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A LEARNING CENTER ASSESSMENT TOOL
FOR THE ASSESSMENT
OF ACADEMIC SERVICES OF A PRIVATE LEARNING CENTER

by
James Gregory Zoll

A dissertation submitted in partial fulfillment
of the requirements for the degree of

Doctor of Education

University of San Diego

1990

Dissertation Committee

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ABSTRACT

A LEARNING CENTER ASSESSMENT TOOL FOR THE ASSESSMENT OF ACADEMIC SERVICES OF A PRIVATE LEARNING CENTER

Zoll, James Gregory, Ed.D. University of San Diego, 1990
Director: Susan M. Zgliczynski, Ph.D.

Evaluation information for private learning centers in the United States is limited. Detailed evaluation data regarding instructional services provided; learning center relationships with students, parents, and schools; and administrative policies is almost non-existent. School administrators need a reliable, cost-effective means of assessing private learning centers that their students might attend for supplemental instruction. The purpose of this study was to develop an evaluation paradigm named the Learning Center Assessment Tool (LCAT) for the assessment of academic services of a private learning center to be used by local school districts personnel.

A synthesis of the literature was used to develop components of the LCAT. Superintendents from San Diego County, California were asked to participate in a preliminary assessment of the LCAT. They reviewed it for content, language, and suitability as an evaluation instrument. Three private learning center directors also reviewed the LCAT for usability, content, language, and suitability. The LCAT was revised based upon their recommendations and then used in an operational field study by three educators to evaluate a

private learning center.

Based upon feedback from the operational field study, the LCAT was revised again, and presented as a useful instrument for the measurement of the academic services of a private learning center. The format allows a private learning center to provide the requested information on a form which school district personnel can evaluate.

DEDICATION

This dissertation is dedicated to SALLY ANN DRAPER ZOLL, without whose love and devotion this research and writing would never have been completed. Every day for the past five years, Sally has consoled, cajoled, and inspired me with Emerson's words:

"Finish every day and be done with it. You have done what you could. Some blunders and absurdities no doubt crept in, forget them . . . Tomorrow is another day, begin it well and serenely and with too high a spirit to be cumbered with your old nonsense. This day is all that is good and fair. It is too dear, with it's hopes and invitations, to waste a moment on the yesterdays."

Sally, you have been my strength in every phase of this dissertation's development from conception through completion. I have grown taller for walking with you, I have grown more in love for loving you, and I have found happiness in being your husband.

The final responsibility for what is in this dissertation is mine, however, without you as the wind beneath my wings, it would never have been completed. We share in its creation.

Forever, Jimmie (III)

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While I have taken a number of years to synthesize the ideas in this dissertation, they would never have been bound together without the help of family, friend, and associates.

I give special thanks to my dissertation chairperson, Sue Zgliczynski, who never gave up on me, who spent many long years organizing me, and many hours interpreting mountains of material. Her wisdom, determination, and energy were indispensable to the completion of this document.

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CHAPTER I

Introduction

In recent years a growing number of private learning centers were created to meet the needs of the increasing number of children for whom supplemental academic instruction was desired. The highly diverse nature of the programs offered by those centers reflected the generally held view that there was no one best method for providing supplemental instruction for enrichment or remediation (Bond & Tinker, 1973; Strang, 1975). The programs at those centers included a variety of instructional approaches derived from a broad spectrum of theoretical foundations (Wilson, 1972).

In an address on the development of private reading centers, Michaels (1968) reported that many states had no legal requirements whereby a person or firm must prove competency when establishing private reading clinics. She referred to "'dyslexia clinics' operated by anyone who can spell the word and staffed by clinicians who have never had any courseware relating to reading or reading skills" (p. 6). This type of reporting focused negative attention on private learning centers.

In contrast to the public education system where

legislative and judicial decisions were a major influence in the shaping of an operational framework, there were few legal guidelines to govern policy development for private learning centers (Muia & Conners, 1978). As a consequence, the vast differences among centers was not limited to instructional programs but extended to operational standards and procedures as well. Whereas teachers and administrators hired by the public schools had to meet state-approved standards for certification, no competency criteria existed for privately employed center personnel. Their professional backgrounds differed greatly in terms of the nature and degree of education, training, and professional involvement, and expertise.

Ethical parameters for private learning center operation were not well defined. An absence of generally recognized standards governing professional conduct, coupled with the lack of a common assessment base where other aspects of center functioning were concerned, compounded the problems faced by educators and the general public who attempted to evaluate private learning centers.

Apart from the aspect of continuing population growth, a number of factors were associated with a heightened interest in private learning centers. The National Assessment of Educational Progress (NAEP), designed to determine the educational progress achieved in the United States, tested the reading comprehension and study skills of 9, 13, and 17

year olds, and adults in several areas. Results showed that regional scores dropped in several sub-areas (1981). In addition, between 1970 and 1989, 13 year olds throughout the United States dropped in literal comprehension and reference skills. This assessment indicated a need for the maintenance and improvement of basic skills instruction in most regions of the United States (NAEP, 1981). Private learning centers were able to satisfy this need.

The annual Gallup Poll of the Public's Attitudes Toward Education had long reflected dissatisfaction with the nation's public school system (1987). As documented by Gallup, the public was frustrated over declining test scores, citing as likely contributors lack of discipline, insufficient attention to the basic skills, and poor curriculum and standards (Gallup & Elam, 1988). The survey measuring attitudes toward public schools and results indicated that, in general, since the publication of A Nation at Risk (Carnegie, 1981), very little improvement in public education had taken place. It revealed an increased desire for more emphasis on the basic skills. At all grade levels, the public was concerned that every student have adequate exposure and training in the basic skills.

Most surveys in the United States pertaining to the incidence of academic disabilities showed that between 10 and 15 percent of the school population obtained reading and mathematics scores that were significantly lower when

compared with average performance for age and grade and with intelligence (Harris, 1971). As funding for special programs was reduced, and as confidence in the quality of public education continued to erode, parents of this substantial portion of students experiencing academic difficulties increasingly turned to private services to augment or supplant their children's instruction in basic skills. Kline (1982) suggested that dissatisfaction with public schools, greater acceptance of parent choice in student education, and a heightened sense of the need for literacy were factors that made possible the growth of private learning centers.

Growing simultaneously with the demand for private learning centers, was the desire for increased accountability and administrative control of core instructional activity in schools (Talbert, 1980; Wise, 1977; Wilks et. al., 1979). Arguing that increased accountability and control would result in greater efficiency for the schools, more relevant and vital curricula, and better educational performance by students; many groups such as legislatures, academic writers, boards of education, administrators, and parents' groups called for educational improvement through tighter control and more supervision of instructional activity.

Reference was often made to some other efficient and effective educational system outside the traditional model. The image was one of a lean and unencumbered educational

organization without an educational bureaucracy, focused by a clearly defined purpose, which trained and educated students with efficiency and effectiveness. This ideal system was presumed to be in the private sector where direct, precise, technical control of the instructional process was a central tool in achieving administrative efficiency and educational effectiveness, or, more precisely, a private learning center.

Concomitant to the growing popularity of private learning centers was an increased demand for school districts to allow these centers access to their students. Since permission to solicit students within a district implied endorsement, there existed the need for a reliable means of assessing the academic services of private learning centers in order that school district personnel could provide endorsements.

Statement of the Issue

There are a multitude of private learning centers currently in operation, with tremendous growth projected in the next decade. Structure and content of offerings from any given learning center are varied. An examination of the literature revealed no comprehensive study of private learning centers in the United States nor any measurement tool for the assessment of the services such a center provides.

Purpose of the Study

The purpose of this study was to develop a Learning Center Assessment Tool (LCAT) to be used by school administrators who needed a reliable, cost effective means for assessing a private learning center. The primary concern of this study was the lack of legal standards governing the operations of private learning centers and the lack of a model or instrument found in the professional literature with which to operate and assess private learning centers.

To ensure the LCAT design was in accordance with current educational thought and research, learning center research was reviewed to identify which components of a private learning center were commonly held as essential to an effective learning center. These components fell into three broad categories: diagnosis and placement, instructional strategies, and ethical and legal considerations.

The format of the LCAT allowed a private learning center to provide the requested information on a form which school district personnel could score in order to determine whether a particular center would be allowed to advertise within the school district and more importantly, whether the school district should endorse and support the efforts of the center to provide supplemental instruction to the students of the school district.

Research Questions

The following research questions were identified:

1. What instruments currently exist to assess private learning centers?
2. What attributes would educators consider important to identify in order to assess a private learning center?
3. What is the best way to assess the attributes of a private learning center?
4. Can the LCAT be used by educators to effectively assess a private learning center, including placement and diagnosis procedures, instructional strategies, and ethical and legal considerations?

Importance of the Study to Leadership

The significance of this study to educational leadership will be the development of a Learning Center Assessment Tool that provides educators with the ability to objectively and efficiently assess private learning centers. An evaluation instrument such as the LCAT will aid in the decision making process for individuals and representatives of institutions concerned with either the provision or selection of suitable private supplemental instruction. If private learning centers are to be workable alternatives for parents

or school districts it is incumbent upon educators "to investigate the current operation of these centers and document their programs so that parents and administrators may have knowledge of supplemental educational opportunities" (Kline, 1982, p. 7).

The development of the LCAT may increase the willingness of public educators to make an objective assessment of the quality of private learning centers, thereby encouraging public educators to take a leadership role in holding private learning centers to a consistent set of standards to which public education is held. Educators should be aware that professional standards may be compromised at private learning centers; and valid standards upon which to make an objective assessment of a private learning center should be one of the top priorities of educational leaders (Wilf, 1986).

An examination of the literature revealed no comprehensive study of the assessment of private learning centers in the United States. This study will make a significant contribution to the literature regarding the assessment of private learning centers, as well as to the providers and clients of private learning centers.

Definition of Terms

The specialized terms in the area of private learning centers and assessment will be used as they are found in the literature and will be defined in context as necessary.

Private Learning Centers: Centers that are operated by individuals or corporations and are not sponsored by school systems, colleges, or universities. These centers focus primarily on reading and mathematics improvement. They may operate for profit or have nonprofit status. They diagnose their clients' reading, mathematics, and language arts abilities and provide reading, mathematics, and language arts instruction. Instruction may be supplemental for average and above average clients or may be remedial for deficient clients. Private learning centers may serve pre-school to adult populations.

Assessment: Assessment is the process of testing, appraising, and judging a product, a process, or changes in these, using formal or informal formats and techniques.

Significance of the Study

The creation of the LCAT for use by school district administrators to assess the diagnosis and placement procedures, the instructional strategies, and the ethical and

legal practices of private learning centers will provide an efficient, effective, reliable tool currently unavailable. As Gallup's Poll showed, respondents pointed overwhelmingly to a good educational system as the main source of America's strength in the next 25 years; more important than having the most efficient industrial production system in the world or the strongest military force in the world (Gallup & Elam, 1988). The development of the LCAT will assist in the further development and refinement of the overall education system which includes private learning centers.

Limitations and Delimitations

The following factors posed limitations for this study:

1. In the absence of a significant body of literature pertaining to services provided by private learning centers, this study incorporated the assumption that the assessment model designed for assessing a private reading clinic and the theories of instruction followed by public school educators in the U.S.A. would be inherently applicable to the private learning center academic program. A limitation of the study will be that the assessment model and instructional theories might not always apply in the same manner or to the same degree.

2. The reliability of the LCAT as an assessment tool will be dependent on the willingness of the superintendents,

educators, and center directors to respond candidly and in a timely manner.

The following factor poses a delimitation for this study:

1. The study is based on a review of the general literature pertaining to private reading centers and reading centers in public schools and universities. A relatively small part of the literature is specifically concerned with commercial private learning centers, therefore, generalizations must be made from reading centers to learning centers teaching reading and mathematics.

2. The researcher has developed, implemented, and been responsible for the management of a private learning center and has also been a school principal. While his experience will provide additional expertise in the study, it may also account for some bias.

CHAPTER II

Review of the Literature

Introduction

Given the relative newness of private learning centers and the consequent lack of targeted research (Seat, 1982; Kline, 1982), a broader field of literature was reviewed in order to develop as complete a context as possible for the development of the Learning Center Assessment Tool. A computer search was utilized to check preliminary sources, using the following data bases: (a) Educational Resources Information Center (ERIC), which included Resources in Education (RIE) and Current Index to Journals in Education (CIJE), (b) Psychological Abstracts and PSYCINFO, (c) Exceptional Child Education Resources Index, (d) Comprehensive Dissertation Index, (e) Smithsonian Science Information Exchange (SSIE), (f) Magazine Index, (g) National Newspaper Index, (h) Social Science Citation Index, (i) Special Education Materials, and (j) Dissertation Abstracts International and Comprehensive Dissertation Index. Specifically, literature was reviewed that pertained to the historical development of learning, psycho-educational, and tutoring

centers, as well as reading clinics. This was followed by a description of the major private learning centers in today's market, and a review of the available research that pertained specifically to those private learning centers. Finally, research regarding evaluation models and assessment instruments in general and as pertinent to this study were reviewed.

Historical Background

There was little published information pertaining to the historical development of learning centers, psycho-educational centers, tutoring centers, and reading clinics in the United States (Seat, 1982). No systematic study of private reading service centers had been undertaken (Kline, 1982). To date, the only in-depth studies of private reading centers were conducted in New Jersey by Wilf (1986), and by Seat (1982) in California. Most of the available literature pertained to reading clinics affiliated with public school systems, colleges, and universities (Kline, 1982). As in the studies conducted by Seat, Kline, and Wilf; it was assumed in this study that with the appropriate modifications, criteria for examining school reading centers, as well as private reading centers were relevant to private learning centers (Kline, 1982; Seat, 1982; Wilf, 1986).

In order to place private learning centers in their

historical context, the historical development of private reading centers was outlined. Records indicated that the roots of private learning centers extended back to 1896, when Lightner Witmer established what was believed to be the first psycho-educational clinic (Kalsa & Kaluger, 1966). Witmer borrowed from the medical profession terms such as clinic, clinician, and case study. He employed those terms in his investigation of educational and psychological problems in adults and children (Seat, 1982).

In the same year, W. Pringle Morgan, a British ophthalmologist, coined the term "congenital word blindness" to describe what appeared to be the first reported case of a reading disability (Harris & Sipay, 1980). One of the first clinics specifically oriented toward remedial instruction was founded in 1921 at the University of California, Los Angeles campus. Grace M. Fernald was associated with this clinic, from which "The Clinic School" developed (Smith, 1967). Prior to the founding of the "The Clinic School," deficiencies in reading ability were diagnosed and treated by physicians and psychologists (Kline, 1982). Individuals in the medical profession were primarily concerned with differential diagnosis, rather than with remediation as such (Harris, 1967). In the years after the founding of "The Clinic School," remediation in reading became recognized as a component of reading instruction and as a professional responsibility of educators (Kline).

In his historical overview of 50 years of remedial reading in the United States, Harris (1967) reported that the most important development in the years 1926-1935 was probably the introduction of batteries of tests for the diagnosis of reading difficulties (Wilf, 1986). The Gates Reading Diagnosis Tests (1927), Monroe's Diagnostic Reading Examination (1928), and the Durrell Analysis of Reading Difficulty (1933) were published and copyrighted during this period. Other significant events during this decade were the publication of Monroe's research study Children Who Cannot Read in 1932, and the founding of reading clinics at Boston University by Donald Durell and in Shaker Heights, Ohio by Emmett Betts.

Harris wrote that "the mid- and late 1930's . . . saw the development of the first large-scale remedial program in a public school system" (Harris, 1967, p. 4). This program, which operated under the auspices of the federal government, put several hundred individuals with no previous teaching experience through a brief training program. They were then assigned to teach small groups of students with reading problems in the New York City school system.

