NEEDED: DIAGNOSTIC ATTENTION

In Defeating Educational Deprivation

WILLIAM W. WAYSON
Assistant Professor of Education,
Syracuse University, Syracuse, New York

SINCE 1959 there have been many proposals for overcoming educational disadvantage among culturally deprived pupils in large cities and, more recently, in rural areas. Present programs have evolved through three stages: (a) foundation-financed pilot projects, (b) expanded for the War on Poverty, and (c) nearly universalized by 1965 Congressional action.

Thousands of proposals have been written during the three stages. Thousands more are in preparation. The following commentary is designed to stimulate the development of more effective proposals and to call attention to a vital but generally overlooked component of any successful program.

Diagnostic Attention

The component that is necessary for alleviating educational disadvantage is diagnostic attention. This requires greater appreciation for the way in which time is used, in which staff is deployed, and in which the deficiencies of massive, somewhat conventional, programs are recognized. Diagnostic attention could result in vastly improved productivity on the part of pupils and far greater pride on the part of faculty members. Three cases, taken from observations made in classrooms in urban and rural areas, should illustrate what is meant by diagnostic attention and what the results might be if this procedure could be included in the program.

Case: Seen-but-not-Heard

In a preschool program in a large city on the Eastern seaboard, I observed several classrooms in which the teacher-pupil ratio was approximately five to twenty-eight. The children were decidedly culturally disadvantaged. The program was exceptionally well planned with a good evaluative design.

However, in one of these classrooms I observed a little girl who was silent throughout the morning work. At lunch I made a point to sit near her. I talked with her for awhile, asking questions but not pressing for answers. She seemed interested in what I was saying but could not be persuaded to make a sound in
Nevertheless, I was convinced that she would speak if sufficient time, with no undue pressure, was devoted to her alone. I continued chatting for twenty minutes.

After finishing lunch, she and I went to wash our hands. As I placed my hand under the running water, she clearly and distinctly mouthed the word “cold,” indicating that the water was extremely cold. I wish I could say that she spoke. She did not. However, she came closer to speaking than she had all morning.

After the session I talked with three of the instructors. They verified that the girl’s mother reported her to be a chatterbox at home. Yet, the teachers’ records showed that the girl had not spoken in school during the whole year. I recounted my lunchtime experience and expressed my conviction that the girl could, with enough patience and individual attention, be induced to speak. The teachers replied, “We do not have time to work on these individual problems.”

Never again in her life would this child have so many teachers employed to work with her. If the time was not found in the experimental preschool program to help her out of her silence, she probably would never receive enough help to do so. It is conceivable that she could go for many years in the public school, arousing neither ire nor interest from her teachers and receiving a record far below her capacity.

**Case: For Want of a Word**

In a rural elementary school in a mountainous area in which a major portion of the white population was living on public welfare, I visited a third grade. The class was engaged in a workbook assignment in which the instructions at the top of the page read:

> From the list below select a word which belongs with the group of words in each box.

The exercise presumably was designed to test ability to see common characteristics among a series of concepts by having the child write the “correct” word in a blank.

The teacher was exceptionally free and permitted me to walk about the room to talk with the children. I came to John. He not only had none of the answers correct but he had written nonsense syllables that bore no relationship to the list of words from which he was instructed to make his choice. On a hunch I asked him to read the instructions and tell me what he was supposed to do. It became clear immediately that he did not know the word “below”; consequently, he was unable to carry out the instructions. I spent some time clarifying the word “below,” then suggested that he re-do his paper. At the close of my visit, I returned to his desk, and he had done every one of the exercises correctly.

Here is a case in which Johnny would have received a zero mark on an exercise because he did not know a word that was not directly connected with the purpose of the assignment. Yet he would be marked as though he could not achieve those purposes. Nothing but an individual scrutiny of the papers and an individual conversation with the boy would have revealed the precise nature of the problem.
In a large school system I visited a tutorial program sponsored totally by personal donations from citizens and parents. The staff seemed committed and the children were highly motivated. I talked with two fourth grade girls who explained that they were waiting for a tutor. I shall describe my conversation and activity with Stephanie, the slower of the two.

