
ORAL LANGUAGE:
ASSESSMENT AND DEVELOPMENT IN
READING RECOVERY
IN THE UNITED STATES

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THE ROLE OF ORAL LANGUAGE IN LITERACY IS WELL ESTABLISHED (CLAY, 1985, 1991; Enright & McClosky, 1988; Hanf-Buckley, 1992; McLaughlin, 1985). This article underscores:

1. The selection of English language learning children (ELL) for intervention in Reading Recovery using the Observation Survey (OS) but suggests oral language as a component of standardized and informal assessment;
2. Ways to pay *special attention* to oral language development for ELL children and create opportunities for talking across the components of a Reading Recovery lesson which may be more supportive, efficient, and cost effective;
3. The need for carefully designed studies related to the social and verbal interactions between the teacher and ELL children during Reading Recovery lessons; and
4. The need for research that investigates the effects of ELL children's learning to control basic sentence structures and their successful discontinuation from the program.

Clay's Record of Oral Language (ROL)

In New Zealand, an abundance of research has identified the differences among children who enter school at five years of age (Clay, 1985; Renwick, 1984). One of the major differences schools measure and prepare for is the level of a child's oral language. An assessment is used and when the results show a child does not possess oral language sufficient to begin formal reading and writing instruction, an oral language program of learning is recommended. In an early study, Clay (1985) advised:

If we eased up a little on early reading and writing in the first six months of school not pushing so hard to get children further, earlier, where could we direct our energies? We could schedule time when children with poor language skills would be encouraged to initiate learning opportunities for themselves and then be encouraged to talk, to question, to explain to other children and to the teacher as she moves among them extending their expressions of ideas into an oral statement. (p. 36)

In children's first year of schooling, New Zealand teachers are encouraged to provide intense, consistent, daily emergent literacy instruction by organizing specific talk-centered activities and interrelating oral language with reading and writing for those whose communication styles differ from the teachers' (Au & Mason, 1981; Cazden, 1988; Clay, 1985; Jamieson, 1977; Mackay, 1973). In the United States, teachers are challenged by a far greater diversity of socioeconomic problems and languages among children beginning school and efforts vary widely to address their oral language development (Peregoy & Boyle, 1993).

After years of researching the effects of oral language development on children's reading and writing, Clay, Gill, Glynn, McNaughton, and Salmon (1983) created a practical and useful instrument, *Record of Oral Language and Biks and Gutches*, to identify those needing oral language assessment and instructional modifications. Other formal measures of oral language are useful to Reading Recovery teachers (i.e., Student Oral Language Observational Matrix [SOLOM, Parker, Dolson, & Gold, 1985], Language Assessment Scales, [Duncan & De Avila, 1977], Basic Inventory of Natural Language [Herbert, 1977], or the Bilingual Syntax Measure [Burt, Dulay, & Hernandez-Chavez, 1975]).

However, Clay's focus in the ROL on basic sentence structures to develop oral language fluency supports her theory (1991) of how children relate language and print (p. 39). It examines the language structures ELL children control in their speech. These form the bulwark of much of what they may read and write during Reading Recovery lessons. Furthermore, the ROL gives teachers:

- insight into ways young children control different sentence structures in English,
- useful ways of checking on a child's control of the language structures needed to do school work,
- a way to identify the most advanced structural level of oral language that a child might listen to and fully understand,
- a way to measure change in oral language competency due to specific instruction or from a child's environment, and
- a way to identify and select children whose language development may require special attention.

The ROL has two parts. Part I contains the basic levels and diagnostic sentences. Part II contains a series of pictures and questions related to the pictures that require a child to demonstrate control over inflections of English. Part II may be less important in Reading Recovery. It is not included here because research has demonstrated that typically inflection and pronunciation develop in the later stages of second language acquisition (Jackson, 1980; Mace-Matluck, 1981).

Part I: Levels Sentences and Diagnostic Sentences

The ROL has three sentence levels grouped on the basis of difficulty. The teacher reads these simple, declarative sentences out loud and the child is asked to repeat them. Clay (In Clay, et al., 1983) said, "research has shown that when we analyse a child's attempts to repeat a carefully constructed set of sentences we discover also those grammatical structures which he may be just beginning to understand but may not yet use in normal speech" (p. 10). An exact spoken repetition of each sentence by the child is scored as one point. There are two examples for each sentence level and seven sentences in each section making a total of 42 sentences across the three levels of Part I.