The publication of H.M Robinson's Why Pupils Fail in Reading in 1947, was especially influential in the development of services for persons with reading difficulties because of its advancement of a pluralistic view of the cause of reading difficulties. Robinson's study focused on the

concept that a reading problem does not usually have a single cause (Wilf, 1986). Instead, in order of importance, social problems, emotional problems, problems with vision, inappropriate teaching methods, neurological difficulties, speech or functional auditory difficulties, endocrine disturbance, general physical difficulties, and insufficient auditory acuity could all contribute to a reading problem (Harris, 1967).

The period from 1946 to 1955 was characterized by a growth of interest in remedial reading. Universities and colleges started reading clinics and graduate programs for the training of reading specialists. The number of remedial reading teachers in public school systems increased. Furthermore, remedial reading programs were developed in secondary as well as elementary schools. Commercial enterprises began to offer reading services as varied as speed-reading for business executives to tutoring for the non-reader (Harris).

In the mid-1950s, a new reading theory emerged, one that said children were not learning to read because they were not being instructed in phonics (Flesch, 1955). Why Johnny Can't Read, which advanced this theory, became a best-seller, and led to a demand for more diagnostic and remedial facilities.

A nationwide survey of reading clinics was conducted during the 1950s (Barbe, 1955). Barbe said "there were many

private clinics, which clearly indicated the need for such services in every community" (p. 139).

Interest in reading disabilities accelerated in the United States. Since 1955, there has been a vast expansion of remedial programs and of related research (Harris & Sipay, 1980). A significant aspect was the growth of the federal government's participation and support in the delivery of services to individuals who had reading problems. The National Defense Education Act (NDEA) provided for various workshops and institutes in reading instruction. Innovative programs in remedial reading were funded under Titles I and III of the Elementary and Secondary Education Act (ESEA) of 1965. One negative result of the infusion of government funds into the field of reading, however, was that newly created positions were often filled by inadequately trained persons (Harris, 1967).

An important development during the 1960s was an increased emphasis on neurological and physiological causes of reading difficulties. The terms "dyslexia" and "learning disability" were introduced in this period, and there was a renewal of interest in discovering the underlying causes of reading disabilities (Harris & Sipay, 1980).

In the following decades (1970-1989), there was a heightening of concern for the provision of special services to learning disabled students (Harris & Sipay). The concept of an Individualized Education Plan (IEP) for each child was

formalized during the 1970s. The call for an IEP for each handicapped child "is modifying the role of the reading teacher into one of diagnosing special needs and advising classroom teachers as to suitable methods and materials, while providing expert personal instruction for the few children who need intensive assistance" (Harris & Sipay, p. 12).

Services to remedial students grew substantially since Witmer established his clinic in the nineteenth century. Hobson and Kaluger attributed the increase of such services amid increasingly efficient public and private school instruction to changes in educational policy. Whereas in the past children who did not progress at a normal rate were commonly labeled as "slow" and forced to repeat a grade or more recently, educators' awareness of differing types of learning disabilities was accompanied by a desire to meet learning disabled individuals' different needs. Hence, the phenomenal growth of private learning centers (Figure 1).

Figure 1

Growth of private learning centers 1985 - 1989

	CENTERS IN OPERATION														
	Company Owned					Franchised					Total				
	'85	'86	'87	'88	'89	'85	'86	'87	'88	'89	'85	'86	'87	'88	'89
American Learning (Reading Game)	47	78	106	106	106	8	7	7	0	0	55	85	113	113	113
Sylvan Learning	0	36	42	53	60	65	257	328	407	465	65	293	370	460	525
Huntington	12	14	14	25	40	5	54	35	20	21	17	38	49	45	61
Total	59	128	162	184	206	78	288	370	427	486	137	416	532	618	699

Private Learning Centers

Private learning centers have a defined historical base. The concept of supplementary instruction is probably as old as school itself. Some form of tutoring - from parents or professionals - has always been in existence and in demand. As a result of current concerns over the cost and quality of public education, corporate-owned and franchised learning centers for supplementary instruction have emerged as a promising national and international business. Britannica Learning Corporation

Britannica Learning Corporation (BLC) operated predominantly company-owned learning centers under the names "The Reading Game" and "American Learning Centers" which provided specialized and individualized supplemental reading instruction based on diagnostic testing primarily to school-aged students. BLC was advertised as one of two leading commercial providers of individualized supplemental reading instruction. BLC learning centers were designed to respond to students requiring supplemental instruction to achieve skills, principally in reading, consistent with their grade levels or beyond, and whose families could afford private instruction. Its basic and advanced reading programs currently account for approximately 90% of revenues.

BLC focused primarily on reading. Programs included a basic remedial program for students reading below grade

level which focused on improving an individual student's reading ability by including phonics, vocabulary, and comprehension instruction; and an advanced reading enrichment program for students reading at or above grade level to enhance their abilities by focusing on vocabulary, comprehension, speed, analytical and critical thinking skills, and research and study techniques. Less popular BLC programs included Basic Math, a remedial program for students below their grade level which focused on the mastery of basic mathematics skills and a six week scholastic aptitude test (SAT) preparation program.

BLC administered diagnostic tests in reading and mathematics to their clients to identify specific problem areas and deficiencies. The results of these diagnostic tests were used to develop an Individualized Program of Instruction. A detailed program for improvement was developed for each student to be carried out by the center's teaching staff. Student strengths and weaknesses were determined. A low student-teacher ratio of not more than three to one provided instruction in a noncompetitive environment and at the student's individual rate of learning.

Sylvan Learning Corporation

Sylvan Learning Corporation (SLC) was organized in 1979. Its first franchised center opened in September, 1980, in Portland, Oregon. Currently, the Company is a 66% controlled subsidiary of Kinder-Care, Inc. Sylvan Learning

Corporation franchised Sylvan Learning Centers which offered specialized, supplemental instruction based on diagnostic testing in reading and mathematics to school age children.

Sylvan Learning Centers responded to the needs of school age children requiring supplemental instruction to achieve reading and mathematics skills consistent with their grade levels. Supplemental instruction programs were also offered to adults on a limited basis. Diagnostic tests, including the California Achievement Test, identified strengths, weaknesses and specific needs of the individual student. Based on test results, an individualized educational program was designed for each student. Students were also screened for auditory discrimination or vision problems, with referrals made to appropriate specialists. The company believed that the most important elements of its instructional approach were focused instruction, individualized instruction, variety, a creative motivational system, and parent and teacher involvement. At the end of course work, each student was tested again, using the California Achievement Test, and results were discussed with parents in a personal interview.

The services of Sylvan Learning Center were generally marketed to parents of school age children who had one or more reading or mathematics difficulty, and were likely to benefit from supplemental instruction. Advertising was focused primarily in local newspapers and was occasionally

supplemented by direct mail, radio, and television. Centers were also active in contacting pediatricians, public and private schools, churches, child psychologists, family counselors, and other community institutions and groups regarding the availability of the company's supplemental instruction program. The company considered its supplemental instruction complementary to, and not competitive with, public and private schools. Enrollment was highest in the summer months when school was not in session and lowest in the fall after school resumed but before problems became apparent.

Huntington Learning Corporation

Huntington Learning Corporation (HLC) offered remedial and enrichment instruction in reading, writing, mathematics, phonics, study skills and other subjects to elementary and secondary school children, and, to a limited extent, adults. Instruction was provided through company-owned franchised centers, each of which operated under the name The Huntington Learning Center. Each center also offered preparatory courses for standardized college entrance examinations.

HLC opened its first center in 1977 and currently operates 14 company-owned centers in New Jersey, New York, and Pennsylvania. The company offered franchises in 1985, and as of June 30, 1986, there were 19 franchised centers in 12 states.

Prospective students were given two-to-three hour individual evaluations based on standardized diagnostic tests. A conference was then held with the prospective student's parents or the adult student to discuss testing results and to make specific recommendations for the student's instructional program. A newly enrolled student received individualized instruction based on these test results with material suited to his or her particular needs, interests, maturity, and grade level.

Each student's testing, evaluation, course of study, and parent conferences were conducted in strict accordance with a series of detailed manuals prepared by HLC dealing with various aspects of center operations. Student courses of study were prescribed and supervised by the center's director and implemented by part-time certificated or formerly certificated teachers in accordance with the company's printed procedures. The company considered its instruction "program-based," and not "teacher-based," thereby providing consistency in instructional goals and methods.

Individualized instruction was provided principally at a ratio of two to four students per teacher and, to a lesser extent, on a one-to-one basis. Most students received remedial instruction in reading or both reading and mathematics. A small number of students received instruction only in mathematics. Students attended classes on the

average of three to four hours per week, which was within the company's recommended guidelines of two to four hours per week. Attendance at centers typically increased during summer vacations and following the issuance of report cards during the second half of the school year.

Parents were involved in the course of study through required conferences with the center's director to assess the student's progress and to estimate the time required to complete the instructional program. Conferences were generally held after completion of 12 hours, 30 hours, 50 hours and each 25 hours of instruction, thereafter. Additional conferences were scheduled as necessary.

Re-testing after 50 hours of instruction, using nationally recognized standardized tests, showed that students average approximately two months of improvement in grade level in vocabulary, reading or mathematics, for each month of part-time instruction in those areas. However, HLC did not predict or guarantee results in any individual case.

Private Learning Center Research

Three descriptive studies of private reading centers were especially relevant to the development of the Learning Center Assessment Tool. The first study was Karen Wellman Seat's 1982 doctoral dissertation, "A Model for Program Development and Evaluation of Private Reading Centers." The

second study was Jane Eileen Kline's 1982 doctoral dissertation, "A Descriptive Study of Private Reading Clinics in Five U.S. Cities." The third study was also a dissertation completed by Marcia Robbins Wilf in 1986 entitled "A Status Report of Private New Jersey Reading Service Centers." A careful and thorough review of the literature did not find any additional descriptive or evaluative studies of private learning centers.

A Model for Program Development and Evaluation of Private Reading Centers

Seat (1982) developed a model for the optimum private reading center consisting of four areas: (a) program components, (b) personnel policy, (c) physical environment, and (d) clinic relations and business policy. Areas under program components included diagnosis/prescription, remediation, and evaluation. Within the area of personnel policy, attributes on which centers should be assessed included education and training, use of consultants, use of paraprofessionals, and clinicians' roles. Areas involving the physical environment of private reading clinics included lighting, ventilation and temperature, and physical facility. Six areas involving clinic relations and business policy included (a) client relations, (b) parent relations, (c) school relations, (d) advertising, (e) fee and billings, and (f) general business procedures.

Seat's model was validated by her dissertation

committee, by reading authorities presented in the professional literature, and through results of a questionnaire derived from the model. The questionnaire was sent to 26 private reading clinics in San Diego County, California, for self-evaluation. Eight questionnaires were returned and used in the data analysis. Seat concluded that the four components identified did indeed describe an actual learning center.

A Descriptive Study of Five Private Reading Clinics in Five U.S. Cities

The purpose of Kline's (1982) study of private reading centers was to investigate the development and operational procedures of private reading centers in five U.S. cities. Data was obtained from interviews at six private reading centers, two of which were franchises of parent corporations. Additional data were obtained from the results of questionnaires returned from 20 private reading centers. Questionnaires and interviews were designed to elicit information from centers in three areas: (a) population served, (b) operational aspect, and (c) instructional programs. Data gathered from eight interviews within the six centers were also analyzed according to city and organized according to the following categories: (a) center setting, (b) clientele, (c) personnel, (d) instructional time, (e) finances, (f) materials/equipment, (g) instructional approaches, (h) evaluation/diagnosis, and (i) summary.

Several conclusions were drawn from the data analysis of questionnaires and personal interviews regarding population served, which was individuals from elementary age through adulthood. The data showed a trend toward an increase in programs for older students and adults. Adults educated at private reading centers often applied the reading, study, and organizational skills they learned to areas pertinent to their jobs. Most clients received remedial, corrective or developmental instruction (Kline, 1982).

In an examination of the private reading center operations, Kline found that "the major functions of private reading clinics are to diagnose learner needs, prepare specific instructional objectives and to provide reading instruction" (p. 51). Results also revealed that employees of private reading centers were employed more often on a part-time rather than a full-time basis and were likely to possess bachelor's or master's degrees. Referrals from satisfied students and school district personnel provided the most common way of acquiring new students. Private reading centers were funded by tuition fees paid by students, and operated for profit. In many instances, industrial employers paid for their employees' reading instruction. The reading center was the primary location for instruction.

The private reading center programs were implemented in several ways. The majority of private centers had in-

dividualized programs, or offered small group individualized instruction. "Teaching to competency-based objectives using a direct teaching approach" (Kline, 1982, p. 84) was the instructional strategy most often used.

A Status Report of Private New Jersey Reading Service

Centers

The purpose of Wilf's (1986) study was to investigate the current practices of private reading service centers in New Jersey. The study examined practices in these areas: (a) general operational frameworks, (b) staff members or personnel, (c) programs, (d) administrative policies, and (e) physical environments. The reading service center study population was selected on the basis of (a) reference materials (e.g., Yellow Pages throughout New Jersey), (b) newspaper advertisements, and (c) personal contacts (Wilf). Data were obtained from the results of a five-part questionnaire developed and sent to professional staff members of 55 private New Jersey reading service centers. Staff members from thirty centers responded to the questionnaires.

Several conclusions about private learning centers in New Jersey were drawn from Wilf's study. First, private reading services were offered in centers under various titles or labels in New Jersey. The majority of these centers were called learning centers, psycho-educational centers, or tutoring centers. Most centers operated for profit and most had no stated philosophy.

The most common reading services offered included remedial, corrective, and developmental reading. It appeared that private reading services' respondents in New Jersey served clients belonging to various ethnic groups. However, the use of ethnic materials in the programs was not widespread. Most private center respondents served suburban communities. Private reading service center personnel did not distinguish between remedial and nonremedial bilingual students.

Many staff members of private reading service centers did not have appropriate credentials/training to provide reading instruction. Most respondents had not been actively involved in research involving reading. Few private reading service center personnel provided continuing education programs for staff members.

Few centers provided staff members with preparation periods. However, the data indicated that more than half of the respondents developed daily lesson plans for each student and that the majority of instructional programs were totally individualized. The majority of center personnel developed and used Individualized Education Plans.

Certain diagnostic tests recommended in the professional literature were underused. Some private reading service centers underutilized the procedure of determining reading expectancy for clients.

Remedial sessions in private New Jersey reading service

centers typically lasted one hour or longer. The majority of respondents used behavior modification techniques in their programs. Many respondents attempted to foster an interest in reading in their clients.

Many center personnel indicated that their programs were designed to permit a predominance of success. Almost every respondent reported that his/her center did not provide guarantees regarding performance outcome.

Some private reading service center respondents used case studies, describing client background and proposed education plan in their programs. Very few respondents used follow-up studies as part of their client evaluation procedures. Some respondents did not conduct comprehensive evaluations of clients. About half the respondents did not have established evaluation policies with clearly stated goals regarding the progress of clients. Respondents were equally divided in their policies concerning the maintenance of anonymity in their data-sharing procedures.

Few center personnel had significantly changed their programs because of educational practices (e.g., theoretical changes in field) in the reading field. Many respondents indicated that referrals to specialists outside the reading field were made. Most of the private service centers surveyed were not licensed.

There were several implications based on the results of Wilf's study. There appeared to be a need for a taxonomy of

private reading service centers, including the types of services offered, as well as a need for the titles of the centers to include the types of services listed. As it is now, when consulting the Yellow Pages, an individual would not be able to ascertain what a learning center is (i.e., a learning center might be an early childhood center, not a center for remediation).

Although there seemed to be a variety of reading services offered within private centers, the results of this study implied a need for a broader spectrum of services (e.g., accelerated reading).

The results of this study implied that private centers were serving a variety of ethnic groups and that more ethnic materials were needed and would be needed in the future to serve this growing population.

There was a need for centers in urban and rural areas within the state. The results suggested that service centers in suburban areas were only meeting the needs of clients who could afford to pay.

