REPORT FROM THE FIELD
READING RECOVERY: RESPONSE FROM THE FIELD

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ABSTRACT. As an intervention for children who are experiencing difficulty with the development of their entry level reading skills, Marie Clay's (1985) *Reading Recovery* has become a popular alternative for many professional educators. As the use of Clay's program has spread across North America, the benefits that were originally suggested by Clay and others have received considerable support. Close scrutiny of the program, however, has also revealed problems with implementation, maintenance, and evaluation strategies. Smaller schools and school divisions that are trying to implement *Reading Recovery* are discovering that these problems are especially imposing and difficult to manage and that this seems to be particularly the case in rural and remote areas of the country. This paper attempts to identify and discuss the extent and impact of some of those problems from the perspective of field-based educators in Manitoba.

RÉSUMÉ. Méthode d'intervention auprès des enfants qui éprouvent des difficultés à acquérir des connaissances de base en lecture, *Reading Recovery* de Marie Clay (1985) propose une solution de rechange qu'ont adoptée de nombreux éducateurs professionnels. Ce programme est maintenant très en vogue en Amérique du Nord et les avantages que prédisaient Clay et d'autres intervenants ont été confirmés par de nombreuses sources. En y regardant de plus près, on se rend toutefois compte que le programme présente des problèmes sur le plan de la mise en oeuvre, de l'entretien et des stratégies d'évaluation. Les écoles et commissions scolaires de plus petite taille qui tentent de l'implanter constatent que ces problèmes sont très graves et difficiles à surmonter, particulièrement en milieu rural et dans les régions éloignées. Cet article vise à cerner et à analyser la portée et les répercussions de certains de ces problèmes vus dans l'optique des éducateurs travaillant sur le terrain au Manitoba.

In the province of Manitoba, resource teachers, reading clinicians, and student service administrators (formerly known as special education co-ordinators) play a large part in the selection, implementation, and evaluation of interventions that have been developed for use with

students at risk for school failure. Without this mechanism, school divisions would be hard-pressed to separate those interventions that show promise from those of more limited utility. One intervention that continues to draw the attention of those educators referred to above is Marie Clay's (1985) *Reading Recovery*.

THE "READING RECOVERY" PROGRAM

Reading Recovery was introduced in New Zealand during the early 1970s (Clay, 1985) and was subsequently carried to North America in the early 1980s (Hiebert, 1994; Wasik & Slavin, 1993). Since that time it has been accepted by many American and Canadian educators as one of the more effective interventions for teaching entry level reading skills to Grade 1 children considered to be at risk for reading failure (Center, Wheldall, Freeman, Outhred, & McNaught, 1995; Pinnell, Lyons, DeFord, Bryk, & Seltzer, 1994; Rasinski, 1995a; Shanahan, & Barr, 1995; Spiegel, 1995; Wasik & Slavin, 1993). At the present time it is in use at thousands of sites across North America where it appears it is being applied with considerable fidelity to the model that was originally proposed by Clay in 1972 (Pinnell, Lyons, & Jones, 1996).

Selection of students

In New Zealand, children are selected for inclusion in *Reading Recovery* if, after one full year of formal instruction, they show signs of experiencing difficulty with beginning reading skills. Because formal reading instruction in New Zealand begins in kindergarten, this means that *Reading Recovery* is initiated in Grade 1 (Clay, 1985; Shanahan & Barr, 1995). In the USA, the practice of implementing the intervention in Grade 1 has been retained, even though many children receive no formal reading instruction prior to Grade 1 (Shanahan & Barr, 1995). In both countries, the identification of candidates is carried out through the use of tests (i.e., both criterion-referenced and norm-referenced) and teacher observation. However, diagnostic strategies tend to focus on those assessment instruments that were developed by Clay as part of the *Reading Recovery* "package" (Clay, 1985; Spiegel, 1995).

