



One Man's Simple Plan to CHANGE THE WORLD:

A PROFILE OF DR. ROLAND GOOD, CO-CREATOR OF DIBELS™

By Leslie J. Thompson

"This is a time of unprecedented opportunity," says Roland H. Good III, Ph.D., his voice brimming with enthusiasm. "We have this legislation, *No Child Left Behind*, and I think we have the tools to give those grand words a run for their money."

Dr. Good should know, since he led the team to build one of the tools. An associate professor at the University of Oregon, Dr. Good spearheaded the development of the Dynamic

Indicators of Basic Early Literacy Skills™ (DIBELS), a set of standardized measures of early literacy development. The one-minute fluency measures are remarkably effective for regularly monitoring the development of pre-reading and early reading skills, and have been adopted by states and school districts nationwide. They also are used in Voyager's reading programs under the name Vital Indicators of Progress™ (VIP) to

diagnose and track the reading skills of each individual student, enabling teachers to provide additional support to struggling readers. In essence, these brief and simple assessments create a safety net to ensure that students at risk of reading failure receive targeted instruction to move them to grade level.

"I feel like the way it must have felt to be a physician at the turn of the century, when penicillin was invented," Dr. Good continues, drawing an analogy between a once life-threatening illness and the malady of illiteracy. "Until then, when you had a patient with pneumonia, you knew what was going to happen. You could use all the tools you had available to you—you could apply leeches or use other treatments—but you knew they were probably going to die. Then, all of a sudden, there's this penicillin, and you give it to your patients with pneumonia and they get better. Imagine how remarkable that must have felt!

"I feel like that's where we are as educators today. For a whole lot of kids, we knew what was going to happen with reading outcomes. It was very scary. But we have tools that have been developed by design teams who have agonized over how to teach, when to teach, and what to teach first to make sure they get to key goals. We have tools that have been developed in exquisite detail."

THE PATHWAY TO SUCCESS

According to the DIBELS Website (<http://dibels.uoregon.edu>), the measures were developed based on the essential areas of early literacy discussed in both the National Research Council (1998) and National Reading Panel (2000) reports to assess student development of phonological awareness, alphabetic understanding, and automaticity and fluency with the code. But for Dr. Good, they represent a life-long goal of helping children achieve success.

"My goals are modest—to change the world," he says, only half-joking. Speaking with Dr. Good is a delight. He is tall and slim, with dark hair and a gray moustache, and his demeanor

"THIS IS A TIME OF UNPRECEDENTED OPPORTUNITY. WE HAVE THIS LEGISLATION, NO CHILD LEFT BEHIND, AND I THINK WE HAVE THE TOOLS TO GIVE THOSE GRAND WORDS A RUN FOR THEIR

exemplifies the word "congenial." His voice has a natural rasp to it, so that he often sounds as if he has given himself laryngitis by getting fired up about the importance of teaching children to read. Although he worked numerous odd jobs after college, including stints as a short-order cook and a window washer, it's not surprising that Roland Good ended up in education: His father is a university professor in physics, and his mother holds a graduate degree in chemistry. But his heart, more than his upbringing, led him into the field of reading research.

"I figure, if I'm going to work for years and years, I want to do something that's going to make a difference to someone. I want to help out in some way," he says.

Dr. Good first became interested in education when he filed as a consci-

entious objector to the Vietnam War and was drafted into service for the country. He landed a position as a teacher's aide at a school for mentally retarded children and adolescents. "I was largely responsible for a group of three or four adolescents with severe intellectual deficits," he recalls. "I would get consultation services from the school psychologist, who would help me figure out how to meet the needs of these children. The whole experience gave me some clue of the direction I could go in my life. I really wanted to make a difference in the lives of children, and I really wanted to be a teacher."

In fact, Dr. Good became a school psychologist and eventually a university professor, and gaining experience as an elementary school teacher was a critical first step toward those long-term goals. His experience in the classroom, and later counseling other teachers, turned his focus toward reading as an area where he could make an impact.

DEFINING THE PROBLEM

Says Dr. Good, "As a teacher and a school psychologist, I saw reading as a fork in the road. Some children take one fork, and they go on to become readers, and it opens up all kinds of pathways. The children who are not following that fork, a lot of the choices simply aren't there for them."

He determined that the split happened during the earliest stages of learning, in kindergarten and first grade. Children would enter kindergarten, and almost none of them would have a reading disability. But by the time they left, some would be on track to be readers, and some would not. "We could actually see some of this happening," he recalls, with a note of deep sorrow. He admits the memory is painful, because as a school psychologist, he strived to help teachers monitor their students so the children would stay on track. "We're talking about the children whom I was entrusted to help and support. At the time, we had very limited tools. I didn't have the tools to argue effectively against retention. I didn't have a prevention-

continued on page 21

Did You Know...?

