunday 5.30 p.m. junior classics on B.B.C. 1, Frontiers of Science on B.B.C. 2, and How and Magpie on I.T.V. Also, if you have a record player, records of children's stories and poems

will help you out when you have developed laryngitis or feel that you might scream if you read yet another article on football, cars or fashion. Perhaps father would help out sometimes reading articles on such things as boxing and outer space. Records are especially useful if they are accompanied by a book giving the full text. Your children then follow the words while he listens and the record or tape can be replayed as often as he wishes.

The time will come, if your child has obtained remedial help sufficiently early, when he actually wants to read and he will read to you; sometimes almost continually it would seem. You must then be ready to listen and encourage him and expect him to follow you around with his book whether you are bathing the baby or peeling potatoes. When this activity suddenly stops, make no comment, just carry on with your reading to him and discussing stories with him. He will be interested to know which stories and poems you specially liked as a child and your reasons for liking them. Keep him talking about stories, poems, his T.V. programmes and of course all his daily activities. In this way you will be keeping alive his interest in reading and when, at a later date, he returns to reading out loud again you will be ready to listen patiently and encourage as before.

When selecting books or articles to read to him, your first consideration should be to read material that will hold his interest at his own level of understanding. You must not insult him by reading infant books to him just because his own reading is backward. His interests may be rather limited if you have not read to him much in his early years, but if possible you should encourage him to enjoy a wider field of literature. You can then read to him all the usual children's books that you read, or heard as a child, or discover reviewed in publications such as "Books for your Children", or various magazines such as "Mother".

As for the books he can read to you this is a far more complicated problem, depending as it must on his age, his intelligence and the exact nature and degree of his reading disability. Echoing such experts as "The Radio Doctor", "Be careful", get expert advice and don't ever try to criticise push or teach him. If he is young and as yet unaffected by adverse criticism, ridicule, and sometimes even corporal punishment at school and even in some cases, at home, he will be eager and willing to read. He will long to master some simple book. There are many basic reading schemes. They are well reviewed in "A Second Survey of Books for Backward Readers" (U.L.P. 8/6) which gives full details including the reading age and the interest age of each series. Many useful books are in paper back and though relatively cheap (2/6 - 6/6) they are not of lasting interest, so that purchase of the many books the children require at each stage is uneconomic for one child. Remedial centres, parent groups, and public libraries should be encouraged to stock, carefully grade and loan these books, as they are suitable for the many different groups of children who, though average or above average in intelligence, are backward in their reading. Parents could volunteer to help their groups or remedial centres by covering all books with washable transparent sticky paper to help preserve them.

Older children may be non-starters in reading right up to school leaving age and many may have reading ages as much as 4 to 6 years below their chronological age. These children require a wide range of books at different levels of interest covering many years in terms of reading age, to give them a plentiful supply of reading material at each stage of reading difficulty. Many of them may be so disheartened and frustrated that they have given up and do not want to attempt a formal book. Some have been so frightened that they show visible signs of tension at the mere mention of reading or the sight of a book. These children need a great deal of help through numerous letter and word games and also drawing books and scrap books on their own interest. Talking about their drawings or their scrap book pictures you can encourage them to write a sentence or two. Then ask them to read their sentence and either type or print it out for them correctly. Do not criticise their spelling and sentence construction or even their writing. Just give them your corrected copy to stick under their picture, and leave it to their remedial teacher to deal with their errors when she finds they are ready to cope with the problems involved. Incidentally if they are left-handed there are special methods for teaching them to write and specially designed Osmiroid pens for left-handers. Make sure their remedial teacher is aware of these facts.

Another simple way you can help them is called "The Finger Tracing Method" for which you make a large copy of some word that interests them in their own usual lower case or joined type of writing, preferably on stiff card in bright coloured crayons. You then help them to trace over the word with the index finger of their writing hand saying the word as they trace. Then let them continue to do this on their own to gain familiarity with the word. If the word has two or more syllables it will help if you cut one copy of the word up into its syllables, so that they can more easily see the parts of the whole word. By repeating this on subsequent days they will gradually come to recognize the word. This is a simplified version of "The Fernald Auditory-Kinaesthetic Technique" with which their remedial

teacher should be familiar. This method gives you the ideal situation by bringing the three senses of seeing, hearing and touch all into play together to compensate for the dyslexic's slight, but vital efficiency, perceptual. It is a safe and sure method which any parent can encourage, but when it comes to the phonetic structure of the word you must leave it to the specialist remedial teacher. One must also stress the fact that many dyslexic children do not make progress with phonetic methods. But even with those who benefit from phonetic methods, the phonetic structure of English is so complicated that the pitfalls into which parents and teachers, not specially trained in this work, can fall, are manifold; many would-be helpers end up by doing more harm than good to the poor child. Some of these would-be helpers then put down the child's lack of progress to his stupidity and state that he is ineducable or at any rate not worth bothering about.