Components of the intervention

Reading Recovery was developed following a tutorial model. Each candidate participates with a fully trained *Reading Recovery* teacher in a series of individualized, thirty-minute sessions. The strategies that are employed during these tutoring sessions have been clearly defined by

Clay and are organized into four clusters. (For a more detailed description of the intervention, please see Clay, 1985; Pinnell et al., 1994; and Wasik & Slavin, 1993.)

In any given session, the child begins by reading two or more stories or books that have been read successfully in previous sessions. The child then goes on to read the book that was introduced during the preceding session. As the child reads, the tutor assesses fluency, use of appropriate strategies, and other skills by means of the running record, a form of miscue analysis. In the third part of the session, the child writes a sentence or short story, usually independently but sometimes from dictation. This message is recorded and cut into pieces by the tutor for subsequent re-assembly by the child. Finally a new book is introduced and read. Study of specific letters and words can be introduced at any time during the session, and it is common for sentences and books to be taken home for additional practice.

EVALUATION OF PERFORMANCE

Regardless of the intervention being employed, individual children respond differently. In the case of *Reading Recovery*, participants tend to fall into one of three categories based on their response to the intervention.

EXCUSED CHILDREN. Approximately 5 to 7% of any given cohort of candidates experience immediate and serious difficulty with the program. When this happens during the preliminary phase that Clay (1985) calls "Roaming around the Known" or during the initial stages of actual tutoring, the program is judged to be an ineffective and, therefore, inappropriate alternative, and the child is excused from participating (Center et al., 1995; Hiebert, 1994). For these children, alternative forms of intervention must then be found.

NOT-DISCONTINUED CHILDREN. A second group of children respond positively to the intervention and show progress in the development of their literacy skills, but they fail to meet the expected goal of average functioning in the area of literacy development, even after completing an extended tutorial. As a result, they cannot be successfully discontinued from the program. Estimates of the proportion of the cohort of candidates that falls into this not-discontinued category range from 9% (Hiebert, 1994) through 11.6% (Shanahan & Barr, 1995) to 27% (Center et al., 1995).

DISCONTINUED CHILDREN. Of the children originally targeted for intervention, 60 to 75% demonstrate significantly, and in some cases dramatically, improved performance (Center et al., 1995; Hiebert, 1994; Rasinski, 1995a; Shanahan & Barr, 1995). Improvements in functioning become particularly apparent during and immediately following the intervention (Shanahan & Barr, 1995; Wasik & Slavin, 1993), but there is some evidence that improved functioning continues into subsequent grades (Pinnell et al., 1995; Shanahan & Barr, 1995; Wasik & Slavin, 1993). Because this group of children meets or exceeds the criterion of average functioning in the area of literacy skill development, the intervention can be withdrawn and the children can be classified as successfully discontinued.

Strengths of the intervention

The strategies that are employed to generate fluency in reading, writing, and spelling were built into the program by Clay (1985) with considerable care and deliberation. It is now being acknowledged that Clay's attention to the selection and presentation of these strategies has been fundamental to the successful application of the model (Hiebert, 1994; Pikulski, 1994; Spiegel, 1995). The features of Reading Recovery that have been identified as particular strengths include: a) intervention that is early enough to prevent initial weaknesses from turning into ingrained deficits; b) the use of experienced and well-trained teachers as tutors; c) the setting of appropriate, well-planned goals, as well as the frequent reviewing of those goals based on on-going assessment; d) the use of direct, individualized instruction, based on skillful analysis of student performance and delivered at the child's instructional level; e) the use of teaching materials that feature natural language (i.e., language that "retains the full power of semantic and syntactic richness" (Clay, 1985, p. 13) rather than strictly controlled vocabulary; f) the paying of careful attention to phonemic awareness during reading, writing, and spelling activities; g) the use of repeated reading of familiar texts to develop reading fluency; and h) the teaching of reading, writing, and spelling skills through the use of extensive writing practice.