The results showed that a language proficiency test should be administered after center personnel have received appropriate training. If center personnel did not distinguish between the remedial student who was not bilingual, the remedial student who was bilingual, or the bilingual student who was in a remedial program because of a language problem, the client might be misdiagnosed and placed within

an inappropriate setting.

The implications for not having a stated philosophy were several. First, the philosophy had an impact on all the aspects of the center's functioning. Without a philosophy, various elements within the center (e.g., programs) might not be cohesive. Second, consumers of reading service centers had the right to know what the philosophy was. Without it, making a choice of a center was difficult and uninformed.

There was a need for states to mandate appropriate teaching credentials for all persons involved in the delivery of reading services in private centers. Without proper staff credentials, clients would not be accessing the best service available in the field nor acquiring the necessary reading skills for success in educational, social, and vocational situations.

There was a need for continued professional development for staff members. Without continued education programs for staff members, there would be a lack of knowledge, understanding, and simple awareness concerning the most recent developments in the field of education.

The research suggested a need for preparation periods. However, because most staff members only worked part-time, there might be a need for staff members to do preparations at home. In any event, preparation periods were important.

The provision of daily individualized lesson plans im-

plied that staff members were prepared to some extent, and that programs were somewhat tailored to individual needs.

There appeared to be a need for utilization of conventional diagnostic tests within the reading field. Staff members might not be aware of the literature concerning tests which accompanied reading programs. This might be particularly true if they had not had adequate training within university or through work experiences. Moreover, staff members might be using tests constructed by their friends or themselves, perhaps, because conventional, published tests were expensive to purchase.

Staff members needed to determine reading expectancy levels of clients. By not determining reading expectancy levels, staff members might not get an adequate assessment of a reading disability. Without precise methods of determining expectancy levels, personnel might not be able to ascertain whether or not clients would be included in a program of remediation. Center personnel might not be able to determine how many remedial staff members would be needed within the centers. Furthermore, comparisons might not be made between reading expectancy levels and reading achievement. This implied that the determination of the cause of reading disabilities and the disability itself might not be accurately assessed.

There appeared to be a need for private reading center personnel to offer more specificity of time segments for in-

dividual clients. Because adults had longer attention spans within these centers, having sessions one hour or longer might be economically and administratively more feasible for some.

There was a need for respondents to require parental release forms. Parents and center personnel might not know the legal requirements and consequences concerning these forms.

It was reported that the majority of instructional programs were totally individualized. This implied that many center personnel might be following the Guidelines for the Professional Preparation of Reading Teachers. Furthermore, individualized programs might be contributing to optimal learning conditions.

Many center personnel indicated that their programs were designed to permit a predominance of success. Under these conditions, anxiety levels might be minimized, whereas motivation might be maximized. Moreover, self-confidence might be positively affected. In addition, the use of materials matching the clients' instructional levels might allow clients to feel successful and comfortable. The majority of respondents reported the use of behavior modification techniques in their programs. This suggested that reading center personnel recognized that their clients might need re-enforcers for motivational purposes or to eliminate problems of attention to task.

Many respondents reported that they attempted to foster an interest in reading in their clients. This implied that center personnel were trying to motivate clients to become consistent readers. Furthermore, respondents might be using reading materials to try to foster an interest in reading.

Many respondents indicated that their clients' instructional programs were changed as needed. Programs sensitive to clients' changes and progress implied that programmatic structure might be flexible. However, personnel appeared to be less responsive to changes in educational practices (e.g., theoretical developments in the field). This was due to the lack of awareness of new educational practices and to the lack of ongoing staff educational programs in reading centers.

The results indicated that the majority of center personnel developed and used Individualized Education Plans. This suggested that respondents were aware of or might be adhering to the statute requirements mandated by the 1975 Education for Handicapped Children Act (PL 94-142).

There might be a need for personnel to utilize case studies more effectively in their programs. The results of Wilf's study suggested that personnel might not know how to develop case studies. Furthermore, center directors might not be aware of emphasizing the development of IEPs in lieu of case studies. Center personnel might not be aware of or adhering to the IRA Guidelines for the Professional Prepara-

tion of Reading Teachers which suggested that case studies should be developed in conjunction with professionals in related areas.

Many respondents assigned homework to remedial students. This might be a reflection of the fact that sessions might be meeting only a few times a week. Assignments might be given to provide continuity between sessions. The literature suggested that voluntary reading was the most appropriate type of reading for homework assignments. There was no indication as to whether this, in fact, was the case. On the other hand, assignments given for poor readers at the beginning of the remedial program might not be a good idea. If given before clients had the needed confidence or skills, they might not be able to derive pleasure from the reading process and might develop a negative attitude toward reading.

There was an even distribution of respondents who indicated that they did not maintain anonymity in data sharing. This implied that respondents might not be adhering to various codes of ethics which required this (e.g., NJEA, Interpretations of the Code of Ethics of the Education Professional). It was surmised that some reading service center personnel were not functioning at the highest level of professionalism.

Almost all respondents reported that their centers did not provide guarantees regarding performance outcomes. This

suggested that, whether knowingly or not, these respondents were in compliance with the "Code of Ethics" of the IRA.

There appeared to be a general lack of established evaluation policies with clearly stated goals regarding the progress of clients. Personnel might not be tracking the clients' progress by examining teaching methods and testing. Without systematic client evaluation, it was not possible to ascertain when instructional objectives had been met and to what extent. This suggested that personnel might not be determining the most appropriate cause of instructional or remedial programs.

Follow-up studies were not reported as part of the client evaluation procedures. Personnel did not monitor the effectiveness of their instructional programs or the presence of lasting improvement in the students' reading. Thus, they might not be aware of new problems which might arise after the student has left the program.

There appeared to be many respondents who made client referrals to specialists outside the reading field but not to specialists within the reading field. This was in compliance with both the IRA "Code of Ethics" and the Guidelines for the Professional Preparation of Reading Teachers. Both advocated making referrals to outside specialists as needed. There was no indication as to what precipitated referrals.

Most center personnel reported that they were not con-

ducting research at their own centers or in conjunction with outside agencies. Respondents might not be aware of the IRA "Code of Ethics" which suggested that research should be conducted and the results disseminated. Personnel might not be aware of the IRA Guidelines for the Professional Preparation of Reading Teachers which stipulated that reading educators should conduct research studies. Personnel might not be conducting research because of the time and cost elements involved. Thus, they would not be assessing the effectiveness of their instructional programs through controlled methods.

Most of the centers were profit-oriented and were not eligible for funds from government or private sources. The fact that most centers were located in suburban areas might be a result of the need to service clients who were financially able to pay. Financially less able students might be excluded from receiving these private services. Another implication was that centers might limit services to those which were the most profitable, such as the service of diagnosis. There would be neither money for conducting research or for purchasing equipment and materials nor any money for scholarships. Centers might also be forced to hire less qualified staff who might accept lower salaries.

There were several implications resulting from the fact that most centers were not licensed. There was no quality assurance mechanism for these reading services. There might

be no protection for the consumer from unqualified reading service providers.

Few respondents reported that their centers had entered into contractual relationships with local school districts. Respondents might not be aware of new state legislation which permitted private agencies to provide services to educationally handicapped students. Requirements which must be met may not be known by center personnel.

Evaluation Models and Assessment Instruments

Introduction

Evaluation "is the process of establishing value judgments based on evidence about a program or product" (Smith & Glass, 1987), with program being defined as any organized set of activities for performing some service, such as a private learning center; and evidence defined as the result of design, measurement, analysis, and the reporting of data pertaining to the features of the program and its effects. The LCAT was designed to look at the evidence of a private learning center and make a value judgment about that center based on the evidence. The Phi Delta Kappa National Study Committee on Evaluation (Stufflebeam, Foley, Gephart, Guba, Hammond, Merriman, and Provus, 1971), also stressed judgment as they defined evaluation to be "the process of delineating, obtaining, and providing useful information for judging

decision alternatives (p. 40). Despite differences in conceptual frameworks of evaluation, there was consensus in the literature about the decision-making role of evaluation.

History of Evaluation

"Concepts of evaluation have changed over the years. They have changed in relation to such issues as who is to be evaluated, what is to be evaluated, and how evaluations are to be made" (Merwin, 1969, p. 6). Beginning with the curriculum reform movement in the early 1950's, program evaluation has received considerable attention.

Roots of program evaluation began with the concern with judging worth of programs in any public service. As public service grew, so did the demand for accountability. Early evaluation was nothing more than descriptions (or countings of services rendered) (Anderson, Ball, Murphy, & Associates, 1975).

Anderson et al. (1975) suggested that answers to questions regarding education programs could not be provided by routine statistics, but more sophisticated measurement techniques were needed. To address this need, the Federal Bureau of Education (later the United States Office of Education) was directed to "show the condition of progress of education in the several states" in the mid-nineteenth century (Cronbach & Suppes, 1962, p. 37). They conducted surveys which provided a rough listing of services that schools offered, but supplied little assessment of outcomes.

When these surveys were used to determine worth of schools, the conclusions were often wrong or misleading.

E. L. Thorndike made important contributions to American educational research in the studies of curricula and the educational value of various subject matter. He performed one of the first instructional materials evaluation, analyzing the adequacy of arithmetic textbooks and also investigated the usefulness of arithmetic drill exercise.

J. M. Rice was also a pioneer in educational evaluation. In 1892 Rice visited thirty-six cities, talked to 1200 teachers, and wrote a criticism of the bane curriculum and political schools (Anderson et al., 1975). G. Stanley Hall founded the child-study movement and developed the use of questionnaires in educational research. He conducted studies on the service of curriculum revision and assistance to teachers.

"Ralph W. Tyler during the 1930s laid the foundations for the evaluation movement as we know it" (Anderson, et al., 1975, p. 29). He advocated a broader range of student assessment and sought possibilities for new types of instrumentation. His major contribution was his insistence on defining goals and objectives of programs in behavioral terms and making them the basis of instrument development and evaluation.

Program evaluation continued to gain prominence during

the post-Sputnik drive to revise school curricula in science, mathematics, and the humanities. Evaluation received further support when Title I of the Elementary and Secondary Education Act of 1965 was enacted. As money was allotted to schools for special programs to assist disadvantaged children, annual evaluation was required to measure the effectiveness of the programs. In addition, in the past thirty years, the proliferation of new technology (television, tape recordings, films, computers, etc.) encouraged evaluation studies in order to assess their value.

Beginning in 1973, "the field of evaluation began to crystallize and emerge as a distinct profession" (Stufflebeam & Shinkfield, 1985, p. 22). At that time, however, evaluators faced an identity crisis, uncertain of their role or the qualifications necessary to be an evaluator. There were no professional organizations dedicated to evaluation; virtually little literature about educational evaluation existed; and studies were "fraught with confusion, anxiety, and animosity. Educational evaluation as a field had little stature and no political clout" (Stufflebeam & Shinkfield, p. 23).

Progress that has been made in evaluation since that time has been remarkable. A number of journals, including Educational Evaluation and Policy Analysis, Studies in Evaluation, CEDR Quarterly, Evaluation Review, New Directions for Program Evaluation, Evaluation and Program

Planning, and Evaluation News were all begun and have proven to be excellent vehicles for sharing of information about evaluation. Numerous books were written and dealt exclusively with evaluation, and universities offer programs in evaluation.

Stufflebeam & Shinkfield said that the substantial professional development in education evaluation produced mixed results (1985). Although there was significantly more information produced about evaluation, there was also an enormous amount of "chatter" (Cronbach, 1980). Many different methods, procedures, models, paradigms, and approaches emerged from the chatter. Those were reviewed in this study to find an appropriate framework from which to develop the LCAT.

Evaluation Paradigms, Models, and Approaches

A paradigm was defined as an organizing framework consisting of a set of beliefs and assumptions (Smith & Glass, 1987). Smith and Glass suggested that within these paradigms existed many models and approaches with which to design evaluation studies. Borich and Jamelka recommended that researchers must have a better understanding of the concept of model in evaluation (1982). Evaluators developed and used models in the hopes that once a model was established it could be used in a variety of contexts. As Stake (1981) pointed out, evaluation models have been mistaken as methodologies for actually conducting evaluation instead of

frameworks within which more specific constructs could be placed. Evaluation models should provide guidelines or heuristics for thinking about how an evaluation could be conducted. Models in evaluation should pose questions, not answer them.

Smith and Glass (1987), with the above constraints in mind, described four alternative paradigms which were distinguished from each other by their primary conceptions of what evaluation was. The four paradigms were: (a) evaluation as applied research, (b) evaluation as part of systems management, (c) evaluation as professional judgment, and (d) evaluation as politics. Each paradigm was described and examples of models were presented.

Evaluation as applied research.

The first paradigm, evaluation as applied research, was based on the idea that "because of imperfect program design or implementation, many educational and social innovations are bound to fail. Therefore, it is in the best interest of society to weed out systematically the ineffective from the promising innovations" (Smith & Glass, 1987, p. 39). In this paradigm, the audience was assumed to be official policy makers; policy makers, when presented with experimental data, would make rational decisions; and clearly specified program goals were few in number and agreed upon by all parties. The most important assumption was the belief that the experimentally controlled comparison was the

most valid way to produce evidence that the program produced results. The methods for evaluation in this paradigm were experimental or quasi-experimental and the methods for judging evaluations were internal validity and utility for policy makers (Smith & Glass).

Evaluation as part of systems management.

The second paradigm described was evaluation as part of systems management. Users of this paradigm thought of organizations such as schools as closed systems of inputs, operations, and outputs. The evaluator's task was to describe the parts of the closed system, relate them to each other, and provide the information to a manager to make appropriate decisions. The concept of evaluation was comparing outcomes with inputs. Evaluators who used this method were likely to use surveys of achievement or satisfaction, or needs assessments. The primary audience was the managers and evaluations were judged according to their usefulness for managers, their timeliness and credibility, and their technical adequacy.

Three models within the systems approach were named: (a) Tylerian model, (b) PPBS, and (c) CIPP model. The Tylerian model was named after Ralph Tyler who thought of evaluation as a sequence of steps. The accountability movement, the behavioral objectives movement, and the mastery testing and mastery education movement were Tylerian. The second model, PPBS (planning, programming, and budgeting

system) sought to identify the goals and objectives of a system, and then broke them down into subprograms. The subprograms were analyzed according to their costs and alternative subprograms (interchangeable activities that would likely accomplish the same objectives) were then proposed, each one subjected to cost analysis also. This technique was a comparison of actual accomplishment to program objectives (Smith & Glass, 1987). Model three, the CIPP model, identified four components to evaluation: context, input, process, and product. It was defined as a continuing, cyclical process of asserting decision makers by delineating what information was needed to clarify decision alternatives, then obtaining that information and interpreting it so that the decision makers could make the best use of it.

Evaluation as professional judgment.

The third paradigm, evaluation as professional judgment, "emphasizes the notion that judgments about the quality of a program are best made by those with the most expertise" (Smith & Glass, 1987, p. 44). In this paradigm, the expert judged the program against established standards in the field and any deficiencies in the program were brought to the attention of the program director. Methods used for this evaluation were direct observation and interviews of participants. Checklists were used, based upon criteria established in the field. The assumption was that the important features of the program would be revealed to

the expert by whatever method used. The audience was program administrators and relevant professional associations and the criteria for judging the evaluation was comprehensiveness, credibility, and adoption of the recommendations of the experts. It is the evaluation as professional judgment paradigm that this study and development of the LCAT was based.

The accreditation model was one of the most pervasive models within the paradigm of professional judgment. The model was mentioned by educators, social workers, lawyers, and doctors as being a favorite evaluation technique. Many schools underwent the accreditation process whereby the first step was the self-study. Schools established committees to gather data on school functioning on various criteria. The programs were described and then a team of experts visited the school, observing and interviewing. The team used standard checklists to guide the study. The team then prepared an evaluation report that pointed out the strengths and weaknesses of the program. On that basis, a school may or may not receive accreditation. Although the instrument designed for this study was not intended to accredit a private learning center by a formal organization, the purpose of the instrument was much the same - to gather data on learning center functioning based upon a standardized checklist and evaluate the center based on collected data.

