The Truth About Reading Recovery®

Response to Cook, Rodes, & Lipsitz (2017) from the Reading Recovery Council of North America

In an article appearing in *Learning Disabilities: A Multidisciplinary Journal*, authors Cook, Rodes, and Lipsitz (2017) make multiple misleading, misguided, and blatantly false claims about Reading Recovery® in yet another attack to discredit the most widely researched early reading intervention in the world. When you're recognized as a leader with proven success, you often become the target for those with limited knowledge who apply broad strokes and twist the truth to fit their own perceptions of reality. The unfortunate reality, in this case, is that this article, "The Reading Wars and Reading Recovery: What Educators, Families, and Taxpayers Should Know," is an affront to researchers, scholars, educators, and others who know the facts and a disservice to parents of children with reading difficulties.

The authors claim to provide information necessary to make evidence-based decisions in support of struggling beginning readers. Like evidence-based medicine, these decisions can have a critical impact on children's lives. As in the medical context, objective professionals can differ in their interpretations of the available evidence. The authors' perspective is far from objective. They invoke the "reading wars" in their title and advocate for their ideological perspective in their biased, selective, and fallacy-full analysis of Reading Recovery and the research related to this early intervention approach.

Dr. Timothy Shanahan, past president of the International Reading Association (now International Literacy Association) and a distinguished professor emeritus at the University of Illinois at Chicago, noted the effectiveness of Reading Recovery in a recent article examining the importance of replicability in reading research.

> All of these recent meta-analyses appear to focus on the impacts of instructional interventions that target the needs of struggling readers, particularly during the early years. For example, one of these analyses considered 16 studies that had evaluated the effectiveness of Reading Recovery; that intervention was found—repeatedly—to be effective (D'Agostino & Harmey, 2016.) Although critics have complained about various facets of Reading Recovery, including its costs and long-term benefits, its immediate impact on learning seems to be beyond question, given that it works under so many conditions. (Shanahan, 2017, p. 509)

We will examine several of the most-damaging claims made by the authors:

- Misrepresentations of decision-making evidence
- Attempt to reject an early literacy measure
- Misleading conclusions about sustained gains
- Confusions about the selection of students for Reading Recovery
- Failure to recognize distinctions
- Erroneous challenges to the focus of instruction

Other claims are equally troubling, including the authors' misunderstandings about the Reading Recovery network:

> "Reading Recovery in North America is governed by the Reading Recovery Council of North America (RRCNA). The standards and guidelines of the RRCNA state that…" (p.13)

We acknowledge that the structure of Reading Recovery, like the rich literacy processing theory upon which it is based, is complex. In fact, Reading Recovery encompasses an international structure of many different entities and organizations — each with its own responsibilities and contributions. (See Appendix A for details.)

In a separate response (included here as Appendix B), Dr. Henry May has addressed the authors' fundamental misunderstandings and misrepresentations of three major issues. Dr. May was lead researcher on the independent evaluation of the i3 scale up of Reading Recovery published by the Consortium for Policy Research in Education (May, Sirinides, Gray, & Goldsworthy, 2016).

The rhetoric of the Cook, Rodes, & Lipsitz article continues to conflate ideology with student outcomes. The truth is that the authors' notions that Reading Recovery does not use contemporary scientific research or that contemporary scientific research does not show Reading Recovery as successful are false on both counts. The challenges aimed at Reading Recovery in this article have been repeated over several decades in similar fashion — always lacking detail and data to support such claims and always with misconceptions. Ironically, what is actually dated and out of sync are the authors' own arguments. Until these and other critics put their ideology into practice and validate their instructional theory through rigorous methodology under scientifically controlled conditions, it is time to stop criticizing an intervention that has demonstrated effectiveness in multiple countries, and thousands of districts and schools under the conditions required to address the literacy concerns of parents, taxpayers, educators, and the children who need this early intervention support.