CONCERNS FROM THE FIELD

Clay's Reading Recovery (1985) is a comprehensive, well-organized intervention which seems to be highly effective with certain groups of children who are experiencing difficulty with entry level reading skills (Center, Wheldall, Freeman, Outhred, & McNaught, 1995; Pinnell,

Lyons, DeFord, Bryk, & Seltzer, 1994; Rasinski, 1995a; Shanahan & Barr, 1995; Spiegel, 1995; Wasik & Slavin, 1993). Moreover, the rapidity with which the program has spread to thousands of sites across North America (Pinnell, Lyons, & Jones, 1996) would seem to suggest that the positive conclusions that are being proposed by researchers in the area of emergent literacy are being reflected in the attitudes and practices of many educators in the field. This does not mean, however, that *Reading Recovery* stands as a panacea, ready for instant application where children exhibit reading difficulty. Enthusiasm for the approach has been tempered by a certain level of concern which continues to be a focus for discussion among educators in Manitoba and elsewhere.

Criteria for inclusion

The identification of students requiring tutorial by means of norm-referenced or criterion-referenced tests, and the systematic observation of reading and writing behaviours conforms to what could be termed traditional practice. However, it may be that other factors are contributing to the inappropriate targeting of certain children for intervention.

Hiebert (1994) observed that some of the *Metropolitan Achievement Test* scores from one cohort of children who had been directed into the *Reading Recovery* program fell into the fourth quintile. A score in the fourth quintile is certainly low, but it is not necessarily an indicator of a need for special intervention. This use of elevated cut-off points, taken together with the observation of Center et al. (1995) that in one major study 29% of the control group achieved average reading levels without special intervention, would tend to support a conclusion that has been reached by Shanahan and Barr (1995), namely that it is possible that *Reading Recovery* is in fact being offered to large numbers of children who are not in need of intensive remediation. Resource teachers, reading clinicians, and student service administrators recognize the need for precision when targeting individuals for special attention such as one-to-one tutoring. Even the possibility that children are receiving this level of service in the absence of any real need is, of course, a matter of concern.

Another aspect of the problem with the precise targeting of individuals for service appears when the "not-discontinued" subgroup is examined. Up to 27% (Center et al., 1995) of the children in identified cohorts fail to achieve average levels of functioning in reading and writing, and cannot, therefore, be successfully discontinued from the program. Fur-

thermore, in subsequent grades, these students tend to continue to perform at levels that are markedly lower than those of their classmates (Wasik & Slavin, 1993). It seems, therefore, to be obvious that *Reading Recovery* may not be the intervention of choice for all students. The task of the professional in the field then becomes not only to employ *Reading Recovery* for those cases where diagnostic strategies suggest that it is an appropriate vehicle for remediation but also to find the alternatives that will allow the children who would have fallen into the "excused" category or into the "not-discontinued" category to experience success and to achieve at level.

Achievement of discontinued children

Two of the main goals of the *Reading Recovery* program are: a) to allow children to achieve an average level of functioning in the area of literacy skill development, and b) to allow them to develop a "self-extending system for reading to enable them to carry on functioning at an average level in subsequent grades" (Pinnell, DeFord, Lyons, & Bryk, 1995; Pinnell, Lyons, & Jones, 1996). It is toward the realization of these goals that most Early Years educators are currently working, and, in Manitoba, many resource teachers, reading clinicians, and student service administrators are now attempting to determine the extent to which *Reading Recovery* is able to contribute to these ends.

The point has been made that most first grade children (i.e., 60 to 75%) who are targeted for intervention through *Reading Recovery* do in fact achieve average levels of functioning and can be successfully discontinued from the program. Furthermore, changes in levels of functioning are not only statistically and practically significant but often dramatic (Center et al.,1995; Rasinski, 1995a, 1995b; Shanahan & Barr, 1995; Wasik, & Slavin, 1993). Thus it would seem that there is now evidence that the first of the identified goals can in fact be met, and, in this respect, critics have generally been willing to give *Reading Recovery* its due.