If you, as a parent, decide to use any of the methods or materials described, either in this article or the separate book list, you are warned that the parent-teacher role is difficult both to introduce and maintain. It can easily become a source of trouble in the home. If your relationship with your child is such that you feel you can teach him you must do the teaching in a playful and lighthearted way, using everyday home affairs, games, humour, acting and nonsense far more than these are used in school. If you find that your teaching is having an adverse effect do not hesitate to stop it immediately. The failure is inherent in the situation and is not due to your lack of teaching ability. In fact, many first class teachers would find such a relationship with their own children impossible.

A very full children's book-list with descriptive notes can be obtained from the Editor. Price 5/-. This includes sections on:- Children's book lists and aids to parents. Dictionaries and spelling books. Poetry, songs, records. Road safety books. General books. Given in a list graduated in terms of interest age and reading age.

By the time a child is 9 - 12 years old he has developed an absorbing and inexhaustible curiosity about the world around him. He is eager to learn about the interests of modern life and is frustrated because his technical mastery of English and reading prevent him from reading books at the level of his interests and comprehension. The basic school readers are now utterly boring; it is difficult to obtain suitable reading material that will give him an incentive to try and read and to help him extend his command of English in an easy and natural way.

Not all of the books will suit any child, and some, as you will see from their interest age (given in the book list), will be suitable for junior children (if their reading age is high enough) and also for secondary school children and adults.

Books for secondary school children whose reading has made little or no progress are gradually coming on the market but they are not yet being sufficiently used by schools or even by many remedial centres where attention is concentrated on the younger age groups.

#### LETTERS FROM TWO MOTHERS OF DYSLIXIC CHILDREN

1. An 8½ year old boy lay in his bedroom, resentful, belligerent, frustrated, recovering from yet another tantrum during which he may have torn up his note-book, kicked his desk, or thrown to the wall the nearest toy or book - this after a session of trying to help him to read. His parting shot as I left his room "I hate you".

His mother, retreat to the lounge, defeated, hurt, angry, almost in despair. How can an intelligent child find reading so difficult? How can our happy family life be restored? These daily battles with our son are fraying both Father and Mother's nerves.

Why is our son becoming so unsociable? No longer does he wish to continue being a Pony Club member or a Cub, because as soon as reading is involved - e.g. learning parts of a horse from a chart - he rebels. His school work too has deteriorated because most subjects involve reading or spelling.

I am determined to help him to read and I try by new approaches to the subject, but resentment is ever present between us and most ventures have little success. However his Dad and I still continue to read to him on a variety of subjects to keep his interest in books alive.

But that is not enough! What of the future with this means of communication practically closed to him?

We arranged to have our son interviewed and tested at the Word Blind Centre and at the National Hospital in London. Both diagnosed him as a child suffering from Specific Dyslexia, having above average intelligence, who could be helped by special tuition which he could receive at the Word Blind Centre. Our son was told of his disability and that he could be helped to overcome it, but his co-operation was needed.



Since Nov 68 he has has two three-quarter hour lessons a week at the Word Blind Centre. His reading and spelling is improving. Now, on our weekly journeys he reads advertisements and station names quite spontaneously. However his reading is not yet fluent and his spelling leaves a lot to be desired.

But our home life is happier and our son more sociable. Recently he joined the Crusaders and has gained two badges for swimming. He has accepted the fact that he has a reading disability which he is trying to overcome by working with his teacher and parents, no longer against them.

We, his parents, have also accepted the situation now and are substituting understanding and firmness for scolding and ridicule. Of course diagnosis and tuition does not wave the magic wand overnight - it is still an uphill struggle but hopeful.

