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THE ROLES OF ENGLISH TEACHERS AND LD SPECIALISTS IN IDENTIFYING LEARNING DISABLED WRITERS: TWO CASE STUDIES

Individuals who are learning disabled possess average to above average intelligence but have difficulty acquiring, storing, and/or retrieving information in certain areas. The primary reason for this difficulty is thus not lack of intelligence—nor is it an emotional block, poor instruction, or a disadvantaged background. Rather, the reason is a deficit, apparently of neurological origin, in one or more specific cognitive processing abilities—for example, perception, symbolization, image-making, conceptualization. Such specific cognitive processing deficits can affect different content areas or social skills. When the deficits affect written language, the condition is called *dysgraphia*. Some of the symptoms may be illegible or unusual handwriting, frequent and bizarre mechanical errors, and incoherent or inappropriate style and content. Helmer

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Myklebust published his pioneering *Development and Disorders of the Written Language* in 1965, but it has been mainly in the 1980s that traits of college level dysgraphics have been investigated and described by such teachers and researchers as Amy Richards, Noel Gregg, Susan Vogel, and Mary Ross Moran.

Indeed, during this decade an increasing number of dysgraphic students are enrolling in college—particularly in developmental and remedial courses (Longo, 10–11). Many of these students, however, have never been diagnosed as writing disabled. Perhaps because they were able to handle the often less demanding writing assigned in high school, the severity of their problem is not revealed until they become involved with the extensive writing and close correcting of college composition. Other students, though previously diagnosed as LD, are reluctant to disclose their disability. As Longo puts it, “Using long-established avoidance patterns, [they] enter the ‘hide-out’ phase of their college education,” rather than making their problems known to their professors (11). Yet most dysgraphic students will find that passing required college writing courses is extremely difficult, if not impossible, without some special instruction and modifications. Thus Amy Richards writes, “The chief hope for the writing disabled student in the college classroom is that English composition instructors learn how to make tentative identification of writing dysfunction” (68).

Richards’ word “tentative” here is a vital one. There are major drawbacks to identifying dysgraphics simply on the basis of classroom writing and behavior. First, the learning disabled population has no one consistent set of characteristics; their disorders are, as Hammill et al. point out, “heterogenous” (8). Each dysgraphic student presents a unique profile, both in terms of writing weaknesses and in reactions to those weaknesses (for example, some LD students simply give up, exhibiting learned helplessness or a lack of effort; some blame others for their failures; some keep trying valiantly to improve their writing skills). Second, while some particular error patterns are found most often in the writing of the learning disabled, many characteristics of dysgraphic writing may also be caused by low intelligence, emotional or social dysfunction, developmental delay, lack of motivation, or educational or cultural deprivation (see, for example, Shaughnessy, who stresses the “central condition of ill preparedness,” (161; also 10 and 174). A final difficulty for English teachers trying to identify an LD student on the basis of classroom writing is that, even if the student’s work seems quite clearly indicative of a disability, similar errors can be caused by different deficits—and for instructional purposes teachers need to know what type of disability the student

has. Thus, although composition teachers may often be accurate when they suspect a student of being dysgraphic, the most reliable way to identify learning disabled students and to define the nature of their disabilities is through clinical testing. Moreover, college students who were diagnosed in grade school often need to have their tests updated. In most areas of the country private testing is available, but in recent years many postsecondary institutions have initiated centers to identify and support LD students (see HEATH, for a list of directories for such centers).

There are, of course, as in any rapidly developing field, many issues still to be resolved regarding LD students and these centers. In particular, there remain debates regarding various aspects of the term "learning disability," the diagnostic tests to use, and the interpretation of the results. These issues are beyond the scope of this article. In the following case studies of a teacher's and LD center's analyses of two basic writers, we do not advocate a particular model of diagnosis. Rather, we hope to illustrate the complexity of recognizing and defining learning disabilities, and the need for a cooperative sequential process of identification on the part of English teachers and LD specialists. We hope that these case studies will also clarify the often mysterious-seeming process of clinical testing and diagnosis.¹

The developmental studies program in which our two students, Tracy and Bob, were enrolled was designed for freshmen who do not meet the criteria for regular admission to the university, but who show academic potential. Students accepted into the program are tested in math, reading, and writing; they are then enrolled in appropriate remedial classes, from which they "exit" into regular courses once they meet specified criteria. Students have up to four quarters to meet this criteria. Both Tracy and Bob were placed in developmental studies writing classes and had been there two quarters. Part I of this essay (The Classroom) will describe aspects of these two students' essays which led their third-quarter teacher to recommend them for LD testing. Part II (The Center) will describe the testing procedure, their test results, and the center's diagnosis.