Misrepresentations of decision-making evidence

On October 14, 2016, the National Center for Special Education Research (NCSER) and the National Center for Education Research (NCER) in the Institute of Education Sciences (IES) convened a group of experts to gain insights and advice on how best to support the advancement of evidence beyond an efficacy study (IES, 2016). Efficacy studies demonstrate the causal impact of an intervention, but don't demonstrate the effectiveness of the intervention when implemented by school personnel, with diverse populations, and under routine conditions. Although IES had funded many efficacy studies, very few programs had been funded and evaluated in research designed to examine their effectiveness as they scaled-up in routine conditions. The Reading Recovery i3 grant and evaluation was one of the few programs providing this higher level of evidence.

POINT 1

The authors repeatedly state (abstract, p. 12; pp. 13, 14) that the analysis of sustained gains was one of the two goals of the i3 evaluation and then act disappointed for the American taxpayers that a stronger analysis of this goal was not provided. They are inaccurate in their interpretation. The actual goals of the evaluation were

1. to provide experimental evidence of the short- and long-term impacts of Reading Recovery on student learning in schools that are part of the i3 scale-up; and

2. to assess the implementation of Reading Recovery under the i3 grant, including fidelity to the program model and progress toward the scale-up goals. (May et al., 2016, p. 7)

The authors completely ignore that, over the 5-year grant, the scale-up goals in terms of the number of teachers trained and students served were met. Even more remarkably, the effectiveness as shown in previous small-scale efficacy studies was consistently replicated using two different methodologies and eight large independent samples. This is why, according to the final report and quoted by the authors, this scale-up "was one of the most ambitious and well-documented expansions of an instructional program in U.S. history, and it was highly successful (May et al., p. 4)." (p. 13)

However, the clear implication across the entire article is that the scale-up was not successful, and this conclusion is false. Authors end the section titled 'Reading Recovery and the What Works Clearinghouse and the i3 Study' (pp. 16-17) with the complaint that small sample, developer conducted studies using non-standardized measures can be "potentially misleading for educators and policy makers" (p. 17). They don't acknowledge that the Reading Recovery i3 grant and independent evaluation considerably strengthens the evidence policymakers need to support instructional decision making for their most at-risk beginning readers. The authors would instead have policymakers depend on a different type of evidence, as discussed below.

POINT 2

The authors define evidence-based methodologies as those that conform to general principles like those identified in the National Reading Panel report (2000) or the What Works Clearinghouse Foundational Skills Practice Guide (Foorman et al., 2016).

From page 19 of the article:

> "If all K-3 students were taught with evidence-based methodology from their first days in school, there would be far fewer students who would need to be retained in first grade or need special education. Costs to school districts would be substantially reduced (Farrall, n.d.). Discipline referrals would decline (McIntosh, Sadler, & Brown, 2012). And, best of all, the self-esteem of struggling readers would rise and they would indeed be 'college and career ready' upon graduation."
>
> "If advocates for Reading Recovery cannot accept the overwhelming scientific evidence regarding the need for strong foundational components of early reading instruction and evidence-based training of teachers in these skills, appropriate student and program

> evaluation measures, sustainable positive long-term outcomes and reasonable costs, then we, as educators, parents of children with reading disabilities, and taxpayers, strongly recommend that schools do not adopt the Reading Recovery program."

Designing programs based on these principles does not insure effectiveness. The failure to go from principles to practice has been demonstrated in a number of large-scale evaluations (Balu et al., 2015; Gamse, Jacob, Horst, Boulay, & Unlu, 2008; Quint, Zhu, Balu, Rappaport, & DeLaurentis, 2015; Vaden-Kiernan et al., 2017; see Schwartz, 2016a). The real waste of taxpayers' money, educators' energy, and parents' hope comes from attempts to go from principles to practice without the necessary support and effectiveness evidence like that provided in the Reading Recovery i3 evaluation (May et al., 2016; Fryer, 2016).

Attempt to reject an early literacy measure

The authors complain that students are selected for Reading Recovery solely with Dr. Marie Clay's *An Observation Survey of Early Literacy Achievement* that they assert is a "non-standard researcher-developed assessment" (p. 15). They also object to using the Observation Survey as one of the post-test measures, citing Cheung and Slavin's (2016) meta-analysis that researcher-developed assessments tend to result in larger effect size estimates.