Some of the critics have also been quick to point out that there are factors present which complicate attempts to interpret the available data. For example, the children who successfully complete the *Reading Recovery* program tend to do particularly well when assessments make use of instruments and strategies that are "articulated with" or very similar to the training strategies that make up the program (Rasinski, 1995a; Wasik & Slavin, 1993). This is to be expected because, in cases such as this, performance during evaluation requires, as Campione and Brown (1987) have observed, little more than maintenance or near-

transfer of acquired skills. However, when assessments are based on standardized tests of achievement, evidence of improved levels of functioning is either absent or, at best, only slightly apparent (Hiebert, 1994; Shanahan & Barr, 1995). This is somewhat alarming because it suggests that the training regimen (i.e., extending to a maximum of sixty sessions) is not able to bring about the far-transfer or even the intermediate-transfer of acquired skills to dissimilar but related evaluation tasks. In other words, Center et al. (1995) would seem to be making an important and valid observation when they suggest that the available data do not seem to support the generalization of skills acquired during tutoring.

Regarding the development and application of self-extending strategies during performance of literary tasks in later grades, additional and more serious problems emerge from the available research. Whether the second goal cited above is conceptualized in terms of Pinnell et al.'s (1994) "self-extending system for reading" or Campione and Brown's (1987) intermediate- or far-transfer of acquired skills, it is clear from the accumulated data that problems with literacy skill development and application frequently continue following "successful" discontinuation from the *Reading Recovery* program. For example, while successfully discontinued children have, by definition, achieved average levels of functioning in their acquisition and application of entry-level literacy skills, their rate of progress in literacy skill development through Grade 2 tends to be considerably slower than that of their classmates who from the beginning were identified as functioning in the average range (Shanahan & Barr, 1995). In addition, the magnitude of treatment effects observed during training and immediately following discontinuation show steady decline through Grades 2 and 3, even where progress is being assessed by means of instruments that are "articulated with the program of instruction" (Center et al.,1995; Hiebert, 1994; Shanahan & Barr, 1995; Wasik & Slavin, 1993). Finally, by Grade 3 or 4, levels of skill maintenance among *Reading Recovery* tutees who were successfully discontinued by the end of Grade 1 tend to be very low (Hiebert, 1994; Shanahan & Barr, 1995), and rates of retention closely resemble those of students who served as matched controls (Hiebert, 1994; Wasik & Slavin, 1993).

SUMMARY. It is, therefore, neither wise nor even possible to assume that *Reading Recovery* will serve the needs of all Grade 1 children who show signs of being at-risk for reading failure. "Excused" children and "not-discontinued" children in particular need access to alternatives that

will allow them to capitalize on their literary abilities and interests. It is also not possible to assume that *Reading Recovery* will allow teachers to repair skill deficiencies and to promote, automatically, the generation of new skills in the future. Children at risk may have their entry-level reading skills raised to an average level in Grade 1, but as the demands of language arts programs increase through Grades 2 and 3, it is not unreasonable to expect to see the appearance of additional and possibly more complex problems. In short, all of those children who, through the course of their involvement with *Reading Recovery*, are identified as "excused" or as "not-discontinued" and many of those who are identified as "successfully discontinued" will probably require additional consideration, including the extension of their intervention, in one form or another, into Grades 2 or 3 (Pikulski, 1994; Shanahan & Barr, 1995; Wasik & Slavin, 1993).

Reading recovery teachers

While most attempts to evaluate *Reading Recovery* have focused on ways in which students benefit from the intervention, it has become clear that being trained as a *Reading Recovery* tutor carries benefits for teachers as well, benefits which have been identified and described by Shanahan and Barr (1995). *Reading Recovery* gives teacher trainees access to a repertoire of highly effective strategies for diagnosing and remediating early reading difficulty. In addition, trainees are provided with the opportunity to apply those strategies under closely supervised and highly supportive conditions. Proficiency at dealing with young children who are at risk for reading failure leads, in turn, to a greater sense of empowerment, increased levels of respect from colleagues, and improved self-esteem.