Eisner (1979) suggested the connoisseurship model of evaluation which also fit the professional judgment paradigm. In the connoisseurship model, the connoisseur perceived and made more distinctions, and was able to recall experiences with hundreds of similar programs so that comparisons could be made. The best person to evaluate was the connoisseur and the best method was the critical review. The connoisseur evaluated the qualities of a single case and when the qualities were understood, a public declaration was made. The public declaration was a narrative description of the features of the case.

Evaluation as politics.

The fourth and final paradigm, evaluation as politics, was conceived by evaluation theorists who argued that politics and evaluation were inextricably mixed. The role played by evaluation in a democratic society was defined by Cronbach as "a process by which society learns about itself" (1980, p. 2). The mission of evaluation was to enlighten all participants in society to facilitate the democratic process. Because there were so many layers and factions in society always competing for goods and services, the evaluation became an object of political struggle and control. The methods used in this model were more varied and eclectic (Smith & Glass, 1987) than in other evaluation models. Experiments were occasionally used but only with other methods. Designs were flexible, to accommodate shifting

circumstances. A series of small designs using multiple methods and perspectives was recommended and worth of the evaluation was to ascertain the extent to which the participants have been enlightened and could participate in the policy making process.

Robert Stake (1975) described his responsive evaluation model within the political paradigm as a model that was responsive by orienting more toward program activities than to program interests. The evaluator conceived a plan of observations and negotiations. He observed and analyzed the observations. Finally, he prepared a narrative to describe the findings. Other evaluation models similar to the responsive one were called qualitative (Patton, 1980), naturalistic (Guba & Lincoln, 1981), and transactional (Rippey, 1973). All emphasized descriptive, qualitative data such as those found in case studies, and a commitment to obtaining multiple perspectives and multiple value positions relative to the program (Smith & Glass, 1987).

One final important description of evaluation was provided by Scriven who emphasized that the evaluator's role was always to judge value. He concluded that evaluation has two main roles: formative, to assist in developing programs and other objects; and summative, to assess the value of the object once it has been developed and placed on the market.

Formative evaluation was an integral part of the development process, providing constant feedback to assist

in planning and building. It was done to assist developers in improving what they are developing. Summative, on the other hand, "serves consumers by providing them with independent assessments that compare the costs, merits, and worths of competing programs or products" (Stufflebeam & Shinkfield, 1985, p. 316). A summative evaluation would help a decision maker determine whether the finished product represented a sufficiently significant advance on the available alternatives. Summative evaluation reports were directed toward those who set policy (e.g., whether to use a program for students, whether to recommend a program for students, etc.). Summative evaluation was the assessment of an already developed program, where the evaluator began work as the formative evaluation was completed.

Four evaluation paradigms with corresponding models were reviewed to show scope and variety of ideas in existence regarding evaluation, what it was, and which model worked best for which kind of assessment. The purpose of this study was to create an assessment tool to assess private learning centers. It was necessary to define assessment and how it related to evaluation paradigms and models presented.

Assessment

Although the term assessment was often used interchangeable with evaluation, assessment, used precisely, had a narrower meaning than evaluation. "In its derivation, the

word assess means 'to sit beside' or 'to assist the judge'" (Anderson, et al, 1975, p. 27). Assessment was limited to mean the process of gathering data and fashioning them into interpretable form; judgments could be made on the basis of the assessment.

Assessment focused on a number of variables judged to be important and utilized a number of techniques to assay them, such as tests, questionnaires, interviews, rating scales, etc. Assessment preceded the final decision-making stage in evaluation and the results of the assessment assisted the decision-making process.

Questionnaires as assessment tools.

To assess the services of a private learning center, a questionnaire was developed. A questionnaire was defined by Anderson et al. (1975) as a group of printed questions used to elicit information from respondents by means of self-report. Questionnaires had several advantages:

- (1) They were relatively inexpensive to administer, since they were completed by the respondent without an interviewer present.
- (2) They could be distributed quickly and inexpensively through the mail, or could be administered to a group of people at once.
- (3) They could be answered by each respondent at his or her own pace.
- (4) They could be designed to maintain anonymity.

(5) They could be standardized.

Like all instruments, questionnaires have disadvantages. The principal problem was reported to be their potential reactivity, or the tendency of respondents to alter responses (Smith & Glass, 1987). Therefore, it would be difficult for the researcher to determine the validity of the instrument.

For years, survey researchers have developed questionnaires and conducted questionnaire design research. Improvements in questionnaire design have been less impressive than other phases of survey measurement processes, such as sampling and data processing (Lessler, Tourangeau, & Salter, 1989). The research also suggested although there are many errors made in constructing questionnaires: "plural instead of singular items, jargon-laden questions, too much verbiage, poor grammar, overly complicated syntax, obtuse wording, and violation of any or all of Stanley L. Payne's 101 rules set forth in The Art of Asking Questions (1951)" (Patton, 1982, p. 139) the more serious problems were conceptual in nature. Researchers recommended that clear thinking about the kinds of information needed is important in the fundamental task of writing a questionnaire. Patton reported that questionnaires generated more worthless data than any other form of research. Researchers were warned to focus evaluation questions carefully in order that a questionnaire would be useful.

Questions for questionnaires came from three sources, according to Patton's (1982) research. First, information users and decision makers were the main source of questions. Second, the questionnaire writer's time in the field, observing what was happening, talking to program participants, learning their concerns, and developing insights into the program firsthand was an important source of questions for the questioner. A third and equally important source of questionnaire items was other questionnaires that have been used for similar purposes. For this study, questions primarily came from the third source, another questionnaire that was proven valid and deemed reliable by experts in the field and was used for a similar purpose. Information users and decision makers helped revise the questionnaire and the researcher's time in the field also served as a source in the final development of the questionnaire.

Summary

The review of the literature yielded information regarding the history of learning, psycho-educational, and tutoring centers; as well as reading clinics. There were three major private learning centers currently mentioned in the literature, all of which do essentially the same thing. There were three current sources of information regarding private learning centers, all

doctoral dissertations completed since 1982. Finally, a review of the research was completed on the history of evaluation in education, evaluation paradigms and models, and assessment in the form of questionnaires.

The literature revealed little information concerning the assessment of private learning centers. The reason might be due to the relative newness of the industry, or because there were no sets of specific assessment criteria established to assess a private learning center.

As the number and the popularity of private learning centers grows, so does the need for an objective and reliable learning center assessment tool. This tool can be used by school district personnel to quickly and effectively assess and compare the academic services of private learning centers that might provide supplemental instruction to students from their schools. This study presents the research undertaken to design such an instrument.

CHAPTER III

Methodology

Introduction

The purpose of this study was to develop a learning center assessment tool (LCAT) for the assessment of academic services of a private learning center.

Using the research and development (R & D) process as defined by Borg & Gall (1983), the researcher took the generated findings from the review of the research and used them to develop a product for school district decision makers to use in assessing private learning centers. The steps of the research and development cycle consisted of first, collecting information. This step included a thorough review of the literature. Second; planning, implementing, and analyzing the data collected from the review of the literature was completed. Third, a preliminary form of the product (a prototype) was prepared. Fourth, a preliminary field test using the prototype was completed using the expertise of school superintendents and learning center directors. Fifth, the preliminary instrument was revised and a final product was produced which was then

returned to the field for final operational field testing.

Stufflebeam and Shinkfield (1985) defined this type of assessment tool as support to a consumer-oriented study. The purpose of such a study was "to judge the relative values of alternative goods and services and, thereby, to help taxpayers and practitioners to make wise choices in their purchase of goods and services" (p. 55). The assessment tool's purpose in this study was to do just that.

Evaluation as Professional Judgment

"The professional judgment paradigm of evaluation emphasizes the notion that judgments about the quality of a program are best made by those with the most expertise" (Smith & Glass, 1987, p. 44). Thus, movies are judged by those with knowledge in cinematic art; social studies programs are assessed by master social studies teachers; and community mental health centers are evaluated by experts in the field of mental health. The expert judges the program or product against established standards in the field. Any deficiencies are brought to the attention of the program or product administrators. A checklist based on the criteria established in the field can be used by the expert judges (Smith & Glass). The audience for such an evaluation consists of program administrators (in this case, school administrators) and the strength of such an evaluation is based on the comprehensiveness and credibility of the checklist.

The accreditation model of evaluation is one of the most pervasive evaluation models in evaluation, and is familiar to professionals in education. For example, schools belong to accrediting organizations and, in order to belong, must undergo periodic assessment. Standard checklists are completed by experts in the field of education and an evaluation report on the school is then prepared based upon the information from the checklist. School accreditation occurs based on the results of the evaluation report.

This study was developed under the guidelines of the above evaluation paradigm. The instrument was devised for use by experts in the field of education to compare a private learning center against recognized standards in the field of education. Although there is no accreditation available for private learning centers, the purpose of the LCAT is much the same as the accreditation model, although simpler in process. School administrators could assess the attributes of a private learning center and based on that assessment, make recommendations regarding the suitability of its supplemental instruction for the students of the school district.

The general instrument development outline suggested by Borg and Gall (1983) provided the format for developing the LCAT. The design phases included (a) target population specification, (b) definition setting, (c) a review of related measures, (d) item pool generation, (e) prototype

development, and (f) prototype testing. Procedures are described next followed by the design phases of the instrument.

Procedures

The following procedures were used in the design and validation of the LCAT:

1. A review of the literature pertaining to the history of learning centers and the description of major learning centers in the market place today was completed. The researcher found a model for private reading clinics and a questionnaire to determine conformity to the model which formed the framework for the LCAT.

2. A learning center assessment tool was designed, based upon a synthesis of the review of the research, a questionnaire already developed and validated, and the researcher's knowledge and experience in the field, to address the critical academic service issues of a private learning center. Those issues were (a) student diagnosis and placement, (b) instructional strategies, and (c) ethical and legal considerations.

3. Sample One, a panel of superintendents, reviewed the LCAT preliminary prototype and made suggestions regarding its content, language, and suitability.

4. The LCAT was revised to make collection and

analysis of data easier for Sample Two.

5. Sample Two, a panel of learning center directors, reviewed the revised LCAT and made suggestions regarding its content, language, and suitability.

6. The LCAT was revised to incorporate the suggestions from the superintendents (Sample One) and the learning center directors (Sample Two).

7. A third panel of elementary principals (Sample Three) used the LCAT to assess a private learning center in an operational field test.

8. The LCAT was revised a final time, based upon the recommendations from Sample Three.

Instrument Design

Fowler suggested that the procedures used to construct an instrument had a major effect "on the likelihood the resulting data will describe accurately what is intended to be described" (1984, p. 12). Borg and Gall said "with careful planning and sound methodology, the questionnaire [instrument] can be a very valuable research tool in education" (1983, p. 415). Instruments need to have clear instructions, and must be concerned with who will be asked the questions. Using the design phases recommended by Borg and Gall, the design process is described.

Target Population

The end users of this instrument were defined as: (a) school district personnel interested in assessing a private learning center in order to make recommendations regarding its applicability as a source of supplemental instruction for school district students, and secondarily, (b) learning center owners or directors who assess their own centers with the instrument for purposes of improvement, comparison with other centers, credibility with potential clients, licensing, or marketing strategies.

Samples

There were three samples in this study: (a) school superintendents, (b) private learning center directors, and (c) three school principals noted for their expertise in the field of education. School superintendents and learning center directors were chosen to serve in two distinct samples to provide a check and balance to the instrument critique. Because center directors work for a profit-oriented business, it was conceivable that their motives for center assessment might be different than superintendents. Therefore, two samples were used to help eliminate any inappropriate bias.

Two basic methods of sampling are used in research: probability and nonprobability. A probability sample is one in which each person in the population has an equal chance of being selected. Because the samples for this study

needed to be 'experts' in education; nonprobability, purposive samples were used (Fink & Kosecoff, 1985) where people were purposely selected for what they knew. Fowler said an important design issue was how well the sample frame corresponded to the population the researcher was trying to reach (1984). It was known to the researcher that all the individuals in the samples were representative of the end users who would be using the assessment tool. All superintendents had been approached by private learning center personnel to endorse private learning centers located within their district boundaries and all learning center directors expressed a desire for a means to show superintendents and other appropriate community members their center's worth.

Sample One.

Sample One was comprised of five school superintendents in San Diego County, California. Their school districts were representative of elementary, K-12, and over 20,000 students. Members were all male, ages 40 to 60. 15 years was the average length of time the members had served as superintendent. Sample One's task was to evaluate the preliminary draft of the LCAT, commenting on content, language, and suitability.

Criteria for selection to this sample included: (a) private learning center(s) were located within the boundaries of the school district in which sample member was superintendent, (b) the member's level of education was a doc-

torate which supported the researcher's desire for 'experts', (c) in initial discussions, the members demonstrated an interest in the research subject and LCAT as a tool, (d) all members were within San Diego County, and (e) all were willing to participate in study.

Superintendents were selected as members of Sample One, as opposed to other school administrators, for the following reasons:

(1) Superintendents had more years of administrative experience and practical experience in working with businesses than any other administrators in a school district, which added to their level of expertise.

(2) Private learning centers approached superintendents for endorsement of their centers and for permission to distribute marketing material in each of the district schools. Although superintendents might delegate the responsibility for determining the advisability of such requests to other district administrators, the ultimate decision and approval was made by the superintendent.

Sample Two.

Sample Two consisted of the directors of five private learning centers in San Diego County. These private learning centers were representative of the private learning centers described in Chapter II (one from Sylvan Learning Center, one from Huntington Learning Center, two from Britannica Learning Center, and one from Windsor Learning Center).

Sample Two respondents' responsibility was to comment on the first revision of the preliminary instrument (which was based on Sample One's critique), regarding content, language, and suitability. Members were two male and three female, between the ages of 25 and 40. Two members had a business background and three members came from an education background. Members had been center directors from 3 to 10 years.

Criteria for selection to this sample included: (a) the learning center was located within the boundary of San Diego County, (b) the member was the director and educational leader of center, (c) in initial discussions, the members demonstrated interest in the research subject and LCAT as a tool, (d) the member was willing to participate in study.

Sample Three.

Sample Three was comprised of three experts in the field of education whose task was to assess a private learning center, using the revised LCAT. The sample consisted of three elementary school principals. All members were female between the ages of 40 and 50, serving as principal an average of 13 years. They were identified as experts because of their participation in evaluation and assessment activities in their school districts, the awards given to them because of expertise in their profession (e.g., principal of the year, educator of the year, etc.), and the

types of additional responsibilities they were assigned because of their knowledge and expertise (e.g., chairperson of textbook selection committee).

Criteria for selection to this sample included: (a) a private learning center was located within attendance boundary of the school at which sample member was principal, (b) principal was knowledgeable of learning centers and their attributes, (c) principal was expert in the field of education and had either served on an evaluation team for some educational program, product or had been the recipient of an accreditation review at her school, (d) principal was knowledgeable of different evaluation techniques used for products and programs in education, and (f) principal was willing to participate in the study.

Participation in all three samples was voluntary and all participants were assured of confidentiality of their responses. They signed a consent form which stated the purpose of the study, that there were no anticipated risks, the personal benefit was receiving a copy of the LCAT when completed at no charge, and the estimated time requirements. The research study received approval from the University of San Diego Committee on Protection of Human Subjects.

Definition Setting

A definition of the critical academic service issues of a private learning center was developed and referred to during the study, in order to make sound decisions regarding

the instrument construction. Using the analysis and synthesis of literature from Seat's research (1982), Wilf's research (1986), and the information retrieved from the three learning centers described in Chapter II, a comprehensive list of factors which influence private learning center operation and ethical clinical practices was defined.

