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Viewing Perceptual Readiness

by Wanda Sandefur
and Pat Suckley

There is no one "cure all" method of teaching reading, or one type of material which has been found to be more successful than another. Researchers and educators have found no clear-cut results from their studies which show one approach to be the panacea for overcoming reading difficulties.

A child's language development, his physical and mental state all play an important part in his wanting to read and being successful in it.

One of the school's greatest responsibilities is to help pupils reach their maximum reading potential.

Montessori¹, in commenting on human development, stresses that "The period of infancy is undoubtedly the richest—the waste of this period of life can never be compensated."

One of the many causes of reading disability is a defective visual function. Between the ages of 6 and 8 visual efficiency is at a critical point in development and it is the time when most children are beginning to learn to read.

Orton², as early as 1925 hypothesized that, "if cerebral dominance were well-developed by the time reading began, reading difficulty would not occur. If, however, no special dominance had been developed, reading difficulties would occur."

Eames³, reviewing twenty-four studies concludes that neurological lesions in the language centers may impair both speech and reading. He adds that inadequacy of auditory association and discrimination (the sounds of words are not associated with the muscular movements required to produce them) may predispose an individual to both speech and reading difficulties. (In Braille reading, particularly, the associations between the various areas of the brain assume importance.)

Frostig⁴ in her studies found that visual perception difficulties were by far the primary contributor to learning difficulties. She found that children who had difficulty in writing seemed to be handicapped in eye-hand coordination and that children who could not recognize words often had disturbances in figure ground perception.

More stress is being placed on diagnosis at all levels from pre-school through college in still other areas.

Children who are liable to fail in reading, writing, and spelling can be identified at kindergarten age by special tests. They can be given pre-school peers. These facts are developed in a new book, **Predicting Reading Failure**,⁵ by Langford, Jefferson, and deHirsch, based on twenty years of clinical experience and research with

tests. The authors suggest that the schools institute small "transition" classes between kindergarten and first grade for children who, regardless of age, are not "ready."

If faulty perception is blocking progress then a child may become highly frustrated. No first grade teacher should be surprised when the five to six or six and a half must be taught to skip. Even sturdy healthy legs that run and walk quite competently may not be depended upon to skip spontaneously at these age levels. Skipping is a complicated activity that understandably may not be taken for granted.

Equally understandable but much less frequently recognized is the fact that **neither can seeing—the complex form perception and discrimination type of seeing—be depended upon to develop spontaneously.** Even healthy eyes that function well at gross visual tasks must learn to see visual intricacies of form just as healthy legs must learn the motor intricacies of skipping.

Generally, the perceptually handicapped child substitutes, reverses, miscalls, and/or skips words and/or letters. He is prone to re-read with different mistakes the second time around, to lose his place in moving from one line to another.

What levels of visual development are needed if a child is to be able to cope with first grade reading tasks?

First, he must be able to tell one word from another. In order to do this, he must be able to "see" the intricacies of form and discriminate differences and like-

nesses not only in word shapes but their letter contents. The child must perceive an "n" as an "n". A child with adequate perceptual ability sees a "b" rather than as a "p", "d" or "q". He sees "saw" as "saw", not as "was"; he sees all of his words in a line in their exact left to right order.

Secondly, his eyes must be able to look at phrases and sentences from beginning to end.

In order for the eyes to move from left to right, the eyes must first move!

Many children come to first grade reading experiences with eyes that move amazingly little. Their heads move instead, so that seeing is a limited point or spot of visual content snatched here, or there—one piece of a letter this time, another the next, the middle of a word this time, the end of the same word first the next time so that it is not recognized as even the same word that he met and may seem to have "learned" the day before.

The step by step process for developing smooth sequential left to right eye movements has been less well defined than those for progression of walking.

There is no one solution for all children. The best way to proceed seems to be to take the child from where he is and focus the child's attention on his own perceptual errors, since he is not aware that he is perceiving incorrectly.

Two prime ways to enforce correct perceptual habits are kinesthetic experience and verbalization. Finger tracing in sand

or finger-paint is an effective kinesthetic technique as is tracing letters in the air.

Enforcement through verbalization may be accomplished by having the reader stop after he has misread a word and immediately spell it out loud correctly.

Materials, research, theories and methods of instruction are contributed from many sources to help up-grade our reading programs. But teachers as well as children must be up-graded.

Teachers must be made aware of the significance of perceptual training and developmental possibilities and these findings would be applicable to classroom teaching experiences.

It is, as it always has been, the teacher, the human, not the

inanimate factor which makes the difference.

(Wanda Sandefur and Pat Suckley are teachers in the Warren School District.)

1. Montessori, Marie, *The Absorbent Mind*, (Adyar, Madras 20, India: The Theosophical Publishing House, 1961), p. 3.

2. Orton, Samuel T., "An Impediment to Learning to Read. A Neurological Explanation of the Reading Disability." *School and Society*, September, 1928, pp. 286-290.

3. Eames, Thomas H., "The Relationship of reading and Speech Difficulties," *Journal of Education Psychology*, 41 January, 1950, pp. 50-55.

4. Frostig, Marianne, "The Marianne Frostig Test of Visual Perception, 1963 Standardization." *Perceptual and Motor Skills*, 1964, pp. 464-499.

5. Langford, William S., Jansky, Jeanette Jefferson, and deHirsch, Katrina, *Predicting Reading Failure*, Harper and Row, 1966.

Standards (Continued from page 23)

2. A minor in educational psychology dealing with learning theory and the diagnosis and remediation of learning disabilities.
3. Three years or more of practical experience as a classroom teacher as well as some experience as a reading specialist, a reading clinician, or a reading consultant.
4. Experience or training that would prepare the individual for administrative responsibilities.

VI. The College Teacher. The college teacher involved in preparing teachers and specialists in the field of reading should provide leadership in relating the theory and practice of his field to the solution of problems in the reading curriculum of a local school district.

Proposed Standards of Preparation

1. The college teacher involved with teacher preparation in reading should have the training and experience required to impart necessary knowledge to classroom teachers and the prospective reading specialist.
2. Practical experience as a reading consultant or coordinator should be an integral part of the required preparation.