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ASPECTS OF ORGANIZATION OF THE REMEDIAL CLASSES IN
SELECTED SMALL ELEMENTARY SCHOOLS IN
NORTHEAST KANSAS

by

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TABLE OF CONTENTS

	Page
LIST OF TABLES	iv
ACKNOWLEDGMENTS	v
Chapter	
I. INTRODUCTION	1
STATEMENT OF THE PROBLEM	1
LIMITATION OF STUDY	2
DEFINITIONS OF TERMS USED	3
BACKGROUND AND SIGNIFICANCES OF THE STUDY	3
II. REVIEW OF RESEARCH AND RELATED LITERATURE	5
ROLE OF THE REMEDIAL READING TEACHER	7
SELECTION OF STUDENTS	9
SCHEDULING OF CLASSES	12
DIAGNOSTIC PROCEDURES	16
EVALUATION	22
PARENTS' INVOLVEMENT	23
III. METHODS AND PROCEDURES	27
IV. DATA OBTAINED FROM RESPONSES TO QUESTIONNAIRE	29
V. CONCLUSIONS, EVALUATIONS AND SELECTED INTERPRETATIONS OF DATA	43
CONCLUSIONS	43
EVALUATION OF THE DATA	46
SELECTED INTERPRETATIONS OF THE DATA	49
REFERENCES CITED	51

Chapter	Page
APPENDICES	55
A. QUESTIONNAIRE REGARDING THE ASPECTS OF THE ORGANIZATION OF REMEDIAL READING CLASSES IN SELECTED SCHOOLS IN NORTHEAST KANSAS AND ACCOMPANYING LETTER	56
B. LIST OF COUNTIES, DISTRICTS AND ATTENDANCE CENTERS SELECTED FOR STUDY	61
C. COMMENTS TO VARIOUS QUESTIONS FROM RESPONDENTS TO QUESTIONNAIRE	64

LIST OF TABLES

Table	Page
1. Number of Schools Indicating Who Makes Selections of Students for Reading Class	32
2. Number of Schools Indicating Certain Groups Who Make Selection of Students for Reading Class	33
3. Number of Schools Indicating Who Makes Final Decision of Selection of Students	33
4. Number of Schools Indicating Following Groups Who Make Final Decision of Selection of Students	34
5. Number of Schools Indicating Certain Criteria Used in Selection of Students	35
6. The Percentages of Reading Classes Which Had the Following Sizes	35
7. Number of Schools Which Listed the Following Grouping of Class Size	36
8. Number of Schools That Had Classes of the Following Length	36
9. Length of Time for Classes as Indicated by Schools	36

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CHAPTER I

INTRODUCTION

The failure of students to learn to read has become a leading national issue. James E. Allen (1972) emphasized that the "Right to Read" is a target for the 70's. He stated "The inability to read effectively, contaminating as it does every other dimension of education, is clearly one challenge deserving of our concentrated efforts" (Allen, 1972:4). In a Survival Literacy Study, conducted by the National Reading Council, it was reported that over four million Americans must be considered functionally illiterate, and as many as thirty-four percent of Americans are limited by inadequate reading skills (Avery, 1972). Some students will need special instruction in reading if they are to reach their potential. Since Title I funds have become available, there have been numerous remedial reading programs organized. These programs will continue to be an important part of the school curriculum (Smith, Richard, 1971).

STATEMENT OF THE PROBLEM

This study identified and analyzed characteristics of remedial reading programs found in selected small elementary schools in northeast Kansas. Schools selected were from the following counties: Jackson, Nemaha, Marshall, Pottawatomie, Riley, Wabaunsee, and Washington. Information was based on data obtained from questionnaires sent to each remedial reading teacher in these schools.

This study was based on the following aspects of the organization of the remedial reading programs:

1. What role does the special reading teacher have in the organization of remedial reading programs?

2. What is the main criteria for the selection of students for the remedial reading program?

3. What is the most efficient and convenient method of scheduling classes?

4. What diagnostic procedures lead to effective remedial instruction?

5. What methods of evaluation are used to determine the students' progress in the program?

6. What role do parents play in the remedial reading program?

A review of research and related literature pertaining to the organization of reading programs, or clinics, if applicable, was made. This information was used as a basis for the analyzation and summarization of data obtained from the questionnaires.