Part I—The Classroom

Although college teachers are less likely to have taken courses in written language disorders than teachers at lower levels (who are often required to for certification), postsecondary composition teachers today are becoming more familiar with at least some of the basic LD symptoms. Their knowledge is surely due in part to helpful articles currently being published on the subject—for

example, by Belinda Lazarus, who describes characteristics of LD students and suggests some accommodations for them; Amy Richards, who distinguishes between “errors of inexperience” and “errors of writing disability”; and Carolyn O’Hearn, who further defines the nature of dysgraphic mechanical errors.

According to Richards, errors of inexperience are typical errors, found often in basic writers; errors of writing disability are often unpredictable and unusual—even “bizarre.” Yet when only typical writing errors are present, a teacher should not necessarily conclude that a student is cognitively normal. As Mina Shaughnessy writes, if the kinds of spelling errors her “inexperienced” students made were to appear “in the papers of academically advantaged students (i.e., students from schools where there was opportunity to read and write), there would be good reason to explore the possibility of an underlying [perceptual] disorder” (174). A high frequency of errors of inexperience in an “experienced” writer, then, can also be symptomatic of a writing disability. The first student whose diagnosis we will describe, Tracy, seemed to her classroom teacher to be such a student. In spite of the fact that Tracy had had no apparent educational deprivation, she made an unusually high number of writing errors—some “LD errors,” but mostly “errors of inexperience.”

Tracy was White and middle-class and spoke well. In addition to an “academically advantaged” background as Shaughnessy defines it, she had had two quarters of intensive training in writing in the developmental studies program, and she praised her teachers highly. Moreover, Tracy was a hard worker who organized papers well and expressed accurately ideas discussed in class. Yet in spite of her background and her abilities, Tracy’s neatly written essays generally had, in any one paragraph, eight to ten spelling errors, as well as comma errors, unclear pronouns, major sentence errors, and occasionally, awkward sentence structure. Her spelling errors were of all types—many semantic (*led, lead; too, to; sense, scents*), but also auditory (*struckture, of for have, probley*), and visual (*avialable for available*). While such mistakes might be classified as errors of inexperience, Tracy also made some “LD errors”: her spellings were often inconsistent (correct in one line, incorrect in the next), and she tended to leave out letters in the middle and at the ends of words—omissions which did not reflect pronunciation. Tracy was aware of her weaknesses and blamed herself, resolving repeatedly to work harder.

An excerpt from one of Tracy’s essays, a response to John Holt’s “Kinds of Discipline,” is typical of her writing. On the first page of her essay she had had a clear thesis that stated that Holt’s three

disciplines—of Nature, Culture, and Superior Force—all played a major role (“roll”) in our lives. After discussing the Discipline of Nature, she began the paragraph below:

- 1) Next is the Discipline of Culture. Holt points out
- 2) his essay that “man is a social, a cultural animal.”
- 3) (p. 70) People expecially young people immatate the
- 4) people around them. Young people do it tring to act
- 5) like adults kind of like playing a game to them. Older
- 6) people immutate the people around them in order to fit
- 7) in and be excepted. For instance, at church everyone
- 8) sits quitley and still. Older people do it in order
- 9) to be excepted if the were loud and moved around old
- 10) people would begin to stair and possobly ask them to
- 11) leave. Young people on the other hand immitate the
- 12) other people as a game. They sit still and don’t say
- 13) a word because they want to be like their parents.

Here Tracy shows her strong points: she understands both the reading and the given topic, and her organization is clear. Tracy’s spelling is the most obvious problem. In about 140 words, she has thirteen misspellings representing a variety of error categories—auditory, visual, and semantic. The inconsistent spellings of *imitate* (lines 3, 6, and 11) and the omitted final letter on *they* (line 9) are particularly indicative of a disability. This excerpt illustrates other problems that plagued Tracy—major sentence errors (lines 8–11), sentence structure (lines 4–5), unclear pronouns (line 12), and punctuation errors. Faced with papers like this from Tracy the first few weeks of the third quarter, Tracy’s teacher decided, on the basis of the quantity of her errors, the quality of her educational background, her scattered “LD errors,” and the effort Tracy seemed to be making, to advise Tracy to sign up for testing at the University’s LD Center.