As greater numbers of *Reading Recovery* teachers become available to schools and school systems, it seems reasonable to expect that benefits would extend beyond the level of the individual participant to the larger educational context. Yet a couple of factors appear to be preventing this from happening. In the first place, *Reading Recovery* was developed as a supplementary intervention which was never really intended to be integrated into programs that run in conventional classrooms (Center et al., 1995; Pikulski, 1994; Wasik & Slavin, 1993). The net effect of this difference in philosophy has meant that *Reading Recovery* has continued to operate more or less independently of the organizational structure of the schools in which it has been housed (Center et al., 1995). The second factor has to do with the *Reading Recovery*

teachers themselves. At present there is evidence to indicate that, specifically where their expertise in diagnosing and treating reading difficulty is concerned, *Reading Recovery* teachers tend not to communicate effectively with their colleagues in the classroom nor with their administrators (Center et al., 1995; Shanahan & Barr, 1995). In fact, when *Reading Recovery* is moved into a school, there is little or no evidence to suggest that regular classroom teachers benefit professionally, or that there is any improvement in the quality of instruction in their classrooms (Hiebert, 1996; Pikulski, 1994; Shanahan & Barr, 1995).

Cost of implementation and maintenance

A number of factors contribute to the cost of implementing *Reading Recovery* in a school division. Generally these include: tuition and training materials for each trainee as well as the purchase of instructional materials for each school. Of course, to maintain the program, each division or district is then required to provide salary and benefits for each *Reading Recovery* teacher. The amount of money that is required over the course of this process is substantial, and has led several researchers to conclude that *Reading Recovery* is without question one of the most expensive remedial interventions available to educators today (Hiebert, 1994; Nikiforuk, 1995; Rasinski, 1995a, 1995b; Shanahan & Barr, 1995; Wasik & Slavin, 1993).

With a change of setting, from larger to smaller population centers, such as those found in rural and remote areas of the country, additional factors carry the expense of delivering *Reading Recovery* even higher. In Manitoba, *Reading Recovery* teacher trainers are available only in the two major population centers, the cities of Brandon and Winnipeg. Therefore, for each teacher chosen to be trained as a *Reading Recovery* tutor, school divisions which are located at a distance from the larger urban centers are put in the position of having to absorb the cost of travel to and from the training center as well as the cost of accommodation and meals while at the center. Furthermore, as distances from the training center increase, these additional costs escalate. When all of the costs cited above are totalled and multiplied by the number of candidates for whom training is being sought, the financial difficulties facing small rural and remote school divisions become obvious. (One *Reading Recovery* teacher per school appears to be the accepted minimum.) Even where school divisions are operating from tax bases that are not particularly restricted, the overall cost of implementing and

maintaining *Reading Recovery* becomes prohibitive, and less expensive alternatives have to be found.

NUMBER OF STUDENTS AS A FACTOR. A large expenditure for the implementation and maintenance of a program can be justified if a large number of students is being served. In the case of *Reading Recovery*, it has been suggested that each full-time tutor should be able to serve sixteen students per year (Dyer, cited in Hiebert, 1994). In fact, it seems that the actual number falls to between 9.8 (Shanahan & Barr, 1995) and 11 (Hiebert, 1994), with the number of discontinued students reaching only 9 (Hiebert, 1994). It is for this reason that *Reading Recovery* continues to be regarded as an overly expensive option among remedial interventions.

For smaller school divisions, a somewhat different but related factor again serves to drive the cost of *Reading Recovery* even higher. Frequently, in smaller schools, the number of candidates deemed suitable for *Reading Recovery* falls far short of 16 or even 9.8, making the use of a full-time tutor an impractical option. Where individual schools are able to identify only a few candidates, it might be possible to employ Clay's tutorial model through the use of part-time or itinerant tutors. It would then, however, be reasonable to expect delivery costs to rise correspondingly, as, for example, travel costs were factored into the equation.