I asked her to begin work on the problem and to talk aloud as she was thinking. She wrote a problem on the paper, "287 divided by 3." Quickly she passed by the first digit in her dividend. Three would not go into 2; thus, the problem became 3 into 28. After several seconds had passed, it was evident that she did not know the answer and that it was embarrassing for her to guess any more. Her conversation revealed that she did not know her multiplication facts. While reciting the "three's table," she stopped after two 3's and counted on her fingers to determine the sum of three 3's. She disclosed that she did not only not know her multiplication facts but she did not know well her addition facts or her subtraction facts. I wrote on the paper, "When Stephanie learns her mathematical facts, she will have very little difficulty with math." She read my statement and asked, "Is that right?" I responded that it was right and that she should learn and use her mathematics facts.

I suggested that she get a second grade arithmetic book and work through it. She responded, "you mean that baby stuff." The remainder of our conversation was spent in an attempt to persuade her that a resource is not baby stuff if it can help you learn. After approximately 15 minutes, she had agreed to work each day with Audrey, her brighter companion, who did know the facts.

The point is that Stephanie and her teachers must work with "that baby stuff" or she will likely never learn long division.

Discussion

These three cases remind all of those who strive to alleviate cultural deprivation that we must crawl before we walk and walk before we run; to attempt to teach basketball skills to a crawling infant is impossible, frustrating and self-defeating.

Every program for alleviating educational deficiencies must provide time, personnel, ability and incentive to apply diagnostic attention in the learning process. Diagnostic attention must be manifest in individual programs, for the types of problems that have been illustrated in the three cases cannot be identified in group activities and probably cannot be treated in massive applications. Intervention must be individualized and personal, and it must permit moving as rapidly as possible toward the desired level of learning.

The latter point must be emphasized. Diagnostic attention does not mean gradualism as it has come to be used in discussions of racial integration. Gradualism has come to mean "never"; it is an excuse for doing nothing. Similarly, the concept of cultural disadvantage has come to be a defense for failure rather than an inducement to adapt instruction for progress. None of the deficiencies in
our three cases was a permanent, terminal disability; in fact, each seems remarkably curable once it has been diagnosed and proper treatments have been applied. Applying diagnostic attention is not nearly as time-wasting as attempting to solve problems without first identifying their underlying causes. Once the time has been taken to identify those causes and to treat them, learning can proceed at a great rate if the instructor and the administrative system are sufficiently flexible.

Even after new programs have provided time and personnel enough to support highly individualized, patient instruction, it may be necessary to take additional steps to insure that ability and incentive are present in sufficient quantities. Teachers must want to and must be able to treat individual children.

**Program Suggestions**

Several approaches to writing new programs to insure more diagnostic attention seem apparent. The following ideas may generate effective solutions to individual educational deficiencies.

First, if we are to make any inroads into educational disadvantages we must couple clearly stated and enforced goals for individualizing instruction with significantly reduced class sizes. Smaller classes, though necessary, are not alone sufficient to achieve effective education. Only skillful, motivated teaching applied to individual diagnosis and individualized treatments will overcome severe disadvantages. Smaller classes make that teaching possible but not inevitable.

Second, there is much merit in instituting tutorial programs utilizing either professional teachers or selected laymen to work independently with disadvantaged children. Such programs have resulted in more self-confidence, greater pride, higher motivation, and more industry among youngsters to whom volunteers have been assigned. It is not crucial whether the tutor is a trained teacher or not, and he could be another pupil.

Third, we should enlist parents to assist with their child’s learning. Parents can be instructed to identify basic weaknesses in the child’s background and to alleviate those weaknesses. Obviously, the effort requires that we demonstrate genuine interest in assisting the child and that we help disadvantaged parents to overcome any inability to help their children.

Fourth, it seems parochial and senseless to fail to use the technology now available for teaching individuals. There are many self-administering instructional devices that can assist teachers to fill learning needs that a child is known to have. Mechanical “assistant teachers” are available in all sorts of guises—from flash cards to computer-assisted instruction. With proper diagnostic and logistic assistance, every teacher can use these for positive educational results.

The important guideline for programming is that neither techniques, structures nor equipment assure the necessary attention which issues from incentive and ability among the instructional staff. If diagnostic attention is not planned and supported as a major component of Title I or other preventive and remedial projects, there can be little hope that the war on poor education will ever be mobilized to success.

--

Educational Leadership