The second student, Bob, also seemed to his teacher possibly dysgraphic. He had obvious intelligence—a wide reading background, a good vocabulary, good reading comprehension, a zest for writing—and an advantaged background (he was White and middle-class and had attended a private high school). Yet he exhibited many traits often described as characteristic of a learning disabled student. His handwriting was unusual: he wrote all in capitals, except for the letter *g*, and still occasionally reversed letters, such as *s*. His spelling errors were frequent, generally auditory, and often bizarre; he also had a great deal of trouble with sentence structure and punctuation. But Bob had other writing problems in addition—and these, the teacher thought, might be

partially caused by his resistance to classroom authority. Bob's essays lacked cohesion and were often globally disorganized, with no paragraphs or brief one-and-two sentence paragraphs. He claimed that the tightly organized "reason 1-2-3" type of essay bored him. Also, he repeatedly did not write on the assigned topic—and he once stated that when teachers "blatantly failed to generate a suitable topic," he would "come up with [his] own." He balked at the study of grammar, and his essays were often inappropriate in tone or overly dogmatic. For example, in a supposedly serious essay Bob's thesis statement read: "Both [writer-editor Norman] Cousins and [educationist John] Holt are wrong in their ideas; simply because neither of them agree with me unequivocally." Even if Bob were being ironic here, the tone is inappropriate.

Below are the opening two paragraphs of one of Bob's essays:

- 1) THE PROBLEMS I HAVE ENCOUNTERED WHILE
- 2) NEGATEING SUPERIOR FORCE PLACED ON ME IN A
- 3) GROUP, A SEPERATE GROUP OR MYSELF PERSONALY
- 4) WERE ALL HANDELED IN A SYMLAR FASHION.
- 5) THE THREE MOST IMPORTANT THINGS TO RE-MEMBER
- 6) ARE THAT MIGHT MAK "THE POSESSION OF THE MEANS
- 7) CONFERRS THE RIGHT TO USE THOSE MEANS AS THE
- 8) OWNER SEES FIT" OR SIMPLY PUT 'MIGHT MAKES
- 9) RIGHT." THIS IS THE MOTTO OF THE ENEMY, THEY
- 10) HAVE A LOADED DECK. THE ENEMY MAY BE THE BOARD
- 11) OF EDUCATION, OR THE PRINCIPLE. OR A SCHOOL THUG.
- 12) THEY ALL gET HANDELED THE SAME WAY.

For this essay, Bob had chosen a topic asking him to describe a Discipline of Superior Force (authority) in his life, including some rewards and punishments he had received at its hands. However, Bob somewhat altered the topic: he showed how he—or the group he was part of—*defeated* a Superior Force (in this case, the principal and the Board of Education).

This excerpt also exemplifies Bob's problems setting up an organization plan. He attempts in the first paragraph of this excerpt to list the points he is going to make, but in the second paragraph he begins a second list of points (which he does not complete) and then he has still a third "list" (two items). Although he tries to be accurate by eliminating the third item of the third list, he still does not make clear which of his lists presents the "map" of the essay. Bob's coherence is also hurt by the structure of his first two

sentences (lines 1–8). Finally, Bob has serious punctuation and spelling errors (nine misspellings in about 100 words, some quite unusual).

Since so many of Bob's traits, particularly the handwriting and spelling, fit descriptions of traits of learning disabled writers, and since Bob, like Tracy, had had an "advantaged" background, the teacher recommended him for testing also. She did wonder, however, to what degree Bob's writing problems were due to a cognitive disorder and how much to his negative attitudes.²

Part II—The Center

Testing in an LD center allows more standardized measurement of the specific cognitive and social-emotional abilities impacting on a student's achievement than can be informally achieved in any one classroom. However, postsecondary learning disabilities centers may vary in their testing procedures. At this particular center, students undergo two days of individual testing. First, each student is given an "intake" interview for a background history and personality assessment. At this time the interviewer notes problems in social cognition (inappropriate social behavior, insensitivity to others) and weaknesses in oral language expression and comprehension. In addition, the clinicians look for specific defensive behaviors—learned helplessness, for example, or a tendency to assign external blame for failures (see Alloy 210)—by which the learning disabled (along with many individuals who are not achieving as they wish) sometimes attempt to cope with their problems. The specialists then go on to take writing samples and to administer a battery of informal and standardized tests that assess both specific cognitive abilities and achievement in oral language, reading, writing, and mathematics.

When the testing is completed, a team of clinicians carefully analyzes the results to determine error patterns within and among tests. A learning disability is indicated if the student is *overall* of average or above average intelligence but is *significantly* below average in one or more specific cognitive areas. The team also considers the other data that has been gathered. For instance, the student's personality profile is examined to be sure that there is no depression, anxiety, or psychosis which could be causing these patterns.