Because of the complex nature of the learning act "and varying philosophical views of the nature of man, no single theory has been generally recognized as providing the definitive portrayal of what the act of [learning] involves" (Seat, p. 97). A consensus of opinion of how students should be taught has not emerged. Consequently, there were many models of instruction incorporating theories from varying disciplines which private learning centers use. "While some . . . programs are based solely upon the theory of a given model, others eclectically borrow from varying orientations. Still others may have developed, through synthesis, their own, unique programs which incorporate aspects from more than one model . . ." (Seat, p. 99).

Despite the many models of instruction, there was general agreement as to the major components of the instructional approach in clinical settings: "clinical teaching may be described as a circular process involving the phases of diagnosis and prescription, remediation, evaluation, and modification of diagnosis" (Seat, 1982, p. 100). A discussion of those components follows.

Diagnosis.

Educators have given general endorsement to the following principals and procedures associated with diagnosis in education. First, the diagnostician should have a thorough knowledge of the learning process and procedures of instruction. Diagnosis should be cyclical, whereby data is analyzed, prescription is given, instruction takes place, and data is analyzed again. Third, diagnosis should be directly related to the instruction. Finally, the diagnosis should be thorough but concise (Seat, 1982).

The research supported the position that a potential client of a learning center should take part in initial screening to determine if he or she would profit from instruction at the center. If initial testing was inconclusive, more in-depth study was necessary.

Remediation.

Fundamental to remediation in instructional programs were the following principles: (a) remediation must be individualized, (b) remediation must be flexible, (c) instructional program should be goal centered, and (d) instruction should result in skill development. It was inherent to a good remediation program that all professionals involved with the student interacted and cooperated.

Remediation materials should meet the following criteria, according to Seat (1982): (a) content of material should correlate to the chosen remedial approach,

(b) practice exercises for individual skill development should be isolated easily, (c) level of difficulty should match student's instructional level, (d) content should be appropriate to student's age, and (e) brief lessons with self-correcting competent were recommended for part of the instruction.

Because each remediation theory or approach had strengths and weaknesses, an ideal instructional program should be devised based upon the needs of the student, matching those needs to a theory of instruction that would best serve the student. Consequently, an eclectic approach was proven quite successful in clinical remediation.

Evaluation.

"The importance of a well-planned evaluation component in the school reading program has long been recognized by educators; yet such a component is no less essential where the private reading clinic is concerned" (Seat, p. 106). This statement was generalized to any educational instruction in learning centers. Well-planned evaluation was critical. While Seat's research showed that guidelines must be flexible to accommodate differing theories and philosophies, the following principles were sanctioned by educators as guiding principles in the development and implementation of evaluation: (a) a learning center should have an established evaluation program with clearly stated goals directed toward student progress, (b) evaluation

should be ongoing, (c) stated objectives should be specific and observable, (c) objectives should be individualized and attainable, (d) evaluation should be informal and formal, (e) a center should have established entrance and exit standards, (f) follow-up studies to evaluate retention should be carried out, and (g) students, teachers, and parents should be involved in the evaluation process (Wilf, 1986).

Ethical and legal considerations.

In addition to the diagnosis, instruction, and evaluation components of a learning center, ethical and legal practices were also an important aspect to consider in assessment. The Buckley Amendment (P.S. 90-247), "Right to Privacy" statutes of the individual states, and the Education for All Handicapped Children Act (P.L 94-142) have been used to interpret legal guidelines for client/learning center relations.

Learning center policy should ensure that clinical diagnosis be handled by qualified personnel and that personnel "thoroughly understand the cultural bias issue as it relates to testing and compensate accordingly for any bias that may be present on tests" (Seat, p. 114). The center should ensure that no information concerning the child be released without written parental permission.

California's Code of Ethics of the Teaching Profession offered guidelines in establishing policies regarding client

acceptance and performance guarantees. Students should only be accepted who are likely to benefit from the services, without regard to race, sex, color, creed, or national origin. Performance guarantees should be made with caution.

California law authorized educators to share with outside agencies statistical data regarding students, but the educators must "adhere to legal and ethical requirements that the pupils must not be identified and that the clinic-client relationship not be used for private advantage, including commercial gain" (Seat, 1982, p. 115). The center should also have available for parent or teacher review, any materials to be used for research or experimentation to explore unproven educational practices or techniques.

A number of states and federal legislation provided direction regarding parent-clinic relationships. Parents had the absolute right of access to their children's education records. All information obtained from parents must remain confidential unless written permission is obtained, and parents must be fully informed of any release they sign.

Private learning centers should work closely with schools to maximize their clients' successes but written consent from the parent must be obtained before any information can be exchanged. Seat's research showed that although there was legal uncertainty regarding the parameters of a private learning center's responsibility in conjunction with interpretation of center reports to schools, legal

authorities believed that centers had a legal and moral obligation to make sure any report was understood and not misused by the school. "This follow-up obligation extends to the clinic taking whatever steps may be necessary to rectify inappropriate placement" (Seat, 1982, p. 117).

Frequent and consistent interaction between private learning centers, and schools and parents were necessary from an instructional point of view, required from a legal point of view, but more importantly, valuable to the student's success.

Seat's research in 1982 developed a model of program development and evaluation of private reading clinics. That model was validated by her doctoral dissertation and confirmed in a letter to Karen Wilf from Associate Dean of Education of the University of Southern California (Wilf, 1986). Seat's model was developed by reference to literature with a documented source for each question. Seat chose to evaluate four areas of a reading clinic based on her review of the research: (a) program components; including diagnosis, remediation, and evaluation, (b) personnel policy, (c) physical environment, and (d) clinic relations and business policy. In 1986, Wilf amended Seat's questionnaire to evaluate reading clinics in New Jersey. She divided her evaluation into five areas: (a) general operational framework, (b) personnel, (c) program, (d) policies, and (e) physical environment.

Based on the objective of this study, which was to assess the academic services of a private learning center, the researcher used (with permission) the portion of Seat's questionnaire that addressed evaluation and placement, instructional strategies, and ethical and legal considerations in the operation of a private learning center. These three areas were synthesized from the research as the components impacting academic services in private reading clinics. The assumption was made that they could be generalized to include learning centers as well.

The researcher referred to the previous discussion as the instrument was developed to ensure that the instrument design was being structured by the objectives defined.

Review of Related Measures

The researcher reviewed all pertinent literature in the search for an instrument already developed that could assess the academic services of a private learning center. As Borg and Gall suggested, a researcher must find out all that others have done and what remains to be done before a research project such as this study could contribute to the furthering knowledge in the field (1983).

To conduct the review, these key phrases were identified: learning center, private learning center, reading clinic, private reading clinic, evaluation, assessment, evaluation instrument, evaluation model, assessment tool, and assessment instrument. A computer search was utilized

to check preliminary sources, using the following data bases: (a) Educational Resources Information Center (ERIC), which includes Resources in Education (RIE) and Current Index to Journals in Education (CIJE), (b) Psychological Abstracts and PSYCINFO, (c) Exceptional Child Education Resources Index, (d) Comprehensive Dissertation Index, (e) Smithsonian Science Information Exchange (SSIE), (f) Magazine Index, (g) National Newspaper Index, (h) Social Science Citation Index, (i) Special Education Materials, and (j) Dissertation Abstracts International and Comprehensive Dissertation Index.

Having completed this review, three descriptive studies of a general nature concerned with private reading centers were found (Kline, 1982; Seat, 1982; Wilf, 1986). Both Seat and Wilf developed a questionnaire to survey private reading centers. Those two instruments were the only related measures applicable to this study. Seat's questionnaire was used as a framework for the development of the LCAT.

Item Pool Generation

Item pool generation came from the review of the literature, Seat's questionnaire, and the defined objectives of the study. Individual questionnaire items were formulated to gather data relevant to the objectives and purpose of the LCAT.

Seat's (1982) questionnaire was used as a basis for the LCAT. A letter giving Seat's permission for utilization of

her questionnaire is in Appendix A, as well as her instrument (Appendix B). Fink and Kosecoff suggested that one way to ensure the reliability and validity of an instrument was to base it on one that someone else has developed (1985). Seat's questionnaire was validated by Dr. Charles M. Brown, chairperson of Seat's dissertation committee and Associate Dean of the School of Education, University of Southern California (Wilf, 1986, p. 204). Patton confirmed that one of three preferred sources for questionnaire items was other questionnaires that were used for similar purposes (1982). Fink and Kosecoff (1978) agreed that selecting an existing information collection instrument is less expensive than developing a new one and can give the evaluator confidence in its validity. They also suggested that adapting an already developed instrument enables the evaluator to start from a validated base and adjust to the current situation.

Seat's questionnaire contained 51 questions plus an additional 5 questions requesting personal information from the respondent. The purpose of her questionnaire was to have the clinic director complete it and return it to Seat. Seat scored the questionnaire to determine if the clinic conformed to Seat's model of what a reading clinic should be. Of Seat's 51 questions, 28 were initially selected as appropriate for meeting the objectives of this study. The researcher read each question and attempted to apply the

question to the objectives discussed in Definition Setting. If the question was needed to meet the objective, it was retained for the LCAT. Questions not selected were not applicable to the three areas being assessed by the LCAT: (a) student diagnosis and placement, (b) instructional strategies, and (c) ethical and legal considerations.

For example, Seat had seven questions addressing staff (e.g., number of positions, professional or paraprofessional, educational experience and preparation, staff development, and director experience and background). Those questions did not apply to the defined objectives of the LCAT and were not included. Seat also included seven questions about business practices of the center (e.g., fee structure, financial contracts for services rendered, center advertising, law and accounting services used by clinic) and eight questions regarding the physical environment (e.g., balanced lighting, adequate ventilation and temperature, work area, reception room, material location, and size of work tables and chairs). These questions did not apply to the stated objectives of the LCAT and were not included. Remaining questions not selected were not used because of their specific applicability to reading centers only.

Revisions were made to 16 of the 28 items in Seat's questionnaire to address the issue of learning center evaluation as opposed to reading center evaluation. For example, Seat's question 14 said: "The materials inventory

includes: (a) brief exercises taking only a few minutes to complete, (b) exercises involving ten minutes or more, (c) self-correcting exercises, (d) exercises involving teacher-correction, (e) graded readers, and (f) other books/magazines" (Seat, 1982, p. 203). That question was revised and included in the initial prototype of the LCAT as question 14. Items (e) and (f) were removed and these three items were added: (e) computer assisted instruction, (f) pencil and paper exercises, and (g) mathematics manipulatives.

Wilf's questionnaire (1986) was reviewed in light of the researcher's objectives to determine if any of her questions were appropriate for the LCAT. None were chosen because her questionnaire was directed specifically at private reading clinics in the state of New Jersey and addressed state laws and regulations which were not appropriate to the LCAT.

After all of Seat's and Wilf's questions were individually reviewed and either discarded or selected for use in the LCAT, the objectives were reviewed again to determine if there were questions addressing all objectives. All objectives were met with inclusion of or revision of questions from Seat's questionnaire.

Prototype Development

Professional literature pertaining to the development of questionnaires was used for the prototype development

(Nixon, 1954; Berdie & Anderson, 1974; Borg & Gall, 1983; Fink & Kosecoff, 1985). Fink and Kosecoff (1985) offered guidelines for construction of an instrument which were followed in this study. In adapting Seat's instrument, the researcher attempted to (a) make each question meaningful to the respondent, (b) use standard English, (c) make each question concrete, (d) avoid biased words and phrases, (e) review each question for evidence of the researcher's own personal biases, and (f) allow one thought only per question.

In addition, Dillman (1978) suggested that three decisions must be made before a questionnaire can be constructed: What kind of information is wanted? What kind of format should be used? How should the questions be worded for validity and reliability? The information desired from the LCAT was stated under Definition Setting of this study. The wording of questions was based on Seat's recommendations in her questionnaire, research on questionnaire wording, the researcher's own experience, and suggested revisions from the samples. The format design follows.

Both open ended and closed ended questions were used. Fink and Kosecoff said that "information collection techniques can use either a structured response format in which an answer is selected from a set of already provided responses, or a free-response format in which the respondent

develops an answer", depending on the nature of each question (1978, p. 32). The majority of items were closed ended, in which the question permeated only certain responses. Open ended questions were used only when further clarification was needed on a given item. Closed ended questions have proven themselves to be more efficient and more reliable because they were easy to use, score, and code; and the uniform data they provided enhanced the reliability of the instrument (Fink & Kosecoff, 1985). Open ended questions were allowed to offer the respondent additional ways to give information; however, the researcher realized that interpreting open-ended questions could be difficult and subjective.

The responses in a closed ended questionnaire can take several forms, such as fill-in, tabular, check list and categorical response modes. Item response modes for the LCAT included "yes/no", multiple choice, "check all that apply", as well as the open-ended questions. Three different response modes were used in order to obtain as much information as possible while keeping the questionnaire short. Yes/no questions are relatively quick and easy to answer for the respondent but could not provide all the information desired for this instrument. When simple and easy questions could be used they were, when more detailed information was desired, multiple choice and "check all that apply" were incorporated into the questionnaire.

Use of the LCAT for Learning Center Evaluation

Once the LCAT was designed, a technique for evaluating the results of the instrument was developed based on standard theories of measurement in education using grades A, B, C, and below. Grades are the symbols or marks given by teachers to indicate an individual's degree of accomplishment in a course of instruction (Anderson et al., 1975). Grades are simple and familiar to everyone. They are no longer used only within an individual assessment framework, but are used for assessment of products and programs. Movie critics give grades to movies and restaurant cleanliness is denoted by a grade of A, B, or C. Most recently, EPIE (Educational Products Information Exchange) released a report on computer software, giving a grade to each software company as an overall assessment and a grade for each segment of the software (Bruder, 1990).

Because grades of A, B, C, D, and F were a familiar and accepted device of measurement, they were chosen as the measurement technique for this instrument. A standard percentage was delineated for each grade: A = 90% to 100%, B = 80% to 89%, C = 70% to 79%, D = 60% to 69%, and below 60% constituted an F. Educators using the LCAT were given scoring instructions for each question (see Appendix I).

The instrument provided an opportunity to grade each of the three sections as well as the instrument as a whole (see Figure 2). Users of the instrument were given

guidelines for determining the grades and using individual section grades for assessing strengths and weaknesses within a total learning center program.

Figure 2

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In order to fully understand the strengths and weaknesses of a learning center, the following grade equivalents have been assigned to each section of the LCAT and the LCAT total score: A = 90 - 100%, B = 80 - 89%, and C = 70 - 79%. Any grade below 70% would indicate that the center does not meet enough of the necessary attributes to be endorsed by educators.

**Section I:
Diagnosis and Placement**

45 possible points
A = 40 - 45 points

POINTS RECEIVED =

B = 36 - 39 points
C = 32 - 35 points

GRADE RECEIVED =

**Section II:
Instructional Strategies**

29 possible points
A = 26 - 29 points

POINTS RECEIVED =

B = 24 - 25 points
C = 21 - 23 points

GRADE RECEIVED =

**Section III:
Ethical and Legal Considerations**

26 possible points
A = 24 - 26 points

POINTS RECEIVED =

B = 21 - 23 points
C = 18 - 20 points

GRADE RECEIVED =

TOTAL:

100 possible points
A = 90 - 100 points

TOTAL POINTS =

B = 81 - 89 points
C = 70 - 80 points

FINAL GRADE =

Seat's original questionnaire was typed in standard manuscript format and was not visually appealing. The LCAT was attractively designed on an Apple MacIntosh computer, with a moderate amount of white space. It was duplicated in a print shop to ensure that the copy quality was excellent.

Summary

The purpose of this study was to design a learning center assessment tool that could assess the academic services of a private learning center, despite the diversities of programs which have been founded upon many differing theories of learning. The elements of the LCAT were selected following an extensive review of the relevant assessment literature, and specifically using portions of Seat's validated questionnaire that pertained to diagnosis and placement, instructional strategies, and ethical and legal considerations. Despite the fact that no single private learning center has been established as the best institution for providing supplemental instruction, there were a number of general assessment principles relative to the operation of any place of instruction, public or private, which could be identified. The LCAT incorporated those assessment principles as they pertained to student diagnosis and placement, instructional strategies, and ethical and legal considerations. Should a school district superinten-

dent be asked to recommend a private learning center, by using the LCAT to assess the center, he or she could defend the recommendation based upon the LCAT results.