Is this a fair complaint? Cheung and Slavin define acceptable and unacceptable measures for their meta-analysis:

> The dependent measures included quantitative measures of student performance, such as standardized outcome measures. Experimenter-made measures were accepted if they were comprehensive measures of reading, mathematics, or science, which would be fair to the control groups, but measures of objectives inherent to the program (but unlikely to be emphasized in control groups) were excluded (see Slavin & Madden, 2011). (p. 9)

In a recent blog posting, Slavin gives an example of an unacceptable experimenter-made measure. The researcher wrote questions covering comprehension of specific science content taught to the experimental group but not to the control group. Such a measure has no established validity, reliability, or norms for the age group tested.

Clay's Observation Survey, on the other hand, has gone through three editions, has standardized administration and scoring procedures, and has national norms for performance at the beginning, middle, and end of first grade. The National Center on Response to Intervention (NCRTI, 2014) evaluated the measure as a screening tool and gave it the highest possible ratings for validity, reliability, and classification accuracy. That database is now housed at the National Center on Intensive Intervention (NCII), funded by the U.S. Department of Education Office of Special Education Programs, and implemented through a contract with American Institutes for Research (AIR).

The Observation Survey is a comprehensive measure of early literacy achievement that is used broadly outside the context of the Reading Recovery intervention. There is no logical reason to exclude it as a screening or outcome measure.

Misleading conclusions about sustained gains

POINT 1

Dr. Henry May explained in response to the authors' article (see Appendix B) why the i3 final report contained limited evidence related to the long-term effects of Reading Recovery.

Marie Clay's expectation was that, "Children who successfully complete early literacy interventions like Reading Recovery should operate in reading and writing in ways that put them on track for being silent readers with self-extending systems during the next two years at school. With good classroom instruction and moderate personal motivation that should be achievable" (Clay, 2005, p. 52).

There are numerous evaluation studies that have tracked Reading Recovery students' progress over several years showing greater or lesser results (https://readingrecovery.org/reading-recovery/research-evaluation/continued-progress/; D'Agostino, Lose, & Kelly, 2017; Jesson & Limbrick, 2014; Nicholas & Parkhill, 2013). Very few of these studies have used experimental or even quasi-experimental designs because of the complexity of conducting this type of research in schools (Schwartz, 2016a, 2016b). Although the authors suggest that some modification of Reading Recovery might produce the desired sustained effects, they don't provide a single example of an intervention that has demonstrated these effects.

POINT 2

The additional data that the authors seek—and that Dr. May intends to provide in the follow-up to the i3 grant—will not settle this question. What it will do is provide more information for districts that are working hard to put into place a comprehensive system to support the literacy learning of their at-risk students. Like the authors, we agree with Pearson's conclusion that, "The problems we face are too vexing to limit ourselves to a single methodology or epistemology…We surely need to know what works, but we also need to know why it works, for whom, and under what conditions" (p. 22). A number of studies have demonstrated that the gains made during the 12 to 20 weeks of Reading Recovery early intervention can be maintained over time, but there is more to be learned about the conditions that best promote this for particular students.

Confusions about the selection of students for Reading Recovery

The article poses many confusions about which students are selected for or excluded from Reading Recovery. The authors specifically target two exclusions: special education and retention in Grade 1. They also erroneously label Reading Recovery and Literacy Lessons™ as "wait to fail" programs.

The authors speculate that some students were excluded from Reading Recovery, stating on page 12: "Further, it appears that the actual lowest achieving students (special education students, students retained in first grade, and others) were systematically excluded from Reading Recovery instruction."

This assertion reveals another misunderstanding. Clay clearly states: "We must consider all children in the age group, and not exclude any child for social or psychological or physical problems (*unless the child has already been admitted to a special assistance programme with a trained professional*). (Clay, 2005, p. 1). [italics added] (Also see *Standards and Guidelines of Reading Recovery in the United States*, 2015, Appendix C)

> Reading Recovery is designed for children who are the lowest achievers in the class/age group. What is used is an inclusive definition. … It has been one of the surprises of Reading Recovery that all kinds of children with all kinds of difficulties can be included, can learn, and can reach average-band performance for their class in both reading and writing achievement. Exceptions are not made for children of lower intelligence, for second-language children, for children with low language skills, for children with poor motor coordination, for children who seem immature, for children who score poorly on readiness measures, or for children who have been categorised by someone else as learning disabled. (Clay, 2016, p. 2)

POINT 1

The authors argue that "exceptions apparently have been made for students who have been retained in first grade with the following caveat: Children retained in grade 1 receive an additional year of schooling, which effectively provides further intervention" (p. 15).