LIMITATION OF STUDY

This study was limited to the existing situations in the organization and implementation of the remedial reading programs insofar as it concerns the special reading teacher. It did not include instructional techniques or materials used in these programs.

DEFINITIONS OF TERMS USED

Remedial Reading Teacher. A remedial reading teacher is one whose primary purpose is to give special reading instruction to children who have been identified by that school as qualifying for and needing this type of instruction.

Small Elementary School. The term small elementary school was restricted to schools with an enrollment in the district of less than 800 students.

BACKGROUND AND SIGNIFICANCE OF THE STUDY

Statistics accumulated by the Office of Education showed:

1. One-fourth of the students have reading deficiencies.
2. In large school systems up to half of the students read below expectation.
3. There are more than three million illiterates in our adult population.
4. Half of the unemployed youth in New York City, ages sixteen to twenty-one are functionally illiterate.
5. Three-fourths of the juvenile offenders in New York City are two or more years retarded in reading (Allen, 1972:1).

Humphrey (1971) emphasized the importance of a well-managed remedial reading program when he stated,

Remedial programs are needed, but do existing remedial reading programs justify the time, effort, and money being spent to help children with reading problems? The answer depends on management. A well-managed remedial reading program can be justified, and a poorly managed one cannot be justified.

The remedial reading teacher has an important part in organization of the remedial reading program. This study can be of value to special reading teachers who have the responsibility of helping the disabled reader.

CHAPTER II

REVIEW OF RESEARCH AND RELATED LITERATURE

A review of the literature pertaining to remedial reading showed that one of the first papers about remedial reading was written by Willis Uhl in 1916. He listed ten kinds of faults found in pupils reading, and suggested remedial procedures. The earliest reading clinics were founded at Boston University by Durrell and at Shaker Heights, Ohio, by Betts (Harris, 1972:19,21). However, most of the literature relating to the organization of remedial reading programs has been published in the last ten or fifteen years.

To illustrate the varying characteristics in existing programs several different remedial reading programs were reviewed. Kottmeyer (1972) explained one of the programs in St. Louis called "Rooms of Twenty". These "Rooms of Twenty" were taught by clinic-trained teachers. They spent the major part of their time with reading, spelling, writing, and math. Their main objective was to get children ready for the fourth grade. The children selected had a mean IQ in the low nineties, but not lower than 80 on the Binet.

A remedial reading program started in 1968-69 in New York City was limited almost entirely to students from the second grade who were either non-readers or severely retarded. One reading center serviced four or five schools, but more reading centers have been set up since the beginning. The sessions were scheduled hourly for two days a week,

with the exception of those at the home school, which had four sessions of thirty minutes each. No classes were scheduled on Fridays, because this time was spent with teacher conferences, record keeping, planning with the paraprofessionals, and visits to schools. Each center had a trained reading teacher and four trained experienced paraprofessionals. They worked with twenty students at each class. An evaluation of the program indicated both positive and negative reactions. Some teachers said that students missed a great deal of work, and that it was difficult for them to make it up. Some felt that the time it took bussing the students to the center was wasted time. Most thought the students had gained from the experience and thought the individualized instruction was a help. Responses indicated that there was a need for better communication between classroom teachers and reading teachers. They felt the classroom teacher should know what is going on in the remedial class so that some of the learning could be extended on in the classroom. A comparison of one of the pretest and posttest showed a mean gain of 13 months for those attending remedial classes, and a gain of 5 months for the control group that did not attend the remedial classes (Spellman, 1971).

Another kind of program was set up for grades nine through twelve. The Title I (ESEA) Reading Improvement Project was started at Chilocco Indian School in Oklahoma in the 1970-71 school year. Sample testing indicated gross retardation. Of the population sampled 96 percent scored below the 50th percentile, zero percent in the first quartile. The reading program had a full time reading teacher and teacher's aide. The students

were selected by the following criteria: two years retardation, normal range of IQ, and students' needs (Kimble, 1972).

The above review of literature illustrated the various types of remedial programs in the schools. The variations consisted of programs set up for second graders, for grades one through three, for grades four to eight, and for grades nine through twelve.