Chapter IV

Research Findings

Introduction

The purpose of this study was to develop an instrument that school district personnel could use to assess private learning centers. Through an extensive review of the research, a questionnaire for the evaluation of a reading clinic was found that was adapted and used to meet the objectives of this study. The researcher will address the research findings through the four research questions.

Research Question One

What instruments currently exist to assess private learning centers?

Borg and Gall (1983) suggested that the first step in the research and development of a product such as this evaluation instrument was a thorough review of the literature to determine what currently exists. To complete that review, literature was reviewed in the areas of reading

clinics, learning centers, and evaluation. First, literature on the development of learning, psycho-educational, and tutoring centers, as well as reading clinics, was reviewed. There was little information found regarding the historical development of learning centers. Roots for such centers were established in 1896, however, when Witmer opened the first psycho-educational center. There was more historical background on the development of reading clinics. Diagnostic tests and Monroe's study on Children Who Cannot Read in 1932 were significant contributors to the success of remedial reading and reading instruction in clinics.

Special services in schools began to appear in the 1970s for students with learning difficulties.. Remedial instruction was funded under Titles I and III of the Elementary and Secondary Education Act (ESEA) of 1965. Public Law 94-142 demanded an IEP (Individualized Education Plan) for each child identified as handicapped.

With the diagnosis and recognition of learning deficits came the private learning center for supplemental instruction of students with these problems. In the past twenty years, corporate owned and franchised learning centers have appeared all over the world. They have emerged as promising; profitable businesses. Three major centers were reviewed: Britannica Learning Corporation, Sylvan Learning Corporation, and Huntington Learning Corporation. Research in the area of private learning centers was sparse in this

researcher's review. Three doctoral dissertations were found that were descriptive studies of private reading centers. The researcher assumed that, with appropriate modifications, criteria presented in these dissertations for the examination of private reading centers, could be adapted to private learning centers (which also address mathematical and written skills). One of the dissertations presented a questionnaire that was designed for the purpose of determining conformity to a validated model of a reading clinic which this researcher used, with permission from the author, as the basis of the LCAT.

Evaluation models and assessment instruments were also reviewed as they pertained to educational program evaluation. Historically, education evaluation began in the 1950s with the curriculum reform movement although Ralph Tyler provided considerable groundwork for the evaluation movement in the 1930s. 1970 saw the emergence of evaluation as a distinct profession.

Evaluation models in education were prolific. Smith and Glass (1987) organized the models under the headings of four paradigms: evaluation as applied research, evaluation as part of systems management, evaluation as professional judgment, and evaluation as politics. Evaluation as professional judgment was the framework for the assessment instrument of this study. It was developed with the assumption that superintendents and other school district

administrators were experts in their field and could use the instrument to compare a program to pre-defined standards and attributes. This paradigm emphasized the fact that judgments about program quality could best be made by experts. The accreditation model within the professional judgment paradigm further enhanced the framework for the LCAT.

Assessment was defined as "to assist the judge" (Anderson et al., 1975). Questionnaires were one primary method of assessment mentioned in the literature review. Historically, questionnaires have not improved with age as have other phases of surveys (Lessler, Tourangeau, & Salter, 1989). Problems arose with content and wording. Questions for questionnaires come from three sources: (a) information users and decision makers, (b) the questionnaire's experience and time in the field, and (c) other questionnaires. The literature supported the use or adaptation of a developed questionnaire as a time and money saving technique. The use of another questionnaire that has already been proven valid also eliminates the need for the researcher to create and prove validity.

In conclusion, there was literature and research on private reading clinics but not private learning centers. The information regarding reading clinics was generalized as appropriate for this study. The LCAT was developed as an instrument to be used with the premise that evaluation as

professional judgment was the chosen evaluation framework.

Research Question Two

What attributes would educators consider important to identify to assess a private learning center?

Attributes important to define in the assessment of a private learning center came from three sources: (a) from the analysis and synthesis of Seat's research (1982) and questionnaire, (b) from the researcher's own personnel experience and expertise in the field of education, and (c) from the information about the three private learning centers described in Chapter II. The research showed that there was general agreement as to the major components of the instructional approach in clinical settings, including diagnosis and prescription, remediation, evaluation, and modification of diagnosis. Specifically, the following principals and procedures regarding student assessment and placement, instructional strategies (especially in terms of remediation), and ethical and legal considerations have been given general endorsement by educators as important in private clinic practices and were incorporated into the LCAT.

Acceptance of clients.

Spache pointed out that "one of the major decisions in initiating remedial services is that of determining who

shall be eligible for the services of the center" (Spache, 1981, p. 412). The International Reading Association "Code of Ethics" stated that reading clinics should not accept for remediation anyone who would not benefit from instruction. Kolson and Koluger (1963) confirmed that the hallmark of a good clinic was that the clinic would not accept clients who could not benefit from the services of the clinic. Wilf (1986) agreed that professionals in clinics should have established policies pertaining to screening procedures and methods for the determination of client acceptance and placement. Question 1 of the LCAT addresses initial diagnostic screening and Questions 21 and 22 address program entrance requirements and center policy of client acceptance (Figure 3).

Figure 3

1. Is initial diagnostic screening done by the center:
 - (a) to determine client acceptance: ☐ Yes ☐ No
 - (b) to determine placement? ☐ Yes ☐ No

 21. Center requirements for a client to be accepted into the program include: (Check all that apply)

☐ Parent interview	☐ Medical reports
☐ School reports	☐ Developmental history
☐ Other reports _____	

 22. Is it the policy of the center to accept all who apply as clients?

☐ Yes ☐ No

If not, on what basis are rejections made?

☐ Inability of client to pay for services
☐ Inability of center to meet client's needs
☐ Lack of real need on part of client
-

Diagnosis.

Since the beginning of the clinical approach to the correction of and assistance with learning difficulties, the literature has overwhelmingly suggested that diagnosis is an indispensable prerequisite for instruction and remediation. Samuels and Schachter (1978) suggested that an instructional program was a system with individual elements to which there was an order with interdependent components contributing to the whole of the system. Educators have outlined a sequential process for the clinician in an instructional setting: (a) examine observable symptoms, (b) form a hypothesis, (c) begin work on it, (d) evaluate the hypothesis-generated prescription, and (e) modify the original diagnosis (Lerner, 1976; Morsink et al., 1978; Rupley & Blair, 1979; Seat, 1982; Wilson, 1972).

"Policies pertaining to screening and diagnosis procedures may be one of the basic aspects of a reading center's operation" (Wilf, 1986, p. 85). The type of diagnosis to be done must be determined, choice of techniques and instruments decided, and methods of administrations should be chosen by the administrative personnel of the center. More importantly, who will administer the diagnosis should be decided and adhered to as policy. The IRA guidelines indicated that educators must have certain skills to diagnose. Cornelius (1978) stated that the director of the learning center should, "by virtue of his experience and training"

(p. 25) conduct the diagnostic session(s). Seat concurred that the person administering the diagnostic tests should have knowledge of the learning procedure and should be trained and skilled in testing and evaluation (1982). Question 2 addresses this issue (Figure 4).

Figure 4

If the answer to either is yes; answer #2-4. If the answer to both is no, proceed to #5.

2. Check the method by which this testing is handled:
- ☐ Self-testing is done by client
 - ☐ All teaching staff regardless of specialized training in diagnostic testing
 - ☐ Selected staff members who have received specialized training in diagnostic testing
-

The research suggested that all areas of behavior which are in any way related to the process of learning should be tested and diagnosed before an instructional program is established. Learning expectancy should be determined. Harris and Sipay (1980) spoke specifically to reading disabilities which could be generalized to learning disabilities. They said it must be determined whether an individual showed a significant disparity between general potential or aptitude for learning and actual achievement. It has been determined that general intelligence is the most important factor in readiness for reading, thus, IQ determination must be made.

Language ability is also closely correlated with learning and reading, and should be tested. Educators also have remarked that visual and auditory perception have been

"consistently significant in the measurement of reading readiness" (Harris & Sipay, 1980, p. 272). Wilf (1986) stated that visual and auditory acuity have also been significant in the reading process, and, therefore, in the learning process. Various types of learning problems could be caused by visual and auditory defects, and an effort should be made to detect them during diagnosis and screening.

Finally, assessment of reading and mathematics ability should be included in the diagnosis. Reading assessment should include decoding, vocabulary, and comprehension. There were many tests of decoding skills designed to provide diagnostic information and identifying achievement in the three main subskills: visual analysis, phonic analysis, and blending. Harris and Sipay (1980) reported that vocabulary knowledge was critical to reading ability. Likewise, reading comprehension should be tested. Mathematics assessment should include concrete, computational skills as well as abstract, problem solving skills. Item 4 of the LCAT addresses these diagnostic measures (Figure 5).

Figure 5 4. Indicate whether all clients, most, a few, or none participate in the following types of initial testing:

(A= All, M=Most, S=Some, and N=None)

	A	M	S	N
Reading: <u>Decoding</u>				
<u>Vocabulary</u>				
<u>Comprehension</u>				
<u>Intelligence</u>				
<u>Language Arts skills</u>				
<u>Visual and auditory perception</u>				
<u>Visual and auditory acuity</u>				
<u>Key Math</u>				
<u>Other</u>				

"The development of procedures for evaluating client progress is one component of operating a private reading center" (Wilf, 1986, p. 165). Seat's model of effective reading clinics included the following statement: "the clinic has an established evaluation program with clearly stated goals pertaining to pupil progress and the clinical program per se" (1982, p. 123). Several states had legislation which pertained to public school contracts with private agencies for the delivery of education services. The IRA has also set requirements for evaluation. Evaluation should be continuous and contiguous with the instructional process (Kaluger & Kolson, 1978, p. 134). Gilliland (1978) wrote that a good follow-up program based on the recommendations of the evaluation was often neglected in private clinics but was crucial to client success (1978). Strang (1970), Gronlund (1970), and Tyler (1970) suggested that stated goals, broad and specific, were essential to evaluation. Strang said that objectives should be specific, attainable, growth oriented, and individualized. Question 5, items 6-8, and items 18-19 in the LCAT assess the ongoing evaluation at a learning center (Figure 6).

Instructional strategies.

"More than 50 years ago Gates (1927) expressed the view that remedial instruction should be more carefully managed, but otherwise should parallel that given non-remedial readers" (Seat, 1982, p. 37). Dechant (1970) asserted that

Figure 6

6. The process of client evaluation involves:
- ☐ Formal monitoring of progress, conducted at regular intervals
 - ☐ Informal monitoring of progress on a continuous basis
 - ☐ Follow-up study

If follow-up is done, what skills/attributes are evaluated?

7. The process of program evaluation:
- ☐ Is continuous, ongoing
 - ☐ Is periodic
 - ☐ Is informal
8. The center has a documented policy concerning:
- ☐ Selection and use of assessment instruments
 - ☐ Testing intervals
 - ☐ Analysis and use of evaluation data
 - ☐ Has no documented policy

18. Client progress objectives are: (Check all that apply)
☐ Specificity	☐ Attainability
☐ Growth orientation	☐ Individual focus

19. The instructional program for each client involves: (Check all that apply)
- ☐ Short-term behavioral objectives
 - ☐ Long-term behavioral objectives
 - ☐ Short-term descriptive objectives
 - ☐ Long-term descriptive objectives
 - ☐ No specific objectives
-

methods of remedial teaching should clearly be tied to those of developmental teaching. Educators agreed that instructional strategies in private reading clinics should mirror those used in schools. As Dechant said, a good teacher "starts at the child's present reading level, builds self confidence in reading, and uses a variety of reading methods...The methods and principles of remedial teaching and developmental teaching are distinguishable, if at all, by the emphasis on individualization" (p. 482).

Cornelius reinforced this belief that the importance of an individualized program was essential to clinical instruction. She said all clinical instruction should be individualized, whether conducted on a one-to-one or in a small group. Dechant stated that the individualization of instruction was the chief identifying mark of a good remedial teacher. Bond and Tinker concurred that a high degree of individualization of methods and materials in a remedial program was a basic principal of remedial instruction. Question 9 of the LCAT asks the degree of individualization in a private learning center (Figure 7).

Figure 7

9. The center's instructional program can best be described as:

- ☐ Totally individualized—the nature of instruction and materials may vary widely from client to client
 - ☐ A pre-established program where a particular product or set of materials is used with all clients
 - ☐ A program which involves a fixed instructional approach but does not necessarily utilize a particular set of materials for all clients
-

Further definition of individualization lead to flexibility of the remedial program as prescribed by the original diagnosis. Rupley and Blair (1979) suggested that flexibility allowed for program change based on ongoing evaluation, and modification of materials was often needed to allow for student motivation and attention. Item 10 addresses this important component of clinical instruction (Figure 8).

Figure 8

10. The instructional program established for a client can be modified to address changing needs.
☐ Yes ☐ No
-

Bader (1980) stated that materials used in a remedial program should "meet the range of levels, interests, abilities and specific skill needs of the students to be served" (Seat, 1982, p. 45). Materials should vary according to a student's learning style, should allow isolation of selected exercises for varying purposes, and should be geared to particular age levels and client interests. Questions 13-17 address these issues (Figure 9).

Wilson (1972) believed that remediation should transfer to actual learning situations. Isolated drill was not appropriate but should come from contextual material and should conclude in contextual situations. Bond and Tinker (1973) supported this view. Question 11 addresses this concern (Figure 10).

Figure 9

13. Do the instructional materials used in the instructional program vary according to the student's learning style?
☐ Yes ☐ No
If yes, please explain _____
14. Do instructional materials permit the isolation of selected exercises for reinforcement or other purposes?
☐ Yes ☐ No
15. Is the content of some or all of the instructional materials geared to particular age levels and matched to ability levels?
☐ Yes ☐ No
16. Are the client's interests a consideration in selecting instructional materials for his or her use?
☐ Often ☐ Sometimes ☐ Not possible
17. The instructional materials inventory includes: (Check all that apply)
☐ Brief exercises taking only a few minutes to complete
☐ Exercises involving ten minutes or more
☐ Self-correcting exercises
☐ Exercises involving teacher correction
☐ Computer assisted instruction
☐ Pencil and paper exercises
☐ Math manipulatives
☐ Other
-

Figure 10

11. Does all instruction involve skills directly transferable to the the client's school subject/content areas?
☐ Yes ☐ No
-

Many educators who dealt with disabled learners emphasized the fact that all individuals who interact with the

learner should cooperate, share information, and communicate for the overall continuity of the learner's instructional program. Wilson (1972) suggested that if this did not occur, the program would be unnecessarily limiting. Item 12 addresses this (Figure 11).

Figure 11

12. Information provided by other educational professionals involved with the client is incorporated in the instructional program:
- ☐ Often ☐ Occasionally ☐ Never
-

Ethical and legal considerations.

Seat (1982) reported that Muia and Connors (1978) developed guidelines for the mutual protection of clinic and client, based on what the authors believed were controlling legal forces in the area: the Buckley Amendment (General Education Provisions Act, section 438, Title IV, P.L. 90-247, 1974, amending the Elementary and Secondary Education Act, 1965), the "Right to Privacy" statutes which have been passed by most states, and the Education for All Handicapped Children Act of 1975 (P.L. 94-142; 20 U.S.C. 1415, 1975). Other authorities concurred with these guidelines and addressed additional ethical issues of clinic-client relationships and research.

Ethical considerations were involved with the issue of client acceptance to the learning center. Several states' Code of Ethics for Teachers said educators should provide

for all without regard to race, color, creed, national origin or sex. However, equally important, is whether the prospective client would profit from remedial services. Cornelius (1978) supported the IRA Code of Ethics which said that reading clinics should not accept anyone who would not benefit. Question 22 addresses this concern (Figure 12).