These twice weekly visits to the Word Blind Centre are time consuming for my son and myself, and costly. The fares alone are £1 16s. weekly. While waiting for my son to have his lesson I meet many other parents with dyslexic children who have come to the Centre from the South, the Midlands, and Wales. All are relieved to have their children diagnosed and helped at the Centre, but most complain of no teacher, suitably trained, to be found locally. The members of the North Surrey Dyslexic Society have made at least one step to remedy this by sending a teacher to the Bath Association's Easter training course. Let us have more constructive help of that nature in the future for our dyslexic children who have a promising potential.

2. At the last meeting organised by the North Surrey Dyslexic Society (Jan '69) I heard defensive argument from members of the teaching profession. Intelligent parents coping with a dyslexic child have no wish to attack the teachers, for it is on them that we depend. From press and television it is now abundantly clear that little is understood of reading processes and very little help and instruction given in teacher training colleges on how to teach reading and spelling. Little wonder that teachers who have spent years developing methods themselves should feel affronted when their sincere efforts are questioned. The patience, understanding and ingenuity required to teach a severe dyslexic is a rare quality and merits great admiration. The prime need is for research, guidance and a strong line of assistance from the Department of Education and Science.

My experience under the ILEA with one of my adopted sons was extremely grim. As primary school progressed we had an increasingly upset child, who though highly intelligent and always keen to learn, was hardly reading at all and showed little inclination to write. When he was seven years old we consulted a very experienced educational psychologist who found a "specific reading difficulty" in urgent need of remedial lessons. The Headmaster claimed to know all about such things. Tutorial classes could not be obtained through the EA under junior school level. The Class teacher was fiercely opposed to any other teaching. The Headmaster then said he tested the boy and disagreed with the psychologist's report. This was a progressive primary school working on 'look and say' methods, and listed by the ACE as one of "A Hundred Good Schools".

Six reading lessons at half term from a well qualified teacher produced a big improvement and enthusiasm. But as weeks went by at school this dwindled, the boy was deeply upset about his class teacher and finally refused to go to school. I consulted a child psychiatrist privately who in turn referred to the headmaster and felt bound to take his views very much into consideration. The result was a recommendation that he should go to a special boarding school as maladjusted. From then on we had to cope totally unaided with a severely upset child. The special school proved not to be available for another six months and in any case I had the gravest doubts about it.

Meantime, with the aid of a small private transitional school, his work improved enough for him to be accepted by a very good Preparatory school where the staff have some knowledge of dyslexia. After a few weeks they asked us to have him tested at the I.C.A.A. Word Blind Centre. Now, more than two years after the original psychologists report, we are hoping shortly to be offered remedial lessons at the Centre. Meantime with careful teaching his all round improvement is outstanding. The more intensive approach to learning suits him well, even though written exams leave him at the bottom of the class.

Despite cries of 'unfair privilege' independent schools are saving the State schools many embarrassing failures. The Authorities watch their experiments keen to adopt successful methods at minimum cost to themselves. Only luck enabled us to find the right solution in the end. How often are matters made worse for children of less fortunate parents?

Writing to the Department of Education in general terms I have had interesting replies. One man states that the existence of dyslexia has yet to be proved and that most infant teachers

are able to recognise fairly soon the signs of children likely to fail at reading. Why in that case are so many of them left to become failures and a threat to discipline in the secondary schools?

Another member of the Department shows a much better comprehension of all aspects of the difficulties but reports no general agreement, he says that the Department is sponsoring a research project at Leeds University.

Parents want children educated, too much is expected of too few teachers. Teachers must not be offended when we question the treatment of dyslexic children, for their remedial teaching has to be geared to the specific needs of the individual. Are training courses for teachers adequate? Is the Department providing teachers with adequate support in their work?

Parents may be lethargic in supporting teacher's pay claims but if the general public realised the possibilities of far more being done to help their under-achievers surely that is a point on which all may combine to bring pressure to bear on the Department of Education and Science.

# REPORT ON THE TWO WEEK COURSE ARRANGED BY THE BATH ASSOCIATION FOR THE STUDY OF DYSLLEXIA: By Miss M. J. Prendergast

## Method of Treatment of Specific Developmental Dyslexia

Directed by Mrs. Sally Childs at Bath Technical College. Easter 1969

Mrs. Childs, of the Orton Society, is a specialist in Language Training. She supervises classes to train teachers in the Gillingham-Childs Method and directs programmes for pupils in Public and Independent schools in America.