Developed by Dr. Roland Good and researchers at the University of Oregon, the Dynamic Indicators of Basic Early Literacy Skills™ (DIBELS) have been tested on thousands of students. These indicators are the same as the Vital Indicators of Progress™ (VIP) used in all Voyager reading programs. The VIP assessments are equivalent to DIBELS and provide brief, predictive and highly reliable measures of a student's reading progress every few weeks from kindergarten through third grade.

Dr. Roland Good, continued from page 15

oriented framework. And I remember the individual children who were retained when I was a school psychologist and didn't have a better solution. I still remember their faces and their eyes looking at me, and I did the best I could with what I had, but that wasn't good enough."

Inevitably, all educators have to do the best they can with the tools that are available, Dr. Good says. "When we don't have a better tool, we need to be forgiven for what we've done in the past." His words are sincere, but the burden of guilt he feels is still evident.

Guilt, however, is a forceful motivator, and when combined with sincerity of purpose can lead to great things. In the case of Dr. Good and the more than two dozen researchers who developed and field tested the assessment measures, the end result was a powerful diagnostic tool that can be used to stem the tide of illiteracy in America.

"This has truly been a team endeavor," says Dr. Good, "with many students and colleagues working together to create a system that is both effective and efficient. Many districts have partnered with us to create the longitudinal research base upon which DIBELS is built."

Dr. Good envisions DIBELS and VIP as tools that educators can use to make a difference in children's lives. "However, it's only a tool," he notes, matter-of-factly. "A tool needs an artist who's going to work with that tool and use it to do something that's really important. A tool might be a chisel that a sculptor uses to create a beautiful sculpture. That sculptor needs a tool that's well weighted and sharpened—but the tool without an artist can't create art. It needs the artist to create something great and meaningful and important. I view DIBELS and VIP in that relationship with teachers and educators and principals. They've got to use this to create something important."

Administering the measures with fidelity is critical, says Dr. Good, noting that if they are not used properly, the results become virtually useless.

"These measures are remarkably robust across a wide range of implementations... so long as they're given within a good approximation of the standardized administration issue," he says. "At the same time, it's very possible to administer outside of the standardized directions and just ruin the measure so that whatever score you get is simply meaningless."

PUTTING TOOLS INTO ACTION

When implementing in a school, Dr. Good advocates for three considerations to help teachers and researchers have confidence in the scores: First, every assessment team should have a team leader to observe teachers at least once during each benchmark period and ensure they are administering the assessments properly. Second, educators should plan for a reliability measure on an ongoing basis. For example, the Florida Center for Reading Research has implemented a reliability system, where for every school they retested at least five children, and for every district they retested at least 50 children. They looked at the correlation between the scores, and in any case where it was outside the zone, they retrained the teacher in administering the measures.

Third, Dr. Good advises teachers to keep in mind the general idea that DIBELS and VIP are brief and repeatable measures. In any one administration, it is possible that a low score simply means the student was having an off day, instead of indicating a deficiency in certain skills. Says Dr. Good, "We're

always prepared to retest any child, any time, when there's any reason to be concerned about the accuracy of the measure."

Equally critical, he notes, is that teachers implement the assessment tools early on in a child's learning. With each grade, it becomes increasingly difficult for a student to get back on track, Dr. Good explains. One reason is that by the second or third grade, the child has formed a negative self-image of being a poor reader. "If they've already decided that this is not something they do well, then this is not something that they will choose to do," he says.

More importantly, though, children who have fallen behind in their reading skills need exponentially more time for intervention—a tremendous challenge for teachers already lacking time and resources. Explains Dr. Good, "A child who is reading on track at the end of first grade is reading about 40 words correct per minute. So, in ten minutes of reading after school, they're encountering and practicing 400 words. Now, a struggling reader at that time is reading 10-20 words correct per minute, and in ten minutes of reading, they're reading 100-200 words. In the same amount of time, they're getting half the practice in reading. To get them the same amount, they would have to read twice or four-times as long as a child who is on track—and they're twice as unlikely to do so. We're really overcoming very serious challenges."

The take-away, says Dr. Good, is that every ounce of energy invested in prevention pays huge dividends in student learning. "We don't have to get them re-motivated, we have to maintain their motivation. We don't have to practice four times as much, we just have to get the same amount of practice." He speaks quickly, impassioned by the urgency of his message: "We have diverse learners with diverse backgrounds and unprecedented need. And now we have the skills, the strategies and the technology for measurement and intervention to change the outcomes for those children." &

"MY GOALS ARE
MODEST—TO CHANGE
THE WORLD," GOOD SAYS,
ONLY HALF-JOKING. "I FIGURE,
IF I'M GOING TO WORK FOR
YEARS AND YEARS, I WANT TO
DO SOMETHING THAT'S GOING
TO MAKE A DIFFERENCE TO
SOMEONE. I WANT TO HELP
OUT IN SOME WAY."