Reading Recovery professionals have long acknowledged that research does not support the effectiveness of retention (Shepard & Smith, 1990). The rationale for placing a priority on first-time first graders is expressed in guidelines that are available to all Reading Recovery teachers:

> A child retained in first grade receives an extra year of schooling, and that in itself serves as the intervention selected by the school. **Note that this is a decision made by the school, not by Reading Recovery.** (Standards and Guidelines, Appendix C)
>
> Children retained in first grade would only be served in Reading Recovery if all first-time first graders who need the intervention have been served. (Standards and Guidelines, Appendix C)
>
> Students who were retained in kindergarten are eligible. (Standards and Guidelines, Appendix C)
>
> In a case where a child has been previously retained this need not be used as a reason to exclude a child from Reading Recovery service unless non-retained children are waiting to be served. … In summary, schools need to allocate resources for the early prevention of literacy failure with Reading Recovery rather than adding a year of

> repeated classroom instruction that comes at a higher cost and which has been shown to be ineffective. (Lose & Konstantellou, 2005, p. 37)

POINT 2

Authors suggest that exclusions are made for special education students, without a clear understanding of standards and rationales for selection of students. Generally, unless a student identified as learning disabled is in a special education intervention for literacy, he or she may be eligible for Reading Recovery if meeting all requirements for selection. However, research supports rigorous early intervention such as Reading Recovery *before* identifying students as learning disabled.

Vellutino and his colleagues argue that

> … to render a diagnosis of specific reading disability in the absence of early and labor-intensive remedial reading that has been tailored to the child's individual needs is, at best, a hazardous and dubious enterprise, given all the stereotypes attached to this diagnosis. (Vellutino et al., 1996, p. 632)

Reading Recovery selection guidelines include this statement: "A child who has already been admitted to a special education program for reading instruction may or may not be selected for Reading Recovery" (see rationale below):

> Care must be taken, however, to ensure that Reading Recovery is implemented as a prereferral program and that children are not routinely placed in special education settings for their reading instruction or labeled as learning disabled in reading and or writing without first receiving Reading Recovery instruction. In fact, many children who have been labeled as dyslexic are experiencing reading difficulties because of inadequate instruction and not because of biological reasons (Vellutino et al., 2004). It is reasonable to expect therefore that Reading Recovery, which is evidence-based, designed for children having great difficulty learning to read, and tailored to individual needs with the goal of accelerated growth, can help children catch up to their peers. (Standards and Guidelines, Appendix C)

> Therefore, schools should refrain from identifying children as learning disabled until they have had an opportunity for a full Reading Recovery intervention. … In the case of students who have already been identified LD, the school should consider offering Reading Recovery as the child's reading intervention if the child meets the criteria for Reading Recovery selection. (Lose & Konstantellou, 2005, p. 34)

POINT 3

Authors fallaciously label Reading Recovery as a 'wait to fail' program. Reading Recovery is a **preventative intervention***,* NOT a 'wait to fail' program. The classroom is the first level of prevention. "Most children (80 to 90 percent) … learn to read and write in classroom programmes of many different kinds. For a few children, individual and consistent tutoring with these special procedures introduced after one year of instruction may well prevent the development of a pattern of reading and writing failure" (Clay, 2016, p. 2).

> Prevention is a central concept of RR, not a catchphrase. RR is designed to reduce the incidence of literacy learning problems among individual young learners and it is supplemental to the classroom programme. It can be described as clinical because it delivers different programmes to different children according to the strengths and learning needs. …Guided by a model of prevention (Caplan 1964, Pianta, 1990), it seeks to treat a critical group after they have been exposed to literacy learning opportunities and before the onset of serious difficulties. This is commonly called secondary prevention. (Clay, 1991a, 2015, p. 248)

> If we can detect the process of learning to read 'going wrong' within a year of school entry then it would be folly to wait several years before providing children with extra help. An earlier offer of effective help to the child might reduce the magnitude of the reading problems in later schooling. (Clay, 1991a, 2015, p. 13)

Reading Recovery has been viewed as an exemplar of the true meaning of response to intervention (RTI).