IMPLICATIONS FOR EDUCATORS IN THE FIELD

Over the years, attempts to evaluate *Reading Recovery* (Clay, 1985) have frequently been marred by the presence of serious methodological flaws (Hiebert, 1994, 1996; Shanahan & Barr, 1995; Wasik & Slavin, 1993). Specific problems that have been identified in the literature include: the exclusion from statistical analyses of data from "excused" and/or "not-discontinued" children; the lack of equivalence of experimental and control/comparison groups, with, for example, retained students being over-represented in comparison groups; and the persistent tendency to overlook regression to the mean as an important factor in the analysis of post-test data. The overall effect of these and related problems has been the generation of flawed data bases, resulting in evaluations that fall below standard where appropriateness and effectiveness are concerned.

Practitioners in the field should, of course, be concerned by problems such as those which are cited above. However, their greatest concern should be reserved for problems that pertain to the actual application of the model. The widespread popularity of *Reading Recovery* in North America testifies to the esteem in which Marie Clay and her intervention are held. Yet concerned educators, including resource teachers and student service administrators, cannot afford to look away from those problems that are particularly associated with a) matching intervention strategies to student needs, b) creating stable repertoires of skills which generalize, c) integrating *Reading Recovery* into an overall remedial program, and d) making the program affordable.

Accommodating diverse student needs

"EXCUSED" CHILDREN. Pinnell, Lyons, and Jones (1996) have stated that *Reading Recovery* was designed to serve "hardest to teach" and "lowest achieving" children. Yet children who reveal themselves to be unresponsive to the component strategies are routinely excluded from the intervention. This practice may be justifiable in a program of research which is examining the efficacy of a particular intervention, but the exclusion of unresponsive children is simply not an option for resource teachers, reading clinicians, and student service administrators, who, for the most part, hold themselves accountable for student failure. If it is not possible to modify the component strategies that make up *Reading Recovery* to suit the specific needs of low achievers, then it is the duty of educators in the field to find more suitable alternatives.

"NOT-DISCONTINUED" CHILDREN. For a child to linger in a remedial program for up to 60 sessions and still not reach the minimum criterion for successful discontinuation is also unacceptable to practitioners. Where children have needs that require intervention, those needs must be identified as early as possible, either through refinements to the strategies that are employed for identification or through more stringent monitoring of daily progress. Where it becomes evident that identified needs exceed the remedial capabilities of *Reading Recovery*, resource teachers will then have to supplement the program or even provide the child with a more appropriate alternative.

"DISCONTINUED" CHILDREN. The possibility that some children who are being directed into *Reading Recovery* might be served just as effectively in the regular classroom or through less intrusive remedial programs is also troubling to educators in the field. One-to-one interventions are too

costly to squander and must be reserved for those children who are seriously at-risk for reading failure. Refinements to the process of identification and closer monitoring of student progress, especially during the early stages of the intervention, might therefore serve not only those students with special needs but also those students whose needs are not serious enough to warrant *Reading Recovery*.

Generation and generalization of skills

TRANSFER TO THE CLASSROOM. As a stand-alone program, *Reading Recovery* can offer no guarantee that skills acquired during tutorial sessions will transfer to activities in the classroom. This is a goal toward which *Reading Recovery* tutors and classroom teachers must actively work. Mastery of skills in isolation is an important first step, but the child must also be helped to develop the ability to generalize, or to transfer those skills to dissimilar but related tasks in those settings in which he is required to function during most of the school day.

MAINTENANCE AND TRANSFER IN SUBSEQUENT GRADES. Where children have been successfully discontinued from *Reading Recovery*, practitioners still have to be concerned that, based on available evidence, treatment effects tend to diminish and even to disappear over time and that failure rates rise to match those of control children by Grade 4. Clearly, the bringing of entry level reading skills to average levels in Grade 1 does not always mean that contributing problems have been eliminated. It may be wise for practitioners to assume that, once children have been identified as requiring support, they will continue to require support in the future, particularly as the skills required for daily functioning become more complex. If discontinued children are to continue to thrive academically, then careful monitoring of progress in subsequent grades and selective supplementary intervention will have to be employed to ensure that acquired skills are reinforced and that the generalization of those skills is fostered.