If a child scores less than 13 on the ROL she or he is unable to repeat Type A, simple sentences in Level 1 accurately. These sentences are made up of a subject, the verb to be, and some other simple statement. They do not have an object (e.g., My brother's knees are dirty. My father's radio is broken.). For a complete description of Levels Sentence types from B through G the reader can refer to the ROL itself.

Diagnostic Sentences. Part I of the ROL also contains several diagnostic variations of the simple sentence types in the Levels Sentences that include:

- Imperative sentences,
- Questions,
- Negative sentences,
- Preposed phrases,
- Relative clauses, and
- Adverbial clauses.

There are 82 additional Diagnostic Sentences in Part I of the ROL which are not all inclusive but provide teachers a broader way of exploring a child's language beyond the Levels Sentences. They are arranged hierarchically according to difficulty and are presented in the same manner as the Levels Sentences.

Clay et al. (1983) provide guidelines for analyzing children's oral language using their responses to the Levels Sentences and for applying information gleaned from the Diagnostic Sentences to the development of classroom instruction. She cautioned:

In general, children scoring below 13 [on the ROL] will so far have acquired only limited control over the structures of oral English. They will be likely to have difficulty in

following all but the simplest form of instructions given by the teacher and in following a story read to the class. These children should be considered for special attention in oral language development. (p. 29)

To paraphrase Clay's summary of the use of the Record of Oral Language: Teachers who use the ROL to gather insights about children's control of basic language structures may observe the extent to which children are gaining control of a standard dialect in addition to the one they already control and will be able to develop their own applications of the findings to suit their particular needs. But, in Reading Recovery in the United States is this too much to assume?

Oral Language Assessment for ELL Children in the United States

Researchers have long expressed the importance of fluent, structured oral language in the development of a child's literacy and particularly in relation to how it influences cognitive growth and the ability to arrange symbols logically and to think abstractly (Bruner, 1983). Large numbers of ELL children enter public schools in the United States. They are tested once at the beginning of kindergarten or upon entry into school and generally classified as Limited English Proficient (LEP), Non-English Proficient (NEP) or Fully English Proficient (FEP). (This article focuses on those children classified by the school as LEP and NEP. But unlike the ROL, the typical standardized oral language assessment results are limited and provide scant information that can be used to design a program of oral language instruction that supports children's growth in literacy (Peregoy & Boyle, 1993).

Consequently, Reading Recovery teachers must often depend upon the labels ELL children have earned from a single test, kindergarten teachers' judgement, and whether or not they appear to understand spoken directions during the OS as the basis for evaluating their emergent literacy and initiating instruction in the program.

Many ELL children are among those identified by Reading Recovery teachers as the lowest in reading and writing on the OS and qualify for immediate intervention. Often these children speak a dialect of English at home or another language in their homes and communities and apart from when they are in school may not hear or use standard English. Conditions at school in the United States may tend to militate against language development for children from these backgrounds.

Different cultures have different rules for speaking at home, and traditional schooling does little to erase differences in their oral language (Clay, et al., 1983). These children are often reluctant to speak with adults, and a teacher is at a loss to know how to get them to talk, so she or he may talk two-thirds or more of the time and *lead all the way* (Mackay, 1973; Jamieson, 1977). Clay (1991) said:

If the child's language development seems to be lagging it is misplaced sympathy to do his talking for him The child who does not like to talk with the teacher or who has some difficulty understanding what the teacher is saying may be a child at risk. Be strong minded about talking with a child with whom it is difficult to hold a conversation. The human reaction is not to spend much time talking to such children. The educator's reaction should be to create more opportunities for talking. (p. 69)

Because many first grade classrooms in the United States are overcrowded, ELL children may have limited opportunities to participate whenever oral language instruction in English is conducted. Moreover, teachers' social, verbal interactions and attempts to engage them in conversation differ markedly from their interactions with standard English-speaking children (Hanf-Buckley, 1992). These conditions are cited frequently to support the decision to enroll them in Reading Recovery immediately because it is generally accepted that:

1. Regardless of ELL children's oral language deficiencies they should enter the program immediately if they can understand enough English to follow the directions for completing the OS and they score in the lowest group of alternatively ranked children in a first grade class.

2. Hypothetically, the oral language context of Reading Recovery lessons in which an expert adult user of English models and engages ELL children one-to-one in a variety of language-based learning activities, and the material and activities she or he chooses for a particular child within the components of the lesson create what is necessary to accelerate these children's oral language and literacy.