> To conclude, I simply wish to say that Marie Clay was right and her learning to be learning disabled perspective, as articulated in her excellent paper, was prophetic. Research in the study of learning disabilities and special educational practice are both in the throes of a paradigm shift and Marie Clay's work was at the root of this shift. Her Reading Recovery program was clearly the prototype for RTI approaches to identifying children at risk for long-term reading difficulties, some of whom might well be impaired by organically based cognitive deficits as she herself pointed out. Ironically, she has not been credited with her enormous and seminal contribution to this paradigm shift, as I indicated earlier. …However, I have, in previous writings, given her the credit she deserves for her contribution to RTI research and practice, and the personal views I have expressed in this paper along with the data I have presented constitute a reaffirmation of this sentiment and empirical support for her perspective. (Vellutino, 2010, p. 22)

> Research has shown that Reading Recovery is very effective at meeting two goals:
>
> - accelerating the learning of most of the first-grade children who struggle with literacy learning so that they develop effective learning systems and can continue to progress in school without further supplemental support; and
>
> - identifying those children who need further evaluation and continued limited-time or long-term support. (Jones, Johnson, Schwartz, & Zalud, 2005, p. 20)

Reading Recovery calls for **early identification** of literacy difficulties and **early intervention** to prevent serious difficulties.

> Schools can meet these students' literacy learning needs early while the potential for learning success is greatest, not later after they have experienced failure and feelings of low self-efficacy related to literacy. (Lose & Konstantellou, 2005, p. 34)

Failure to recognize distinctions of Reading Recovery, Literacy Lessons, and *Literacy Lessons Designed for Individuals*

Reading Recovery and Literacy Lessons are two separate and distinct interventions. The Ohio State University holds the trademarks for both interventions in the United States. They both work from the same theory of literacy processing, are designed for individual learners, and use the same *Literacy Lessons Designed for Individuals* (Clay, 2016) text. Both also use assessment tasks that provide identification and monitoring data to accelerate student learning, supporting the school's RTI and multi-tiered systems of support (MTSS) programs. However, they operate under different standards and guidelines, have different certifications, and document outcomes in separate reports. Literacy Lessons is available only in schools already implementing Reading Recovery, expanding the unparalleled professional learning to more teachers.

POINT 1
The authors conflate certification for Reading Recovery and certification for Literacy Lessons. They challenge on page 14 that "…Literacy Lessons professional development does not result in Reading Recovery certification…"

Literacy Lessons training is not intended to lead to Reading Recovery certification, although both do require graduate credit granted through a college or university. The training has different standards and guidelines and leads to Literacy Lessons certification.

> Literacy Lessons intervention specialists are educators who enter the Literacy Lessons professional development course as teachers certified/licensed in special education or ESL or bilingual education with experience and expertise in working with the population of their specialty. These specialists are seeking additional skill in helping students overcome literacy difficulties and develop effective early reading and writing skills. … The preparation for Literacy Lessons intervention specialists is offered by an accredited higher education institution that has a Reading Recovery university training center. (*Standards and Guidelines of Literacy Lessons in the United States,* 2015, Overview)

POINT 2
The authors challenge that although a requirement of the Literacy Lessons intervention is individually designed and delivered instruction, it is marketed in a different way. Quoted from page 14: "A Reading Recovery promotional publication, Increase Literacy Expertise in Schools, clearly states that the Literacy Lessons protocol is intended for 'small groups and classrooms outside the one-to-one individual lessons' (Reading Recovery Council of North America, 2016a, 2016b, p. 2)."

This is **the actual quote** from the RRCNA publication. Note the text omitted by the authors (in boldface). Their misleading, out-of-context quote shifts the focus from providing one-to-one lessons to children on their caseloads.

> **They also select children from their regular caseloads and use knowledge they've gained from Literacy Lessons training with** small groups and classrooms outside the one-to-one individual lessons. *[underlining added for emphasis]*

Literacy Lessons Standards and Guidelines explicitly state the requirement for "individually designed and individually delivered instruction for students from special populations who are struggling to develop an early literacy processing system" (p. 3).