Figure 12

22. Is it the policy of the center to accept all who apply as clients?
☐ Yes ☐ No

If not, on what basis are rejections made?

- ☐ Inability of client to pay for services
☐ Inability of center to meet client's needs
☐ Lack of real need on part of client
-

In the review of the reading clinic research, Bond and Tinker (1973) suggested that there were a number of studies indicating that a remedial program with good motivation and appropriate diagnosis and instruction would increase reading achievement. They said that that improvement could be two to four times the normal rate. They cautioned that all cases might not meet this expectation, however. Guthrie et al. (1978) concluded that a period of about 50 hours was a minimum amount of time needed to assure gains (p. 5). The IRA suggested that reading clinic personnel should refrain from guaranteeing easy solutions but give reasonable estimates of growth expectation. Question 23 addresses this issue (Figure 13).

Figure 13

23. Does the center provide any type of guarantees regarding academic performance outcomes?
☐ Yes ☐ No

If yes, please describe: _____

Muia and Connors (1978) recommended that reading clinics should adopt policies derived from state and federal legislation. Specifically, (a) all information gained from parents and students should be held in strict confidence unless a written release is obtained, (b) parents must fully understand all releases they sign, (c) permission should be obtained before the testing is filmed or recorded, and (d) parents should receive a complete report of the testing with no information withheld. Questions 24-26 address these concerns (Figure 14).

- Figure 14 24. Are educational records maintained for a client available to his or her parents?
☐ Yes ☐ No

25. Parents are given a copy of test results:
☐ Always ☐ When they request ☐ Not center policy

26. The test report provided to parents is:
☐ A summary
☐ Complete report including findings and recommendations
☐ Either a summary or complete report, depending upon circumstances
☐ Reports are not provided to parents
-

A review of the research showed that educators sup-

ported and encouraged a close relationship between private clinics and schools. Wilson (1972) stated that this was critical for the total effectiveness of the clinic. However, there were controlling legal forces affecting the release and communication of such records (Seat, 1982). Specific "right to privacy" guidelines allowed third party access only when there was express written consent from the parent and the third party was identified. In addition, authorities advocated that reports be explained to teachers in face-to-face interviews to avoid misunderstanding and misuse of the information. Questions 27-31 of the LCAT speak to these issues (Figure 15).

Figure 15

27. Does center policy permit the sharing of client data with outside agencies?
☐ Yes ☐ No

Complete the following questions only if the response to Question 24 was "Yes".

28. Do outside agencies receive a written report?
☐ Always ☐ Sometimes ☐ Not center policy
29. Do center personnel follow up on reports released to outside agencies to ascertain that the data is understood and properly utilized?
☐ Always ☐ Sometimes ☐ Not center policy
-

Figure 15 continued

30. Does center policy require written parental consent:
- (30.1) Before any client data is exchanged or released to any outside agency?
☐ Yes ☐ No
- (30.2) Before any data obtained from the parent is released?
☐ Yes ☐ No
- (30.3) Before any aspect of the client's testing is filmed or recorded?
☐ Yes ☐ No
31. If written consent is required:
- (31.1) Does the form identify the outside agency to whom the data is to be released?
☐ Yes ☐ No
- (31.2) Is the form kept permanently with the client's record file?
☐ Yes ☐ No

To summarize, there was a body of research, including Seat's model of an effective reading clinic, that provided a comprehensive view of attributes that educators, including school administrators, considered important when providing instruction and operating a reading clinic or learning center. Based on those attributes, questions were selected for inclusion in an instrument that would assess the diagnosis and placement, instructional strategies, and ethical and legal considerations of a learning center.

Research Question Three

What is the best way to assess the attributes of a private learning center?

A private learning center can be assessed by educators by means of a questionnaire designed expressly for that purpose. If questions are worded clearly and succinctly, and the directions are understandable, the questionnaire should provide data for the assessment of the center. In order to determine if the questionnaire is helpful and useful in the assessment process, a prototype should be developed and evaluated by potential users first.

Evaluation of the LCAT prototype.

In order to ensure that the LCAT would address the perceived needs of school administrators, a panel of school superintendents (Sample One) was asked to review a preliminary draft (the prototype) of the LCAT. Tuckman advised "It is usually highly desirable to run a pilot test on a questionnaire than to revise it based on the results of the test," (1978, p. 225). The pilot study should be conducted to determine whether the questionnaire items possessed the desired qualities of measurement and discriminability (Tuckman).

Each participant of Sample One was contacted by telephone to describe the research project, explain the

purpose of the study, assure confidentiality, and to elicit the panelists' participation in the study. All initially selected members agreed to participate in the study. The LCAT (Appendix C) was mailed with a cover letter and a pre-addressed, stamped, return envelope to all members of Sample One.

The cover letter (a) reintroduced the researcher to the respondent, (b) briefly described the nature of the study, (c) provided general guidelines for the respondent to follow in responding to the LCAT draft which included the request to critique the LCAT in terms of content, language, and suitability, (d) encouraged the respondent to contact the researcher if difficulties arose in the course of responding to the LCAT draft, (e) encouraged the respondent's participation in the study and the quick return of the LCAT draft by describing the importance of the study, and (f) reassured the respondent that all responses would remain confidential. A copy of the the cover letter to the respondents is found in Appendix D. All members of Sample One responded to the request and returned the LCAT draft with their comments.

After all LCAT drafts were returned, the researcher reviewed them. Without making any changes to question format or wording, the draft was revised before it was sent to Sample Two, learning center directors. Comments from Sample One were found to be sometimes vague. Often there were no

Comments on some questions, leaving the researcher to wonder if the respondent had missed it accidentally or found it acceptable. In order to refine the review process, columns were added to the questionnaire labeled "acceptable - yes or no", and "if not acceptable, give reason". In addition, the directions were written in more detail (Appendix E).

To ensure that the LCAT met the needs of learning centers as well as school district personnel, the LCAT prototype was then prepared for Sample Two. Each of the members of Sample Two was contacted by telephone to describe the research project, explain the purpose of the study, assure confidentiality, and to elicit the respondent's participation in the study. All initially selected members agreed to participate in the study. The LCAT was mailed with a cover letter and a pre-addressed, stamped, return envelope to all members of Sample Two.

The cover letter (a) reintroduced the researcher to the respondent, (b) briefly described the nature of the study, (c) provided general guidelines for the respondent to follow in responding to the LCAT draft which included the request to critique the LCAT in terms of content, language, and suitability, (d) encouraged the respondent to contact the researcher if difficulties arose in the course of responding to the LCAT draft, (e) encouraged the respondent's participation in the study and the quick return of the LCAT draft by describing the importance of the study, and

(f) reassured the respondent that all responses would remain confidential. A copy of the cover letter to the respondents is found in Appendix F. All members of Sample Two responded to the request and returned the LCAT draft with their comments.

Revision of the LCAT prototype.

The LCAT draft (prototype) was reviewed by Samples One and Two (superintendents and center directors) to determine whether it possessed the necessary qualities of measurement and discriminability; to uncover potential problems such as ambiguity, poorly worded items or instructions, and other assessment or administrative problems; and to see whether extremely sensitive areas would become evident (Tuckman, 1978). Tuckman suggested that sensitive areas might arise which could cause respondents to refuse to answer items on assessment questionnaires, thus rewording may be necessary. The respondents were instructed to be boldly candid in their comments in order to ensure that the LCAT's terminology and content would be understood by all education and center professionals.

Data analysis.

Analyzing the data meant tallying and averaging responses, looking at their relationships, and comparing them. A tally or frequency count was used to analyze the data in this study. Because of the small sample sizes used and the additional use of open ended questions, data was

analyzed manually. A data analysis form was designed to collect the data and present it in a visual format, for easier analyzing (Appendix G).

The first data analysis was performed on the responses from Sample One, the superintendents. The instrument they evaluated (Appendix C) contained 32 questions, 29 from Seat's original questionnaire and 3 developed by the researcher. The three added by the researcher asked about the particular strengths and weaknesses of the center (open ended questions) and the last question asked the superintendent "Overall, how comfortable are you as a professional, with this questionnaire for assessing academic services of a private learning center?" with three responses to select from: "not at all comfortable, somewhat comfortable, and very comfortable".

Responses from the superintendents first asked the researcher to enhance the instructions. The researcher reviewed the instructions and agreed with the comments from all five superintendents that they needed to be improved. The LCAT draft that went to learning center directors (Sample Two) had enhanced directions added (see Appendices C and E).

No other changes were made to the LCAT at this time except to eliminate the last four questions. Although members of the sample suggested changes to certain questions, the researcher wanted confirmation from Sample

Two that the suggested changes were indeed warranted. The instrument was redesigned to add a comment column of "acceptable," "not acceptable," and "if not acceptable, give reason why." The superintendents responses were difficult for the researcher to compile because they were in letter format, on note paper, or scribbled on the side of the LCAT. In order to standardize the evaluation process and make the job of analyzing the data easier for the researcher, the researcher added the comment column for Sample Two.

After Sample Two (learning center directors) had evaluated the LCAT draft, data analysis was performed on all ten of the responses. Each item of the LCAT draft was reviewed in light of the ten respondents' comments. Each respondent's comments were reviewed individually and the comments were also reviewed as a whole. Any item which drew revision suggestions from more than half of the respondents was automatically revised (or dropped) to incorporate the major thrust of those suggestions.

For example, question 8 asked: Are instructional activities designed to permit a predominance of success? Respondents' comments suggested that the terminology was very unclear in this question or was inappropriate. Six respondents urged the researcher to remove this question from the LCAT. The researcher reviewed the data that initiated this question and agreed that it was not appropriate. The question was removed from the LCAT before

the LCAT was used in the operational field testing.

Question 4 originally asked "Information provided by other professionals involved with the client affects the instructional program - often, seldom, or never." Because of input from the field, the question was amended to read "Information provided by other professionals involved with the client is incorporated in the instructional program - often, occasionally, or never." (See Figure 11).

Six questions were completely omitted from the final LCAT, based upon Samples One and Two's recommendations. Those questions were 1 - part 5, 8, 21, 22, 26, 27, and 28 (Figure 17). Eleven questions were revised based upon input from the respondents of Samples One and Two.

Where suggested revisions were evenly split in more than one general direction, or showed no definite trend, the researcher made the final decision on how and in what direction the item was revised. Items which drew no comments from the sample members were also reviewed by the researcher to ensure that they were still a valuable addition to the revised LCAT.

In addition, in response to respondents' feedback, the entire questionnaire was reformatted under the three areas of specific assessment: (a) student diagnosis and placement, (b) instructional strategies, and (c) ethical and legal considerations. Based upon these three areas, the questions were then regrouped under the appropriate headings

(Figures 3-15 show the field testing prototype after regrouping occurred).

Research Question Four

Can the LCAT be used by educators to effectively assess a private learning center, including placement and diagnosis procedures, instructional strategies, and ethical and legal considerations?

Application of the LCAT to private learning centers.

Borg and Gall (1983) suggested that when a product is developed such as the LCAT, an operational field test is necessary to determine whether the product is fully ready for use without the presence of the developer. The operational field test should closely approximate regular operational use. Feedback is collected to determine whether the product is complete. The developer should focus on parts of the product that failed or were missing. Following the analysis of data from this test, final revisions are made and the product should be ready for use.

In order to assess the use of the LCAT, the decision was made to identify three directors of private learning centers that would agree to have their academic services assessed using the newly designed LCAT. An assessment panel (Sample Three) consisting of three elementary school prin-

cipals was formed.

Each member of Sample Three independently assessed a private learning center using the LCAT. The researcher met with each one of them and personally gave them instructions for the operational field test. Their instructions were to meet with the center director, go through the LCAT with the director, question by question. They were told to record the director's answer to each question, and also to make written comments regarding any irregularities, difficulties, or concerns either the director or the sample member noticed with any question. They were also told they would have an opportunity to meet with the researcher and review each question and response with their comments at the conclusion of the field test.

The directors of the centers who agreed to be assessed were called and an appointment was made for each assessment by the researcher. The telephone call was followed by a letter from the researcher identifying the sample member, the purpose of the study, the assurance that the anonymity of the center would be maintained, and that the results of the study would be shared with the directors.

Each member of Sample Three met with a director of a center. Each met in the director's office and asked the questions on the LCAT. They recorded the response from the director as well as any comments that the director or they had regarding the question.

The researcher met with each sample member to review the operational field test experience. The LCAT was reviewed, question by question, and the researcher tape recorded the interview sessions. Borg and Gall suggested that tape recording had several advantages in recording interview data for research. It reduced the tendency of the researcher to make an unconscious selection of data favoring his biases, it could be studied more thoroughly due to playback features, and it speeded up the interview process (1983). In addition to reviewing the LCAT, the researcher asked the sample members several questions regarding the usability of the instrument, using an Interview Guide to standardize the procedure and feedback. (Appendix H).

The discussion of the results of the operational field test will be divided into two parts. First, the sample members' comments regarding the instrument and subsequent changes to the instrument will be addressed. Second, the overall effectiveness of the LCAT will be discussed.

Sample member one offered suggestions or comments on seven questions, sample member two offered suggestions or comments on three questions, and sample member three offered suggestions on seven questions.

No comments were made on questions 1 - 12. A recommendation by all three members was made to add "If yes" to the line "Please explain" on question 13. The researcher agreed that the suggestion furthered clarified the question and

made the change to the instrument. (See Figure 9). All three members recommended change to question 14. They reported that all of the learning center directors questioned this item. The second part of the question asks whether grade levels of instructional materials are matched to clients' ages. All three directors recommended that clients' ages be changed to ability level, and the three sample members concurred with this recommendation. The researcher changed the instrument to reflect the recommendation. (See Figure 9).

All three members also recommended change to question 9. They suggested that the fourth choice, "other," be removed. Directors and sample members agreed that the first three choices given covered all of the choices available to an instructor and to give them a choice of "other" would only be confusing.

One member reported that the director did not understand question 18. The sample member felt that she understood the question and explained it to the director, but suggested that the question should be clarified for future use. The other two sample members did not report any difficulty with the question. The researcher referred to Seat's questionnaire, question C-3. The wording was different but the objective of the question was the same. The wording of the LCAT was changed to agree with Seat's question, which had been clearly understood in her field

research. (See Figure 6).

One member suggested a change to question 11. Upon review of the other responses and referral back to Seat's questionnaire and the literature that prompted the question, the researcher made the decision to keep the question as initially presented.

Two members reported difficulty with understanding the meaning of question 14. Reviewing all comments regarding question 14, the researcher would change that question before final printing and distribution of the LCAT. The researcher feels the intent of the question is still important but confusion about the meaning needs to be clarified.

One member suggested a needed change for question 28, questioning the definition of outside agency. In the final design of the LCAT, outside agency could be defined by example.

Question 2 of the interview guide asked the sample members if any questions needed to be added to the instrument. All three sample members responded that no additional questions needed to be added based on the objectives of the LCAT. In terms of administration, all three members strongly emphasized the fact that it was more difficult to read the instrument to the director and write the answers than to allow the director to read the instrument and write his or her own responses. All three suggested that the instrument was self-explanatory enough to allow self-

administration.

The three principals of Sample Three felt that the LCAT was appropriate for use by school district personnel. Two members felt comfortable with using the LCAT as an actual final determination of endorsement, one member questioned using the LCAT as the only assessment of a center for an important task such as district endorsement. She suggested that the LCAT could be part of the assessment process which would also include a personal visit and interview by school district personnel at the center, and talking with references from the center to round out the assessment process. She felt the LCAT, while extremely helpful, on target in content, and easy to use, should be only one part of a larger evaluation process.

All three sample members said that they would personally use the LCAT, in fact, would welcome its use. They would send it to all private learning centers in their school boundaries and would ask the centers to complete one at the beginning of every school year if they had that option from the school district administrators. All three said that if the completed LCAT yielded positive results, they would feel comfortable sharing those results with the parents of their schools. All three were less comfortable with sharing results if the results were negative unless district administrators supported the LCAT results.