3. Reading Recovery is not an ESL program.

Each of these positions is justifiable. In one recent study 75 percent of ELL children selected for Reading Recovery in California on the basis of only needing to understand the directions for the OS appeared to benefit immediately from working in the program and demonstrated accelerative learning (Kelly, Gomez-Valdez, Klein, & Neal, 1995). These researchers compared ELL children's rate of discontinuation from the program with that of English-only speakers (English) and Descubriendo La Lectura (Reading Recovery in Spanish / DLL) and showed almost identical percentages: 75 percent, 74 percent, and 78 percent respectively.

In this study, comparisons were made on the various tests of the OS, but oral language as a variable was not identified or treated. Asked how they accounted for such even results across the language groups, the authors repeated the generally accepted hypothesis: given the rich oral language context of Reading Recovery lessons in which an expert language user is modeling for and engaging the child in a variety of language use, Reading Recovery serves to accelerate a child's reading and writing development concomitantly with acceleration in oral language competence. This hypothesis needs to be tested and research expanded in the United States. Clay (1985) said:

It seems oral language is used to facilitate progress in reading and writing but few if any activities are designed specifically to facilitate oral language control. Perhaps because language learning seems to be done so easily by many children in the majority culture we have forgotten to arrange for learning opportunities to learn more about the use of the language for talking. (p. 33)

Interrelating Oral Language Development with Reading and Writing Across Reading Recovery Lessons: Some Personal Observations, Questions, and Modifications

Thoreau (1927) stated, "As the least drop of wine tinges the whole goblet, so the least particle of truth colors our whole life. It is never isolated, or simply added as treasure to our stock. When any real progress is made, we unlearn and learn anew what we thought we knew before." One particle of truth colors my whole career teaching children and adults who speak a dialect of English or English as a second language to read and write in English or Spanish, training teachers to do the same and to provide more effective instruction for those who will either drop out of school or be pushed out because of basic literacy difficulties.

The truth is oral language is primary, interrelated with written language and it is the basis of verbal thought, social communication, and the complexities of reading and writing (Chomsky, 1972; Huey, 1908; Loban, 1963, 1976; Monroe, 1965; Purcell-Gates, 1991, 1992; Sulzby, 1985; Wells, 1981). Thanks to my work in Reading Recovery I have unlearned and learned anew what I thought I knew before.

My own observations of many Reading Recovery teachers working with ELL children in the United States support Mackay (1973) and Jamieson's (1977) research: teachers talk more

than two-thirds of the time during a lesson and lead all the way. Single word or monosyllabic responses are routinely accepted without realizing the inhibiting effect this may have on a child's development in literacy. Attempts to clarify or expand children's oral language production are often weak and inconsistent and do not facilitate these children's learning by specifically linking what they can understand and say to what they read and write (Cambourne, 1988).

These observations may reflect personal experience or bias and, in the absence of empirical studies, should be viewed cautiously. But, Wells (1986) studied the social and verbal interactions between classroom teachers and children and concluded:

Teachers are unaware of the manner in which they interact with children and even when they become so by recording themselves and then transcribing and analyzing the resulting tapes, they do not find it easy to change interactional strategies built up over many years. For like the proverbial centipede, when asked to think about how they talk with children, some teachers find they become so self-conscious that they can no longer interact in a natural manner at all. The reason for this, I suspect, is that under normal circumstances, the focus of our attention is not on the verbal and nonverbal messages through which we communicate our intentions, but rather on the intentions themselves in relation to the specific activity in which we and our co-participants are engaged. (pp. 90-91)

The intention in Reading Recovery to accelerate children's learning and discontinue them as soon as possible may not encourage teachers in this country to pay enough attention to more varied verbal interactions nor expand their use of flexible prompts particularly when they have not been trained to develop oral language in the way teachers in New Zealand have. Where oral language development has not been a strong component of Reading Recovery teachers' background and training, supervisory models and explicit work during inservice classes may be required to help them become more aware of their communication patterns with ELL children.

Some questions occurred to me during my training as a Reading Recovery teacher leader while working with three ELL children. Can a Reading Recovery teacher trained to pay *special attention* to ELL children's oral language development and *create more opportunities for talking* change the manner in which she or he interacts with these children socially and verbally and support accelerative learning without disrupting the lesson or the research related to the program? For ELL children in Reading Recovery in the United States, is there a need to administer Part I of Clay's ROL to some of these children prior to their entry to the program and to measure the development of their oral language over time? Could this specific assessment of oral language among ELL children provide insights beyond what their ability to understand simple directions on the OS offers?