POINT 3

The authors are clearly confused about participants in the i3 study, again conflating Reading Recovery with Literacy Lessons as shown by this statement on page 14: "It does not appear that students selected for the i3 Reading Recovery study were special education students or English language learners."

Literacy Lessons students were not included in the i3 study. Standards and guidelines of Literacy Lessons require a database that reports outcomes for Literacy Lessons students that is separate from the outcomes for Reading Recovery students.

The authors are also confused about the exclusion of students who are "not eligible for Reading Recovery." Reading Recovery is available only to Grade 1 students. Not eligible are students in Grades 2-4 as well as Grade 1 students who are already receiving a literacy intervention within special education services. Many ESL students are eligible for and served by Reading Recovery in Grade 1 if they are among the lowest literacy achievers in their class. Indeed, ESL students were part of the i3 Reading Recovery scale-up program.

> The growth rate we observed in students who participated in Reading Recovery over approximately a five-month period was 131 percent of the national average rate for 1st-grade students. Moreover, these results were similar in two subgroups of interest to the i3 program: English Language Learners and students in rural schools. (May, et al., 2016, p. 3)

Erroneous challenges to the focus of instruction

The authors attempt to discredit the focus of instruction in Reading Recovery by using undefined labels, demonstrating a lack of understanding of a literacy processing system, conflating their theoretical arguments with empirical outcomes, and challenging Reading Recovery's use of contemporary scientific research. Space limits our ability to challenge all of their unsubstantiated claims related to instruction, so we will address three key points.

POINT 1

The authors confuse their theoretical arguments with empirical outcomes of interventions. In arguing for "explicit instruction in foundational skills," or code-based instruction, they selected only authors and publications that supported their theoretical views. Yet they failed to provide empirical evidence of outcomes resulting from any well-defined intervention targeting the population served by Reading Recovery. While ignoring the extensive experimental evidence for Reading Recovery's effectiveness as an intervention, they failed to provide scientific evidence of effectiveness of instructional interventions based on their own theoretical view of reading.

A few examples of the plethora of unsupported claims:

> "If all K-3 students were taught with evidence-based methodology from their first days in school, there would be far fewer students who would need to be retained in first grade or need special education." (p. 19)
>
> "Early instruction in explicit foundational reading skills also has a strong impact on the emotional well-being of young children." (p. 17)
>
> "Children must master foundational skills before they can acquire higher level reading skills." (p. 19)
>
> "Unless these students receive such evidence-based foundational instruction as the first step in their reading instruction, and until they have mastered these prerequisite skills, they will not become proficient readers (Chapman & Tunmer, 2016)." (p. 14)

But no evidence is presented for the above claims. Some of the research is based on predictions, and no randomized controlled trials are offered that compare different instructional approaches using scientific methodology. How, then, can such claims be made?

As stated earlier, Reading Recovery professionals agree that foundational skills are important and they are part of the teaching procedures. There is also agreement that foundational skills are necessary but not sufficient for reading proficiency. But it is important to acknowledge that most children learn to read and write regardless of the approach to instruction. To argue that there is only one method that leads to successful literacy performance seems completely unsubstantiated.

POINT 2

The authors attack Reading Recovery for not using contemporary scientific research. Nothing could be further from the truth. Every component of the lesson is based on contemporary scientific research. Instructional changes are guided by current research and discussed in relation to new findings. The dynamic nature of Reading Recovery is also guided by ongoing systematic and controlled observation of students' literacy achievement. Data continue to support outcomes based on current work with students and are available for the more than 2.3 million children who have been served by Reading Recovery in the United States and further numbers in other countries.

POINT 3

The authors describe Reading Recovery as a "meaning-based reading program that does not accept the fundamental importance of explicit and systematic instruction in the foundation language-related skills as necessary (but not sufficient) for successful reading acquisition" (p. 18). Yet Reading Recovery is not focused on the debate posed in the article. Deep understanding of Reading Recovery instructional procedures leads to clarification of the absolute acceptance of the development of foundational skills within a theory that accounts for the complexity of literacy processing and the acquisition of reading and writing proficiency beyond basic skills.