ROLE OF THE REMEDIAL READING TEACHER

The remedial reading teacher plays an important role in the organization and implementation of the remedial reading program. The Evansville-Vanderburgh School curriculum guide (1969) listed the various duties of the remedial reading teacher as follows:

1. To test referrals.
2. To organize and teach special reading classes for those children who have low reading ability, but who indicate a high reading potential.
3. To inform the classroom teacher of test results, weaknesses and needs of the children, materials used, and attitudes of the children toward reading.
4. To recommend and share materials that the classroom teacher might find helpful.
5. To aid the librarian by making recommendations or by compiling a list of books high in interest but of low readability.

6. To consult with the school nurse in regard to the physical or emotional well-being of a child and, if problems exist to be aware of them.
7. To establish a good working relationship with the entire school staff.
8. To keep parents informed of the reading progress of their children.
9. To make a conscientious effort to help each child in the reading program to improve his self-concept as a worthwhile person who is capable of academic success.

Gilliland (1968) stated that teacher aides or paraprofessionals increased effectiveness of the reading programs. They helped in the remedial program by record keeping, typing, preparation of materials, and assisting with instruction under close supervision. Teacher aides or paraprofessionals were high school graduates who like working with children, or mothers of the children who were in the program. The remedial reading teacher was responsible for the training of the teacher aides and for any in-service training program that may prove worthwhile.

The effect of using fifth graders who were low achievers in reading as tutors for helping first graders was studied by Robertson and Sharp (1971). The experimental group that used the tutors made significantly higher gains than those without the tutors. Tutors of that age were used effectively if the material was rote, required drill and repetition, needed review, called for immediate reinforcement, or needed continuous response (Robertson and Sharp, 1971).

SELECTION OF STUDENTS

In the selection of students for the remedial reading classes two factors needed consideration. The first factor was who made the referrals. The other factor was to determine the criteria that were used in the decision of whom was in the program. The Wichita schools (Curriculum Services Division, 1969), the DeKalb County Reading Clinics in Georgia (Howington, 1969), and the Reading Clinic at Billings, Montana (Gilliland, 1968:5), all agreed that the classroom teacher should make the referrals. The classroom teacher should make the referrals based on pupil personnel records, observations, tests, reading record cards and scattergrams (Curriculum Services Division, 1969). Gilliland (1968) felt that pupils' desire should also be considered when making referrals.

An interdisciplinary approach was necessary in the selection of students for the reading program because retardation in reading was caused by many factors (Criscuolo, 1969). According to Schell (1972),

Learning to read printed symbols must obviously be an extremely complex, high-level cognitive act. And the forces influencing the success or failure of this learning are numerous, varied, and not totally known.

The classroom teacher, principal, reading specialist, guidance counselor, psychologist, and school nurse should all be involved in determining whether a child is a retarded reader (Criscuolo, 1969). Sosis (1969:32) included all these, but believed that the parent or pupil should have a part in the decision. Sosis warned teachers to use judgment when telling the student that he was to report to a remedial reading class. She added,

"Unfortunately, for many students no amount of rehabilitation will erase this initial shock and ensuing stigma" (Sopis, 1969:32).

Crowley and Ellis (1971) reported on a study based on test data from Title I Reading Project in Leominster, Massachusetts, which based the selection of students on the technique of Durost's reading reinforced method. Relationships between the variables were shown by bivariate charts with pretests and reading reinforced test on one chart, and post-tests and reading reinforced test on the other chart. Stanines for the appropriate time of year were used. Those whose scores were much higher on the reading reinforced test indicated higher reading potential. It appeared from the study that the reading reinforced method was successful in selecting students, but needed another year of experimentation on a larger scale.

The criteria used for making referrals for remedial instruction varied from school to school. The criteria were based on the amount of student's reading retardation and his reading potential. The number of remedial reading students that were accepted in the program limited referrals (Evansville-Vandeburgh School, 1969). Conner (1968) reported that Worcester School limited classes to those having a retardation of nine months in primary to one and one-half years in the intermediate grades. At the Reading Clinic at Billings, Montana, the retardation had to be at least one year below ability level (Gilliland, 1968). The DeKalb County Reading Clinic based their selection in grades one to three to a retardation of five months to one year below grade expectancy, with two or more years difference in the upper grades (Howington, 1969; Smith, Carter and Dapper, 1968:20).