My academic background in language development and second language acquisition, emergent literacy, teaching a foreign language, and personally having had to study and learn a second language on foreign soil attuned my ear to the differences among these children's oral language competencies during the OS, *roaming*, and their early lessons. At one point in each of their programs they became stalled, seemingly unable to read increasingly more difficult texts or write more varied stories despite the fact I was trying to apply *correct* Reading Recovery procedures and prompts in these children's lessons. Another cautionary note is needed here because in my ignorance and novice role I may well have been more focused on the details of Reading Recovery procedures and missed the importance of process as it relates to these children's learning. Nevertheless, not only did their learning not accelerate but they began to regress. I examined their lessons carefully, looked at myself and seriously considered what I needed to change about me as a teacher and what I needed to do to adapt the program to meet their needs (Clay, 1993).

After altering the levels of texts and shared writing activities with limited success I decided to modify my verbal interactions with these children and focused on oral language development as an interrelated aspect of their reading and writing. Without adding to the burden of my teaching I incorporated more opportunities for these children to talk in their Reading Recovery lessons each day by:

1. Encouraging them to repeat whole sentences instead of accepting one word answers or monosyllabic responses.

2. Having them tell me what they or we would be doing at each transitional point of the lesson. For example they would say, "I am going to write on the board now," instead of saying "write," "writing," or some such limited utterance.

3. Encouraging the child after reading each familiar text to talk about the meaning, retell the story, and repeat the patterned language structure used in the text in our conversation.

4. Selecting and introducing texts that contained different high frequency language and syntax that would specifically scaffold a particular child's reading and writing development and by focusing heavily on meaning and structure as well as visual prompts and cues.

5. Using one of the familiar texts as a source of developing the child's daily story conversation and focusing on a specific sentence structure with the child to write a story based on this structure. After the child completed writing the story I repeated the structure and used it as a kernel sentence and substituted a simple meaning statement in conjunction with it. For example, if the child wrote, "I am going to the park today." I would not only ask him or her to reread the story but afterwards say, "Yes, we can say, 'I am going to the park today or I am going to school today, or I am going home today.'" The child was asked to repeat each patterned substitution.

6. Asking the children to not just do the reassembly of the cut-up story at home but to bring it back in the envelope with the books they took home each evening. Before fluency writing I asked the children to quickly reassemble the story on the desk and read it.

7. Selecting the new book within lessons based on language they controlled or partially controlled which reinforced or strengthened these sentence structures.

8. By focusing on meaning, planting the targeted structure of language in their ear during the introduction of the new text, modeling for the child the language of the book and asking the child to read it and return to the text for a second reading "to get a flow of words and a real feel for the story" (Clay, 1993, p. 38).

At the end of this first year I made several observations:

1. Since I was aware of these children's oral language differences and the effects they were having on reading and writing in their program, it seemed natural and logical to interrelate oral language development across the lesson.

2. The length of the lesson expanded, but by not holding these children accountable for using structured language I was neglecting an important aspect of their development in literacy. The additional time allotted to the lesson may reflect my own ineptitude and warrants more carefully designed inquiry because some ELL results in other sites show comparability with the general population without adding time to the lesson (Kelly, et.al., 1995). More information is needed because there may be a variance between those ELL children who enter the program as LEP as opposed to NEP.

3. As children's control over basic sentence structures in oral language improved, so did their fluency and comprehension of the stories we read.

4. As the children used these structures in their writing they appeared to gain increased control over them in their oral expression and they began to accelerate their learning.

5. Each developed a self-extending system. All three ELL children were discontinued, though at different levels and at different points in their program.

During my field year I worked with three more ELL children. I supplemented the Observational Survey with Clay's ROL and the following two informal oral language measures at the start and finish of their programs.

1. During *roaming* I laminated pictures and asked the children to tell me a story about each one. I tape recorded these stories and responses to my questions during the narration then analyzed their expressive and receptive language level using the SOLOM (Parker, Dolson, & Gold, 1985).

2. I also asked the children to draw a picture about something we had read in *roaming* they particularly liked. Then I asked them to tell me about their drawing and I tape recorded and analyzed their oral language production using the SOLOM.