The children with whom the course was concerned were those of average and above average intelligence who had not had anything happen to them to account for their difficulty in at least one aspect of acquiring language skills. They have no sensory defect, no brain damage, no primary emotional problems, have been in a normal school situation and yet fail to make adequate progress in using their native language

Often they seem bright and manage well until they start school, When they begin to lag behind their peers investigations frequently reveal any or all of the following symptoms:

1. They may belong to a family in which there is left-handedness. By Mendel's genetic laws some children would show a lack of dominance of right or left and this seems to be the trait most common among these children.
2. They may have been slow in mastering speech or
3. motor activity such as crawling, walking, playing ball.
4. They may have difficulty in following directions or
5. in remembering series of commands or
6. in expressing themselves to make others understand their meaning or
7. in understanding what is said to them.

When they find themselves unable to succeed at school they usually develop some sort of 'defence mechanism' and reports frequently describe them as 'unable to concentrate', 'day-dreaming', 'forgetting easily', 'not completing assignments', 'could do better with greater effort'.

They are often very good at solving problems and working out practicable possibilities of a constructional nature.

The Gillingham-Child method (which is still evolving to an even more meticulous scheme) has been successful for thirty-five years in helping thousands of children in America. Although not officially recognised by the American Department of Education more and more people in different States are coming to appreciate its value.

The programme is based on two main principles dictated by the handicap of dyslexia.

1. That there must be the lowest possible memory load as these children can work things out better than they can remember facts in sequence.

2. That the teaching must have a multi-sensory approach so that a child can use his strongest means, be it visual, auditory or kinetic to learn, and at the same time strengthen his weaker ones.

The teaching must be so thorough that the knowledge gained can be used automatically.

The method has three main stages.

At the Basic level only the completely unequivocal phonetic matter in English is taught. Through listening, seeing, saying, tracing, writing and reading, the sounds and names of most of the letters are learnt with a keyword to assist the visual-audio-kinetic links. Every bit of material used is regular so that what the child reads, he can spell and write. This gives the child a firm secure foundation of 32 letters digraphs and the silent 'e' long vowel rule. With these he can build a considerable number of words; even such as 'children' and 'astonish' !

When this equipment is thoroughly mastered the question of choice is introduced and throughout the Intermediate level reading and spelling are treated quite separately. It is the carefully worked out series of steps which normally brings order to what can otherwise be a very muddled area. Reading normally now progresses much more quickly than spelling as it is so much easier to recognise symbols and read than it is to recall all the alternatives and spell. Some words (e.g. one) conform to no rule and just have to be learnt.

At the Advanced level vowel digraphs are introduced and more work is done on accented syllables; again reading continues to go ahead of spelling.

Throughout the programme Mrs. Childs advocates explaining a little of the influence of the constituent languages such as Anglo-Saxon, Latin and French on English as we know it to-day and the changes that have occurred during the centuries.

In the ideal situation of individual daily 40 minute sessions the programme normally takes about two years to bring a child up to a satisfactory level of achievement. It can be used effectively in small groups and even with classes of up to twenty, especially with teenagers. It is better for the child not to take part in normal school English lessons during his remedial period. Early diagnosis is of course desirable.

There are many indirect ways of teaching and helping these children.

Parents and any interested adults should aim chiefly:-

1. To be ready to comfort and support the child, accepting him as he is.
2. To separate the child as a child from what he does.
3. To provide language training and transport where necessary - with the knowledge of the school.
4. To read to the child, especially any necessary text-books, again with the knowledge of the school.
5. To write for him or provide tape recording facilities.
6. To educate him broadly - take him to places of interest so that he can 'keep his end up'.
7. To assist him to develop any strong point or keen interest.

The fuller the co-operation between parents, school and remedial teacher the rosier is the outlook for the child.

Mrs. Childs stressed the close tie with the Medical profession. (It was the doctors who first drew attention to the problem). She also acknowledged the great help already given and the possibility of even more from future developments in the fields of psychology, linguistics, speech therapy, genetics and chemistry. In the meantime it is parents and teachers who can do most to help the child to learn and live fully, finding some sense and order in the society of our literate world as it is to-day.

All who were on the course felt we owed a great debt of gratitude not only to Mrs. Childs, who gave so generously of her wisdom and learning, but also to the Bath Association for the Study of Dyslexia who worked so hard to arrange the course. Personally I am also very grateful to the North Surrey Dyslexic Society for sponsoring my attendance.