> In contrast to a simple theory of learning, such as one which rates the learning of phonemic awareness or some other single variable as the first significant thing to learn about literacy, RR's complex theory of learning supports the view that there are many parts of literacy processing which can be difficult for children. Different children have different strengths and weaknesses, and there may be many causes of difficulty varying from child to child. (Clay, 2001, 2015, pp. 300-301)

> In a complex model of interacting competencies in reading and writing the reader can potentially draw
> - from all his or her current understanding,
> - and all his or her language competencies,
> - and visual information,
> - and phonological information,
> - and knowledge of printing conventions,

> in ways which extend both the searching and linking processes as well as the item knowledge repertoires. (Clay, 2001, 2015, p. 224*) [format altered for emphasis]*

> A literacy processing theory assumes (a) that reading continuous texts involves problem-solving and the integration of behaviors while also explaining the role of word reading and letter recognition within the theory, (b) that a child begins to read by attending to many different aspects of printed texts (letters, words, pictures, language, messages, stories), and (c) that tasks that at first require close attention gradually require less conscious attention. There will be changes over time in what is known but also in how literacy tasks are carried out. (Clay, 2016, pp. 16-17)

> It stands to reason that if children have difficulties and if we take into the program all who are low achievers, they are likely to have different problems, one from another. Therefore, there can be no program packages and no computer disks. Each child's program is determined by the child's strengths and the teacher works with what the child does well and independently … What the child can currently do determines the shifts that might be made. …Teachers are trained to observe a particular child's reading and writing behaviors and to make program decisions that bring these in line with normal reading progress. (Clay, 1991b, p. 63)

The authors of the article erroneously argue that Reading Recovery does not accept the importance of instruction in foundational skills. Yet Reading Recovery teachers use procedures from *Literacy Lessons Designed for Individuals* (Clay, 2016) that include topics such as foundational learning, expanding knowledge of print, ways of solving words for writing, hearing and recording sounds in words, attending to early processing, linking sounds sequences to letter sequences, taking words apart while reading, when it is hard to hear sounds or see letters, and much more.

Although the authors claim that foundational components of reading are not part of Reading Recovery training, teachers attend to foundational skills as work is done across the lesson. Evidence of effectiveness is shown in the 2013 What Works Clearinghouse (WWC) and i3 (May et al., 2016)

evaluations of Reading Recovery. The WWC 'Alphabetics' domain includes outcomes measuring phonemic awareness, phonological awareness, letter identification, print awareness, and phonics. Reading Recovery had a positive rating indicating strong evidence of effects in this domain. This finding is further supported by the multiple positive effects, across the four clinical trials, in the i3 evaluation on the ITBS Word Attack measure. Even more importantly, Reading Recovery had positive ratings on the WWC's 'General Reading Achievement' domain and the i3 evaluation's measure of comprehension, providing evidence that foundational skills are in place and effectively supporting students' text reading.

Authors also state that these skills are not mentioned in the Reading Recovery Standards and Guidelines, which is factual. The authors fail to understand, however, that standards and guidelines address *implementation* issues. The *instructional components* are in Clay's texts, particularly in the text used in training and ongoing professional development, *Literacy Lessons Designed for Individuals* (Clay, 2016).

To respond to the authors' limited view of explicit and systematic instruction, the scope and sequence for instruction in Reading Recovery is data driven. Each lesson is individually tailored for each student based on a number of systematic and controlled assessments and daily observational records. Teachers work from each child's unique strengths to facilitate new learning.

An informed and objective analysis of Reading Recovery theory and practice will continue to show what Marilyn Adams observed several decades ago: "The Reading Recovery program has been methodically designed to establish and secure the whole complex of lower-order skills on which reading so integrally depends. But its goal extends much further" (Adams, 1990, p. 421).

Appendix A — Reading Recovery Network Structure

In the U.S., Reading Recovery is a collaborative venture—a partnership among schools, districts, university training centers, and sites—that is supported by the Reading Recovery Council of North America (RRCNA) and the North American Trainers Group (NATG).

RRCNA is a not-for-profit membership association of Reading Recovery teachers, teacher leaders, university trainers, site coordinators, supporters, and partners. The Council provides opportunities for leadership and professional development and is an advocate for Reading Recovery and early literacy.