Byrne (1968) suggested using a percentage ratio in estimating the amount of retardation, rather than the actual number of months or years retardation. He felt that a retardation of six months was much more severe in first grade than the same amount of retardation in the eighth grade.

Review of literature revealed a difference of opinion regarding the limitation of remedial reading instruction to only those of average or above average intelligence. According to Gilliland (1968) if slow learners were selected for remedial reading class the following problems might arise: (1) the pace of group instruction would be slowed down; (2) the progress of others who had more potential lessened and might cause discouragement; (3) the reading program would not be as effective if pupils who had little potential were accepted; (4) it might put stigma on the program. Robinson and Rauch (1965:57-58) pointed out the disadvantages not to accept those with below average IQ. Their reasons were that the poor IQ score might not be correct, or that the slow learner might be working below his potential and capable of improvement. Smith, Carter and Dapper (1969:29) agreed that a rigid cut-off point in IQ or formulas should not be used. He felt that the "educable mentally retarded" could profit from a reading program. It had been observed that the majority of the schools did limit their selection to those having average or above average intelligence (Howington, 1969; Connor, 1968).

According to the Education U.S.A. Special Report (Education U.S.A., 1970), one of the first things to do in helping a child be a

better reader was to find his weaknesses, and to begin early. A four-year study showed that correcting reading problems were ten times greater if found in the primary grades. Both Dechant (1970) and Byrne (1968) agreed that remedial instruction should not be delayed until a certain grade. Byrne (1968) stated that after the third grade there was more social and emotional maladjustment, and parental pressure. Dechant (1970:415) emphasized that, "We cannot permit children to become imprisoned in faulty learning habits."

Other factors determining the selection of students were based on the number of pupils that needed help and the total case load of each remedial teacher (Curriculum Services Division, Wichita, 1969). The DeKalb County Clinic limited selection to those with no extreme emotional involvement (Howington, 1969). Byrne (1968) stated that children should not be excluded from the remedial classes on the basis of social, emotional or physical abnormalities. He added that quite often they can be helped in a small group atmosphere better than in a regular classroom.

Robinson and Rauch (1965:62) suggested that the screening of students take place during the spring. They indicated that less time was then lost in the fall.

SCHEDULING OF CLASSES

Scheduling of classes involved a great many factors, and needed the cooperation of all personnel concerned. Gilliland (1968) suggested

class periods of thirty minutes for elementary and one hour for high school, with at least ten minutes allowed between groups. Robinson and Rauch (1965) recommended instruction time of thirty to forty-five minutes, depending on age, concentration, and reading problems. They felt that it should be daily, but not less than three times a week. The Wichita schools scheduled classes from thirty minutes to one hour, two to five times a week, depending on the type of reading disability the pupil has (Curriculum Services Division, 1969).

Cashdan and Pumfrey (1972) conducted a study to determine if second year junior school boys who were failing in reading could make greater progress if scheduled twice a week compared with a matched group given remedial help once a week. At the end of two terms the experimental groups were then compared with a control group who had not received remedial reading training. The findings showed that there was no significant difference in any of the groups. The group that had had classes twice a week did not do any better than those who had had them only once a week. Neither remedial group showed any improvement over the group that had had no remedial treatment. It was concluded that this type of student needed a more continuous program of remedial treatment as part of their regular school activities.

Since the purpose of the remedial reading instruction was for more individualized work, the groups should be kept small. Groups of from four to six worked out quite effectively, but some programs had from six to eight (Gilliland, 1968). Robinson and Rauch (1965:60) stated that there was no one best size of a class. Some students might need a

one-to-one relationship for a time, but other classes should not exceed seven.

The literature regarding the case load of a single remedial reading teacher indicated that it should be from forty to fifty pupils (Curriculum Services Division, Wichita, 1969; Gilliland, 1968). There should be time allowed for conferences, diagnosis, planning, and follow-ups. Gilliland (1968) suggested that two-thirds of the time be spent with the students, and one-third of the time be unscheduled.