Reading recovery in context

Reading Recovery teachers are trained, at least within the context of Marie Clay's model, to be proficient at diagnosing and correcting difficulties with emergent literacy. They also need to be encouraged to share aspects of their expertise with their colleagues. *Reading Recovery* teachers are not in a position to train their colleagues to equivalent and certifiable levels of expertise, but they are in a position to be able to identify and to demonstrate for them those aspects of *Reading Recovery*

that conform to best practice and to help them adapt those strategies for use in the classroom. Tutoring individuals who are at risk for early reading failure has been accepted as a worthwhile strategy. Now *Reading Recovery* teachers must reach beyond the tutorial and touch classrooms by helping to direct and improve current instructional practices.

The question of cost

Any intervention that is built on daily, half-hour, one-to-one tutorial sessions will stretch the budget of any school division, especially where all or most of the eligible children are being included in the program. Even though *Reading Recovery* targets only Grade 1 students, the cost of providing this service goes far beyond the resources of most school divisions in Manitoba. If the intervention is to be extended beyond Grade 1 into Grades 2 and 3, as many researchers are currently recommending, then the situation becomes truly impossible. Therefore if *Reading Recovery* is to form the basis for remedial programming in Manitoba and elsewhere, it will have to be modified to make it more cost effective. It may, for example, be possible to reduce training costs, to tutor small groups of two, three, or four students rather than individuals, and/or to train teachers to incorporate at least some of the diagnostic/prescriptive strategies into their daily lessons. Without these efforts or others like them, *Reading Recovery* will doubtless remain, at least for smaller school divisions in the country, nothing more than a utopian ideal.

CONCLUSION

As a strategy for helping students who are at risk for early reading failure, *Reading Recovery* has become the intervention of choice for many educators in North America. Both anecdotal and empirical evidence suggest that these professionals may have good reason to embrace Clay's (1985) model; yet, there are clearly problems that need to be addressed before the model can be accepted fully by the broader community of professional educators.

In the first place, the problems surrounding the identification of candidates for *Reading Recovery* require immediate attention. Students who require some help, but are not in need of intensive one-to-one tutorial sessions should be served in other ways. Similarly, alternative approaches need to be put into place as soon as possible for those students who do not respond to *Reading Recovery* or whose rate of responding is too slow to allow them to meet the expressed objectives of the program.

Secondly, students who manage to reach average levels of functioning and who are, therefore, able to be discontinued from the program obviously serve as evidence of the success of *Reading Recovery*. Within this group, however, there are those whose acquired skills appear not to generalize, as well as those who fail to develop the desired "self-extending system" for reading. The performance of these students in subsequent grades needs to be monitored, and, where necessary, additional support needs to be moved into place.

Thirdly, experienced, highly trained *Reading Recovery* teachers ought not to be allowed to function solely as tutors in a satellite program. They need to be encouraged to share their expertise with colleagues and to work toward improving the quality of programming in the classroom.

Finally, ways have to be found to reduce to manageable levels the costs that are associated with the training of personnel and with the implementation and maintenance of the program. At the present time, those costs are prohibitive for many school divisions, but they are especially so for smaller school divisions in rural and remote areas of Manitoba and Canada.

To sum up, the opinions of both researchers and practitioners strongly suggest that *Reading Recovery* is a valuable program which has much to offer in the way of best practice. Pragmatists, on the other hand, point to the serious problems, financial and otherwise, that accompany the implementation and maintenance of tutorial programs in general and of *Reading Recovery* in particular. For the proponents of *Reading Recovery* and many other concerned practitioners, the primary goal of the next phase of service delivery must involve finding some way to rationalize these two sets of conflicting forces, so that the maximum number of children who are at risk for early reading failure may benefit.

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