Component Model of Reading

The Component Model of Reading takes into consideration three components which are thought to influence a child's ability to read. They are: (1) the cognitive domain, (2) the psychological domain, and (3) the ecological domain (Aaron, Joshi, Gooden, & Bentum, 2008). From here, each of these components is broken down again. The cognitive domain is further broken down into word recognition and cognition. The psychological domain is broken down into motivation and interest, locus of control, learned helplessness, learning styles, teacher expectation, and gender differences. The ecological domain includes areas such as home environment, culture, parental involvement, classroom environment, peer influence, dialect, and English as a second language (Aaron et al.). Using this model, teachers and teachers' aides have the ability to administer many of the tests required to diagnose a Learning Disability. This is a huge advantage in that it means wait times to see a psychologist are cut down and interventions can begin in a much more timely fashion. Assessment procedures are said to be "...uniform, logical, and effective." (Aaron et al.) and a diagnosis based on this model provides the teacher with a large amount of information about the child and his/her specific weaknesses. As a result, interventions are better designed to the needs of the child. Some studies have shown that better outcomes have come from the use of the Component Model compared to the IQ-Achievement Discrepancy Model (Aaron et al.). Children receiving instruction based on the Component Model had significantly higher reading comprehension and word recognition than those children who received instruction based on the IQ-Achievement Discrepancy Model.

It is important to remember that the main reason Learning Disabilities are diagnosed is to help children succeed in the education system.

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While the Learning Difficulties Centre of BC cannot diagnose Learning Disorders, psychologist contact information is available upon request.

Methods of Diagnosing Learning Disabilities

LEARNING DIFFICULTIES CENTRE OF BC

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UNBC, 2008

Three Models of Diagnosing Learning Disabilities

The condition we now know as Learning Disability (LD) was acknowledged approximately a century ago when people became aware that some children of average or above average intelligence were not learning to read at the same rate as their peers (Aaron, Malatesha Joshi, Gooden, & Bentum, 2008). The main ideas around the definition of LD have included "unexpected underachievement" and "discrepancy" (Fletcher, 2003).

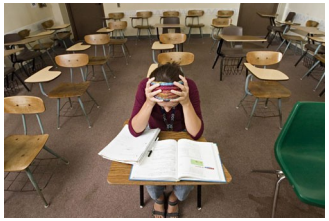
Various definitions have been given in an attempt to diagnose Learning Disabilities (LD). Each of these definitions is reliant upon the professional background of the person making the attempts at defining. In the case of medical doctors, neurological and physical aspects of LD are illustrated while ignoring the context of the classroom. On the other hand, those people in the fields of psychology and education concentrate more on the classroom aspects of LD and have even been known to deny that any physical aspects exist (Gaddes & Edgell, 1994). Exclusively, each of these views represents a somewhat radical view of the construct of Learning Disabilities and neither one, individually, is correct.

Discrepancy Model

The diagnosis of Learning Disabilities began with the use of the IQ-achievement discrepancy model. The identification of a Learning Disability dependent on a deficiency in achievement paired with average to above average intelligence (Pasternack, 2002). There are a number of methods for determining discrepancy, they include: (1) Calculating the child's achievement compared with their grade level, (2) Calculating the expected level of achievement based on a number of expectancy formulas that take into account the child's IQ score, (3) Comparing the child's IQ to standardized scores of achievement, and (4) Approaches that predict a standard scored based on the relationship between IQ and achievement (Evans, 1990 as cited in Fletcher et al., 1994). Although a clear definition of how to calculate discrepancy has not been identified, this method continues to be the most commonly used (Kavale). A problem is that no option for treatment or intervention is offered using this method (Gresham, VanDerHeyden, & Witt, 2005).

Response to Intervention

In more recent years, Response to Intervention has been developed and has become a method for early intervention for those children who are at risk of failing (Fuchs & Fuchs, 2006). Rather than using a reactive approach like the IQ-achievement discrepancy model, Response to Intervention uses close observation of children so that they are receiving extra instruction as soon as they need it (Fuchs, Mock, Morgan, & Young, 2003). Using this model, teachers are responsible for closely observing their students in order to determine which students need extra instruction, sometimes provided outside of the general classroom setting (Gresham, VanDerHeyden, & Witt, 2005). These students are usually identified within the first couple of months of school (Fuchs & Fuchs). If large discrepancies in academic performance between a child and his/her peers are observed he/she will then be referred for special education. Once again these children are monitored after receiving extra help and those who remain unresponsive will then qualify for further, more intense special education or for evaluation (Fuchs, Mock, Morgan, & Young, 2003).



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