The most appropriate time to have the pupils leave their classrooms for the remedial reading class varied according to different reading specialists. Sosis (1969) suggested that it should not interfere with another special class such as music, art, library, or gym. She recommended that the ideal time is during the classroom's regular reading period. Robinson and Rauch (1965:60) emphasized that "The remedial class is not something to be fit in when convenient. It should have a top priority." Robinson and Rauch (1965) and Dechant (1970) suggested that the student be assigned to the remedial reading classes during a regular study period or taken from a subject-matter class where their reading is a serious handicap. They also added that classes could be scheduled during a regular home-room period or activity period. According to Rider and Martinez (1969) "Reading projects were to be over, above, and beyond the regular instructional program of the district for disadvantaged students." The Office of Compensatory Education made a special study to identify and analyze the instructional and organizational systems of Title I Remedial Reading Projects. One of the findings was that "54 percent of the

districts had an organizational system which provided for reading instruction in the regular classroom in addition to remedial reading instruction" (Rider and Martinez, 1969).

There were two accepted views concerning the length of time in the program. One preferred to have the students eight weeks to half of a semester, and then return to their regular rooms. They felt that this gave more help to more students. The other viewpoint was that if they were not kept in the reading program long enough they might become frustrated when sent back to the regular class. Some might need to be in the program for longer than a year (Gilliland, 1968).

The Pscho-Educational Clinic at the University of Minnesota conducted an investigation to determine the immediate growth and the continued growth after a length of time with fifth and sixth grade students who were reading about two or three years below grade level. Findings indicated reading improvement during the remedial instruction, but improvement continued only for those who continued to have help. The findings implied that disabled readers need a long term treatment rather than a short one (Balow, 1965).

An important aspect of grouping children for scheduling according to Cohn and Cohn (1967) was to group those boys and girls that worked well together. Their personality and reading level were factors to be considered. They felt that sex might be an important consideration in grouping in the middle and upper grades.

If a remedial teacher had two schools to cover, Byrne (1968) suggested that the teacher work at one school for one semester, and the other school for the other semester.

DIAGNOSTIC PROCEDURES

According to Otto and McMenemy (1966:42-60) diagnosis was basic to all remedial instruction. One needed to base remedial instruction on the strengths and weaknesses found. Byrne emphasized that diagnosis of specific weaknesses was a continuous process, and an important factor before beginning instruction.

Otto and McMenemy (1966:42-60) concluded that there were three levels of diagnosis: the survey, the specific, and the intensive diagnosis. The survey diagnosis was usually done by the classroom teacher, and served as the foundation. This level of diagnosis identified the disabled readers. This usually consisted of group achievement tests and group IQ tests, and a study of the cumulative records. Group intelligence tests were one of the following:

California Test of Mental Maturity (California Test Bureau, Monterey, California)

Kuhlmann-Anderson IQ Test (Personnel Press, Inc., Princeton, New Jersey)

Otis-Lennon Mental Ability Test (Harcourt, Brace and World, Chicago, Illinois)

Large-Thorndike Intelligence Tests (Houghton Mifflin Company, Boston, Massachusetts)

S. R. A. Primary Mental Abilities Test (Science Research Associates, Chicago, Illinois) (Dechant, 1970:589-591)

There were a number of tests that were used to measure the pupil's reading achievement level. Some of the tests available were:

Gates-MacGinitie Reading Tests (Bureau of Publications, Teachers College, Columbia University)

Iowa Silent Reading Test (Harcourt, Brace and World, Chicago, Illinois)

Metropolitan Achievement Tests: Reading (Harcourt, Brace and World, Inc., New York)

California Reading Test (California Test Bureau, Monterey, California) (Dechant, 1970:592-594)

Robinson and Rauch (1966:66) classified standardized reading tests into three kinds: survey tests, such as the Metropolitan and Stanford; semi-diagnostic tests, such as the California Reading Tests, Iowa Silent Reading Tests; and the diagnostic tests, similar to Spache's Diagnostic Reading Scales and McCullough Word Analysis Test.

Specific diagnosis should be made by the classroom teacher or the remedial reading teacher. This was an individual diagnosis to find specific weaknesses and strengths, and should be the foundation of the remedial instruction. Individualized IQ tests were given if the group intelligence tests were too low or believed to be invalid (Otto and McMenemy, 1966: 42-60).