All three members said that their students would be the

ones to ultimately benefit from the LCAT. If there were learning centers that should be endorsed and supported by the schools that currently were not, the LCAT would offer them additional opportunities for supplemental instruction. Likewise, if students were attending learning centers that were inappropriate, poorly operated, and otherwise did not satisfy the criteria of the LCAT, it would be a disservice to those them, and most likely a waste of time.

All three members had at least one learning center in their school boundaries. In addition, all three members have had parents ask them innumerable times for references for tutoring. Because school district personnel have had no way to evaluate external supplemental instruction, principals have not been allowed to endorse such places. All three members welcomed the opportunity and the means to be able to provide their students and parents with additional sources of help.

Summary

In conclusion, the purpose of this study was to develop an assessment tool that school district personnel could use to assess private learning centers. Through a review of the literature, the LCAT was designed to meet this objective.

Question one asked what tools currently existed to assess private learning centers. An appropriate evaluation paradigm, model, and assessment instrument in the form of a

questionnaire were discussed. Seat's questionnaire, developed in 1982 to evaluate reading clinic conformity to her model of what a reading clinic should be, was the backbone for the creation of the LCAT. Review of the literature showed that no such instrument existed.

Question two discussed the attributes that school district personnel would consider important to identify in the assessment of a private learning center. Extensive review of the research in instruction, reading clinics, and learning centers defined the attributes important to assess.

Question three asked what the best way to assess the attributes of a private learning center was. An instrument was designed, based upon Seat's questionnaire, and evaluated by two samples of educational experts, to create a final prototype for use in an operational field test.

Question four addressed whether the LCAT could be used by educators to effectively assess a private learning center. To determine this, an operational field test was conducted where three school principals evaluated three different learning centers. Results of the field testing yielded minor changes to the LCAT and support for the instrument as a usable, helpful tool for the assessment of private learning centers.

CHAPTER V

Conclusions and Recommendations

Introduction

This chapter is divided into six parts. Part one explains the procedures used for this study. Part two describes the development of the instrument. Part three discusses the reliability and validity of the instrument. Part four is a review of the research findings. Part five relates the significance of the study to educational leadership and part six offers recommendations for future research.

Procedures

This study was a process of research and design methodology, as defined by Borg and Gall (1983. First, information was collected and then it was analyzed. Second, a preliminary product was developed based on the analyzed data. Third, the preliminary product was evaluated by experts and revised by the researcher. Finally, operational field testing took place.

The specific steps to this study were:

1. A review of the literature pertaining to the history of learning centers and reading clinics was completed.
2. A learning center assessment tool was designed, based on a synthesis of the review of the research, specifically using parts of Seat's questionnaire developed in 1982. The researcher's knowledge and experience in the field, and evaluation by members of three different samples helped revise and refine the instrument to assess student diagnosis and placement, instructional strategies, and ethical and legal considerations.
3. A sample of school superintendents reviewed the preliminary LCAT and made suggestions regarding its content, language, and suitability.
4. The researcher revised the LCAT to make data collection and analysis a more thorough and simpler process for Sample Two, based on the results of the evaluations received from Sample One.
5. A sample of learning center directors reviewed the revised LCAT and made suggestions regarding its content, language, and suitability.
6. The researcher revised the LCAT to incorporate the suggestions from the superintendents (Sample One) and the learning center directors (Sample Two).
7. A third group of experts in education used the LCAT in an operational field test to assess a private learn-

ing center, validating the LCAT.

Development of the Instrument

A review of the research yielded three dissertations that had been completed on the specific study of private reading clinics. Karen Seat, author of one of the dissertations, developed a model for reading clinics to follow in their design and operation, based on prevalent learning and business theory. She then designed a questionnaire to survey reading clinics and validate her model. Her model and questionnaire was deemed valid and reliable by the Department of Education at the University of Southern California.

A review of the research regarding private learning centers, per se, yielded little information. The researcher made the assumption that much of the research completed on reading clinics could be generalized to learning centers (where instruction also takes place in mathematics and language arts).

A review of the research on learning theory and instruction provided the researcher with a definition of what the critical academic service issues of a private learning center should be. Synthesizing the review of the three dissertations, the information about learning centers as found in the literature, and the research on factors which influence learning and instruction, a definition of attributes

that a private learning center should have was compiled. This definition was compared to Seat's questionnaire and items from that questionnaire that matched the definition were used in the LCAT.

Major components of the instructional approach in a clinical setting, as discussed in the literature, were: diagnosis and prescription, remediation or instruction, evaluation, and modification of the diagnosis. In addition, because a private place of instruction is bound by few regulations as opposed to the public school system, issues of ethical and legal practices were also an important aspect to consider in the assessment of a private learning center.

Portions of Seat's questionnaire that matched the defined criteria were combined to create the LCAT, using professional literature about the development of questionnaires to support the LCAT prototype development.

Reliability and Validity of the Instrument

In determining the effectiveness of the LCAT, the question of its reliability and validity must be addressed. Borg and Gall defined reliability as the internal consistency or stability of the instrument over time. The degree to which a procedure (in this case, the LCAT) yielded about the same numerical score each time it was used to assess the same thing was defined as reliability by Smith and Glass

(1987). Suggested ways to determine reliability included retesting, finding internal consistency using split-half reliability, using alternate forms of the tool, finding interjudge agreement, and standardizing the measurement procedures.

For this study, one member of Sample Three was asked to use the LCAT again at the same site she initially visited, four weeks later, and to use the LCAT at a second site, which had been assessed by another member of Sample Three initially, also four weeks later. Directors of both centers initially included in the field test were again the source of information for the retest. At the first site, 85 was the score on the LCAT during the field test and the retest. At the second site, 79 was the score for the field test and 84 was the score for the retest. A score of 85 for both initial and retest indicate strong reliability of the LCAT. The discrepancy of 6 points on the second site test-retest could be attributed to: (a) a different individual assisting the director with the test the second time, (b) the change of program components from the first visit to the second, or (c) the desire (whether conscious or not) to improve the low score of the center.

The researcher, when performing the study, attempted to standardize all procedures, as recommended by Smith and Glass (1987) in order to enhance reliability opportunities. Pilot tests were conducted, standardized and written

instructions were provided, and specific guidelines for scoring were included.

A valid instrument is one that represents a true picture of what the researcher is investigating. The items of the LCAT were primarily taken from Seat's questionnaire (1982) which had already had reliability and validity established. Face validity, which is an evaluator's appraisal of what the content measures, was confirmed with the prototype evaluations of the LCAT by Sample One and Sample Two, in which sample members approved of the questions in the LCAT for the assessment of a learning center.

Review of Research Findings

Research Question One

What instruments currently exist to assess private learning centers?

There was much research about private reading clinics but little on learning centers. The information about reading clinics was generalized to include private learning centers as appropriate to this study. No instruments existed for the assessment of private learning centers, however, a questionnaire was found that was used for the assessment of reading clinics. Items from that questionnaire were used,

with permission from the author, to develop the LCAT, with the premise that evaluation is professional judgment.

Research Question Two

What attributes would educators consider important to identify to assess a private learning center?

Attributes important to identify in the assessment of private learning centers came from four sources: (a) a review of the research on instructional approaches in clinical settings, (b) an analysis and synthesis of Seat's questionnaire (1982), (c) the researcher's experience and expertise in the field of education and private learning centers, and (d) the information in the literature regarding the learning centers in the marketplace today.

The research showed general agreement as to the major components of the instructional approach in clinical settings: (a) diagnosis and prescription, (b) remediation, (c) evaluation, and (d) modification of diagnosis. In addition, ethical and legal considerations were also considered necessary attributes to consider in private clinical settings.

The LCAT was developed to assess these components under three headings: (a) student assessment and placement, (b) instructional strategies, and (c) ethical and legal

considerations. The finished product (see Appendix I) shows the final attributes educators wanted assessed.

Research Question Three

What is the best way to assess the attributes of a private learning center?

A private learning center can be assessed by educators by means of a questionnaire designed expressly for that purpose. If questions are worded succinctly and the directions are clear, the questionnaire should provide data to assess a center.

In order to ensure that the LCAT would be effective in assessing learning centers, educators were asked to evaluate it for content, language, and suitability. After superintendents and learning center directors had evaluated the prototype instrument, the researcher revised the LCAT based on the sample members' recommendations.

Research Question Four

Can the LCAT be used by educators to effectively assess a private learning center, including placement and diagnosis procedures, instructional strategies, and ethical and legal considerations?

The LCAT was used in an operational field test by three elementary school principals, who each assessed a different private learning center. Comments from the principals included: (a) it needed no additional questions added, (b) it was appropriate as a self-administration tool, (c) it was very appropriate for use by school district personnel, and (d) it would ultimately benefit students by providing additional, appropriate sources of supplemental instruction.

Significance of the Study to Educational Leadership

In the expanding education-for-profit field, year round tutoring centers specialize in one-on-one instruction in reading, language arts, and mathematics. Best known of the tutoring centers are The Reading Game (or Britannica Learning Center) and Sylvan Learning Center. Both companies were founded by former Orange County educators and were bought by conglomerates in 1985; Sylvan was bought by Kindercare Inc. for \$5.2 million and The Reading Game was purchased by

Encyclopedia Britannica Col for \$6.5 million. They charge \$25 to \$31 an hour, depending on the type of tutoring (Woo, 1988).

Although critics say the services are too expensive and benefit primarily the already-privileged, others suggest that the shortcomings of public education virtually ensure a market for commercial learning centers. The popularity of the learning services "in part must be a reflection of middle-class parents' disappointment with public schools," said James Guthrie, A UC Berkely education professor and co-director of the nonprofit Policy Analysis for California Education research center (Woo, p. 22). Private learning centers promise that each instructor is assigned to work with no more than three students at a time, an ideal arrangement that public schools cannot begin to compete with.

With learning centers growing, and becoming a profitable business at the same time, it would behoove educators to be able to identify which ones offer a quality program. Because the learning center concept is relatively new, there are no methods for the assessment of these centers by members of the community, potential users, or local school administrators who might be asked to endorse a center. Therefore, a learning center assessment tool (LCAT) was developed based on current research to assist an educator in the evaluation of a private learning center.

This tool provides the leadership of education with the

first tool of its kind to assess private learning centers. It is not only an assessment tool, but an instructional tool as well, educating school district personnel and learning center directors on the attributes that a learning center should have. The LCAT was developed with a strong theoretical base of information and was wholly supported by sample members of this study as valuable tool. If educators want to continue to have control over the education provided to their students, and want to impact all education in a positive way, it would be to their benefit to actively use the LCAT to support, endorse, and offer improvements to supplemental sources of instruction outside the public school arena.

Recommendations

The researcher makes the following recommendations regarding the results of this study:

1. The LCAT should be used with a broader sampling over a longer period of time to enhance reliability and validity.
2. The scoring part of the LCAT should be addressed as a separate component, with a study performed to determine its reliability and validity, as well as the desirability of using a grading system of A,B,C for final scoring.
3. More independent research on private learning cen-

ters is needed. Specifically, a study of the interaction between private centers and local schools should be completed. The relationship between the center director and the principal of the local school is important to a center's success. The dynamics and attributes of that relationship should be studied. Finally, the notion of school districts contracting with private learning centers for services to students at risk or in need of basic skill remediation should be investigated.

4. The LCAT should be used on a large number of learning centers with purpose of the research being to determine the strengths and weaknesses of learning centers in the United States.

5. Future researchers should investigate the possibility of developing an accreditation system or a program quality review for private learning centers with the LCAT as a component of it.

6. Further comparisons using the LCAT in self-administration versus an outside evaluation should be considered.

7. Because of the nature of some of the information sought in the LCAT, it was not always possible to structure questions that would not appear value-oriented. Such items on the questionnaire could be judged to be slightly to highly evaluative, and it is assumed that the higher the inference level of the question, the lower the likelihood of

accurate, or unbiased responses. Responses to questions regarding clinic and client evaluation and confidentiality of information/information sharing mirrored what could have been interpreted as "correct" answers. Future researchers should consider how to make allowances for inferential bias.

8. The length and completion time of the LCAT was developed within bounds of the respondents' tolerance. Therefore, some compromise was made regarding specificity of information. In any future work with the LCAT, the LCAT could be expanded to provide more detailed information (as in the case of an accreditation or a program quality review).

9. Future researchers should assess learning centers with the LCAT and determine learning center rationale for departure from the standards or attributes assessed by the LCAT. Future study could determine causes for learning center practice differences which could subsequently lead to learning center alterations or a change in the LCAT attributes as they have been defined.

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APPENDIX A

Karen W. Seat's letter of permission to use questionnaire.

Dr. Karen Wellman Seat
8444 Prestwick Drive
La Jolla, CA 92037

Mr. James G. Zoll
550 Alameda Blvd.
Coronado, CA 92118

Dear Mr. Zoll:

You have my permission to use components of the questionnaire developed for my dissertation, A Model for Program Development and Evaluation.

Sincerely,

Karen Wellman Seat

APPENDIX B

Karen W. Seat's Questionnaire

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139-145

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APPENDIX C

LCAT evaluated by Superintendents

APPENDIX D

Cover letter to Sample One (Superintendents)

550 Alameda Blvd.
Coronado, CA 92118

Superintendent

Dear Superintendent:

I am a doctoral student in educational leadership at the University of San Diego. I am developing a learning center assessment tool (LCAT) for the assessment of academic services of a private (for profit) learning center. The LCAT must be acceptable to private learning centers and appropriate for school districts to use in assessing the potential quality of academic services for those private learning centers that request permission to distribute promotional materials within the district.

Your expertise as a superintendent and an educational leader has encouraged me to ask your help in piloting the LCAT I am developing for my research project. Attached is a copy of the LCAT I would like you to examine and critique. Please review this LCAT for content, language, and suitability. Feel free to be boldly candid as your comments and recommendations will be gratefully received and utilized. Furthermore, your identity will be kept strictly confidential throughout the study.

Thank you in advance for your kind and thoughtful cooperation.

Sincerely,

James G. Zoll

JGZ:kkh

Enc.

APPENDIX E

LCAT evaluated by learning center directors

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APPENDIX F

Cover letter to Sample Two (Center Directors)

550 Alameda Blvd.
Coronado, CA 92118

Center Director

Dear Center Director:

I am a doctoral student in educational leadership at the University of San Diego. I am developing a learning center assessment tool (LCAT) for the assessment of academic services of a private (for profit) learning center. The LCAT must be acceptable to private learning centers and appropriate for school districts to use in assessing the potential quality of academic services for those private learning centers that request permission to distribute promotional materials within the district.

Your expertise as a center director and an educator has encouraged me to ask your help in piloting the LCAT I am developing for my research project. Attached is a copy of the LCAT I would like you to examine and critique. Please review this LCAT for content, language, and suitability. Feel free to be boldly candid as your comments and recommendations will be gratefully received and utilized. Furthermore, your identity will be kept strictly confidential throughout the study.

Thank you in advance for your kind and thoughtful cooperation.

Sincerely,

James G. Zoll

JGZ:kkh

Enc.

APPENDIX G

Data analysis tally form

DATA ANALYSIS TALLY FORM

QUESTION #	DIRECTOR RESPONSE	SUPT. RESPONSE	ADDITIONAL COMMENTS
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APPENDIX H

Interview Guide for Sample Three (Principals)

Interview Guide for Sample Three

1. Review each question of instrument and discuss findings.
2. What questions need to be added to the instrument?
3. Was it easy to administer? Do you have any recommendations regarding self-administration vs. administered by another?
4. Would it be appropriate for use by school district personnel in order to determine whether a learning center should receive endorsement?
5. Would you personally use it?
6. How would you use it?
7. Who will benefit from this instrument?
8. Is there a need for the LCAT?

APPENDIX I

Final LCAT with scoring key

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