At the beginning of the program, two of the children scored less than 13 on the ROL and one scored 13, all three children scored between 5-11 (Phase I) on the SOLOM (NEP). I created the same opportunities for the children to talk more during the lesson that I established with the three ELL children I worked with during my training year.

The three children I worked with in my field year discontinued earlier than those I worked with in my training last year. All three successfully repeated 28-35 sentences from the Levels section of the ROL. They scored in the upper range of LEP between 19-24 (Phase III) at discontinuation (Gentile, 1995).

This work is preliminary, exploratory, and suggestive. No definitive conclusions can or should be made pending additional study and well designed investigations. Carefully controlled studies might generate more powerful instruction early in a child's program, but these initial efforts raise some interesting implications for further research and practice.

Implications for Further Research

Since reading and writing are derivatives of oral language, could it be that differences in ELL children's oral language development may account for some of these children's ability to accelerate their literacy learning? What effect might this have on the success and cost-benefit ratio of the program? On a similar note, would it be more cost effective and efficient to give some ELL children (those classified as NEP) intense oral language instruction first, then pick them up in the second round instead of placing them in the program immediately?

If oral language competency were identified and given special attention in a consistent way throughout the lesson, would more ELL children show accelerative learning and successfully complete the program? Absent of any adjustments to identify oral language differences and create opportunities for these children to talk more and relate what they say with what they read and write, might some of these children lack the foundation in language development to work effectively in the program early or make accelerated gains within the 12-18 weeks taken by the average child in the program?

These questions cast no aspersion on ELL children's cognitive ability, imply oral language differences preclude their entry into the program, nor that Reading Recovery becomes an ESL program when we identify and work to provide more opportunities to strengthen oral language in the context of their lessons. Rather, it may highlight what needs to be done about these children's oral language development in kindergarten and first grade.

When oral language assessment for ELL children in the United States is not included in Reading Recovery, might this inadvertently send the wrong message to teachers, i. e., since the Observational Survey does not contain oral language assessment and oral language is not tested, it is not assigned specific importance in the program?

Clay (1985) said:

Educators need to consider the recommendation that, because we know where we are going in early reading and writing and because teachers are doing a good job in this area, there is reason to pay more attention to oral language development particularly for children who enter school with less than average attainment in this area.

In New Zealand, studies confirm ELL children in Reading Recovery who successfully complete the program continue to develop their literacy (Clay, 1993). In his classic longitudinal study of kindergarten children over a thirteen year period from ages 5-18, Loban (1963) found those students in sixth grade who scored in the highest quartile of reading and writing were the same ones who scored highest on measures of oral language in the primary grades. He found the opposite to be true as well. Students who scored lowest in reading and writing in the sixth grade were the same who had scored in the lowest quartile in oral language in the primary grades. But, no such longitudinal study has been made of ELL children in Reading Recovery in this country.

When ELL children successfully complete Reading Recovery, longitudinal studies need to be conducted to examine the relationship of their oral language development to their continued growth in literacy across the primary grades. What differences are there in these children's oral language, their ability to read and write, and their continued success in school?

Finally, the social and verbal interactions between teachers and these children across their lessons need to be studied. Are there differences in the way teachers interact with standard English-speaking children and ELL children in Reading Recovery? What differences are there between teachers' verbal exchanges, expectations, time spent talking, attention to oral language development, and the selection and management of materials and activities for ELL children who successfully complete the program and those who do not?

According to Clay (1993), acceleration is the outcome of sound teaching. She notes:

As the child gains control of the various components of the reading process the teacher who is observing sensitively begins to realize that a faster pace up through text difficulty levels is possible. However for some children and some teachers this does not seem to happen. In this case, there is only one position to take: The program is not or has not been, appropriately adapted to the child's needs . . . some aspect of the teacher's teaching or some aspect of the reading process has not received attention. (p. 56)

Given the disparity between many ELL children's oral language development at home and in school in the United States and in light of Clay's admonitions:

- How can a Reading Recovery teacher's sensitive observation be complete without any assessment of ELL children's oral language competencies in standard English?
- How can a program be appropriately adapted to the needs of some ELL (LEP, NEP) children without the teacher paying special attention to the role of oral language development in literacy in Reading Recovery?

This article addresses these and other significant issues in Reading Recovery in California where a majority of the nation's second language learners reside, where the state ranks next to last in the nation's elementary school children's literacy, where one in four children lives in poverty and the socioeconomic differences among teachers and children are widespread, and where teachers work in the most crowded classrooms in the country and can face classes represented by 12 or more languages.

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