Dechant (1970:589-591) listed some individual IQ tests:

Peabody Picture Vocabulary Test (American Guidance Service, Inc., Minneapolis, Minnesota)

Quick Test (Psychological Test Specialists, Missoula, Montana)

Slosson Intelligence Test for Children and Adults (Slosson Educational Publications, East Aurora, New York)

Stanford-Binet Intelligence Scales: 1960 Revision (Houghton Mifflin Co., Boston, Massachusetts)

Wechsler Intelligence Scale for Children (WISC)
(Psychological Corporation, New York)

Some diagnostic reading tests are:

Bond-Clymer-Hoyt Silent Reading Diagnostic Tests (Lyons
and Carnahan, Chicago, Illinois)

Botel Reading Inventory (Follett Publishing Company,
Chicago, Illinois)

Diagnostic Reading Scales (California Test Bureau, Monterey,
California)

Durrell Analysis of Reading Difficulty, New Edition (Harcourt,
Brace and World, Inc., New York) (Dechant, 1970:595-598)

The third level of diagnosis as listed by Otto and McMenemy (1966:
42-60) was one of intensive diagnosis which consisted of a complete case
study. They indicated that this could be done either in the school or a
clinic by a remedial specialist. They emphasized that "diagnostic informa-
tion is useful only when it dictates remedial treatment..." (Otto and
McMenemy, 1966:47).

The areas to be considered in diagnosis were: case history data,
physical, social and emotional status, school records, health records
for data on visual and auditory problems, present achievement level, and
reading potential level (Conner, 1969).

Levels of diagnosis could be from simple vocabulary tests, to
intelligence tests, to tests dealing with memory, association and reason
(Education U.S.A., 1970).

Teacher-made informal tests, day-to-day observations, methods of
study, usage of language were forms of diagnosis. Visual and auditory
discrimination could be checked with tests such as Frostig Visual

Perception Test or the Wepman Auditory Discrimination Test (Education U.S.A., 1970:17).

Hollingsworth (1972) stated that an interdisciplinary approach was necessary in diagnosis because reading disability was often caused by a number of different reasons. He added two additional levels of diagnosis. One was an evaluation by medical doctors such as pediatrician, the ophthalmologist, orthoptist, otologist and neurologist. The other level of evaluation was a study of the family attitudes which contributed to the reading problems.

Various tests had their own strengths and weaknesses, and were useful in a number of ways. Diagnostic reading tests had considerable value not only for the analysis of reading abilities, but also were useful to show parents, other teachers, and in certain cases, the child himself. Though there were many available tests from which to select, the teacher should know the test before purchasing any (Ramsey, 1971). Certain tests were more appropriate for one child, while others were more appropriate for another. The clinician or remedial reading teacher should be familiar with various tests so she could select those most appropriate (Bond and Tinker, 1967). Strang (1960) suggested that Buros Fifth Mental Measurement Yearbook be used when making selection of tests.

Standardized tests did have limitations in that they could not measure attitude, interests, or determination. Neither were some suited to all groups of children (Robinson and Rauch, 1965). However, there was more value derived from standardized tests than just the scores (Ladd, 1971).

Ladd stated that one could gain information from an item analysis, from studying patterns of performance, from giving tests without the time limit, from the Durost reading reinforced by hearing technique, and from the use of a bivariate distribution chart to show the relationship between two scores.

One of the first steps in diagnosing a reading problem, explained Dechant (1970), was to make a comparison between the child's present reading level and his reading potential. He pointed out that reading potential might be determined by various ways. One was to use the IQ or mental age as an estimate of the child's potential. Bond and Clymer found that in a study of 379 fifth grade children there was a positive relationship between reading and IQ. Children with IQ over 125 were not found among the poor readers, and children with an IQ under 95 were rarely found in the more capable readers (Bond and Tinker, 1967).

Simmons (1968) stated that formulas to find reading potential were important in identifying students, but that they must be used with care. He pointed out that formulas should not be the only criteria used for the selection of students because formulas do not always identify the same students. Any formula using standardized scores would depend on the validity of the test scores. Some of the various formulas were:

1. The Monroe formula uses mental age, chronological and arithmetic achievement.
2. The Harris formula uses mental age only.
3. The Bond and Tinker formula uses IQ and length of time in school.