Members of **NATG** are Reading Recovery trainers from each of the 16 university training centers in the U.S. and 4 training sites in Canada. NATG oversees Reading Recovery in all matters related to teaching and training, implementation, and research, and works in concert with RRCNA, the Canadian Institute of Reading Recovery, and the International Data Evaluation Center at The Ohio State University (OSU) in specific matters. NATG is not connected to any particular university or training center within the network.

As noted previously, **OSU** holds the trademarks for Reading Recovery and Literacy Lessons in the United States and annually provides trademark privileges free to sites that achieve compliance with the standards and guidelines for each intervention. (The Canadian Institute for Reading Recovery holds the Reading Recovery trademark in Canada.) The International Data Evaluation Center **(IDEC)** housed at OSU collects and analyzes data, prepares national reports, conducts academic research, collaborates with faculty at other universities, and assists researchers in their efforts. Since Reading Recovery was introduced in the United States in 1984, data have been collected and analyzed for each of the more than 2.3 million children served.

The International Reading Recovery Trainers Organization **(IRRTO)** and its Executive Board direct Reading Recovery globally, in concert with the Marie Clay Literacy Trust created in 2007 in New Zealand.

All countries involved in Reading Recovery have established sets of standards and guidelines. Both the *Standards and Guidelines of Reading Recovery in the United States* and *Standards and Guidelines of Literacy Lessons in the United States* were developed by NATG and are published by RRCNA. Revisions to these standards and guidelines for implementation are the responsibility of NATG, whose committees guide program change and recommend updates and revisions based on educational research, advances in technology, and ongoing evaluation of teacher training and professional development.

Appendix B — Response from Dr. Henry May

A Response to Cook, Rodes, & Lipsitz (2017)

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August 31, 2017

In an article appearing in *Learning Disabilities: A Multidisciplinary Journal*, Cook, Rodes, and Lipsitz (2017), make several misleading statements about the impact evaluation of Reading Recovery under the Investing in Innovation (i3) program (May, Sirinides, Gray, & Goldsworthy, 2016). As an independent researcher, I have no stake in the success (or not) of the Reading Recovery program, but I feel obligated to address three of the authors' (hereafter referred to as CRL) fundamental misunderstandings and misrepresentations.

1. CRL imply incorrectly that the May et al. (2016) report provides evidence that Reading Recovery has little or no long-term impact. This is because **CRL make the fundamental mistake of equating non-significant results with the absence of an effect.** The truth is simply that we (the evaluation team) were unable to collect sufficient data before the project period ended (see bullets 2 and 3 below). Given the relatively small sample size and given its low statistical power for the analyses of long-term effects in May et al. (2016), the correct interpretation of the non-significant finding is that we cannot conclude anything about the long-term effects from this analysis.

2. CRL argue incorrectly that the original i3 study should have been able to provide conclusive evidence confirming or disconfirming long-term effects. It was impossible to collect most of the long-term outcomes data before the 2015 end date because (a) the vast majority of students in the study did not complete a 3rd grade assessment until spring of 2015, and (b) administering an additional 2nd grade assessment to over 20,000 students in 30 states would have required substantial additional funding. As such, we designed the original i3 study of long-term impacts so that state test score data could be collected even after the project period ended in 2015. In other words, **it was our intention all along to seek additional funding for a follow-up study after all of the i3 students reached 3rd and 4th grades.**

3. CRL misrepresent the "availability" of long-term outcome data by reporting an incomplete quote. The full quote from May et al. (2016, p. 47-48) is, "*Because most state assessments are first administered in third grade, this is the only cohort for which state test data were available prior to the August 2015 conclusion of the i3 project. Third-grade state assessment data for the 2012-13 cohort of students will be available in Fall, 2015, and for the 2013-14 and 2014-15 cohorts in Fall, 2016 and 2017, respectively. A follow-up study is planned that will include collection of long-term outcomes data for all four cohorts from the i3 scale-up.*" **As such, long-term outcomes data are certainly available now, but those data must be obtained directly from the school and districts participating in the original i3 study.** This is the purpose of the newly funded IES project (IES Award # R305A170171).

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