The results of Tracy's and Bob's testing are described below. Selected lists of instruments used and Tracy's and Bob's numerical scores are given in Tables 1 and 3; the clinical evaluations are given in Tables 2 and 4. Individual skills are described in the text and

categorized as ABOVE AVERAGE, AVERAGE, or BELOW AVERAGE. We want to make clear, however, that these descriptions of Bob's and Tracy's skills and the final diagnoses are not based on any one of the listed tests; a multidisciplinary team of clinicians identifies the patterns of deficits and strengths by making multiple task comparisons. One test score alone would have little value.

Tracy:

Background. Tracy had never been tested for learning disabilities, although she had had difficulty learning to read and was held back in second grade for that reason. She indicated that she felt incompetent in reading, and in college often needed to read passages several times to understand them.

Intellectual Assessment. In all measures of cognitive functioning, Tracy performed in the AVERAGE range. Within this range, however, she showed a relative strength in problem solving tasks, which may account for the logical organization of her essays, and a relative weakness in rapid visual discrimination and attention to visual detail, one probable reason for her spelling and punctuation problems.

Achievement Assessment. 1) Reading. Tracy was in the lower end of the AVERAGE range in reading recognition tasks, word attack, and phonetic analysis, all traits that again relate to her problems with spelling. Contrary to her own self-evaluations, she was AVERAGE in reading comprehension—an explanation for her ability to understand the basic points of the essays assigned in composition. And as might be expected from the consistently clear organization of her own essays, she had no difficulty on a task requiring her to recognize principles of organization in different modes of writing. 2) Mathematics. Tracy's performance on all measures of math were within the AVERAGE to ABOVE AVERAGE range. 3) Writing. Tracy produced a very coherent text with few cohesion errors, thus revealing a sensitivity to the needs of the audience. The area of written expression was, however, the most difficult content area for Tracy; overall her performance was BELOW AVERAGE. She had frequent punctuation and grammatical mistakes, although these appeared more often to be instructional errors (i.e., misplaced modifiers, comma splices, fused sentences) than errors typical of LD writers (syntactical order, omission and/or substitution). As in her classroom writing, her greatest problem was spelling; she had errors in recognition, recall, and spelling of words in context. Her attempts to spell phonetically showed little utilization of cues from structure or roots of words, so that phonetically spelled words were sometimes bizarre looking.

Oral Language Assessment. Measures of language function

indicate that Tracy could understand and express oral language with no difficulty at the word, sentence, and text levels.

Personality Assessment. No indications of depression, anxiety, and/or psychotic behaviors were observed in Tracy's behavior during her assessment. Tracy revealed maturity in accepting personal responsibility for most of her social and academic behaviors

Diagnosis. While Tracy's testing revealed a weakness (below average achievement scores) in spelling and in the mechanics of writing, the discrepancy among her scores was not great enough to suggest cognitive processing deficits. Therefore the LD center team concluded that she was not learning disabled. They speculated that her weaknesses may have arisen from a developmental delay at a formative period (perhaps before or during her initial second grade year) or from lack of appropriate instruction at that time, and whereas she seemed to have caught up in reading, the writing processes still lagged behind.

Bob:

Background. Bob had been diagnosed as learning disabled in the early elementary grades. His deficits were then diagnosed as mainly visual: visual-perceptual, visual-motor, and spatial relations.

Intellectual Assessment. As might be expected from his classroom participation and his vocabulary, Bob scored ABOVE AVERAGE in knowledge of abstract language and oral expression; and as might be expected from his spelling and mechanical errors, his scores were BELOW AVERAGE in visual tracking, visual-motor, and revisualization skills and in manipulation of novel symbol systems.

Achievement Assessment. 1) Reading. Bob was AVERAGE in word attack skills and reading recognition; his errors in this area were due to overrelying on the phonetic system and underrelying on his visual processing abilities (example: in a multiple choice question he chose *enuf* for *enough*). On reading comprehension he was ABOVE AVERAGE, but he scored BELOW AVERAGE on a task requiring him to recognize principles of organization in various types of discourse. Bob's high reading comprehension score, therefore, was probably based on his ability to go back and find pieces of information, rather than on his understanding of the whole pattern of the piece. (The format and demands of a psychometric task are very important to consider in evaluating a student's performance.) 2) Mathematics. Bob's performance on all measures of math was within the AVERAGE to ABOVE AVERAGE range. 3) Writing. In writing Bob ranked BELOW AVERAGE. Bob's difficulty in understanding principles of organization in reading paralleled

TABLE 1
Selected Diagnostic Assessment Measures
and Scores--Tracy³

Weschler Adult Intelligence Test-Revised

(Standard Scores)			
Full Scale Score 99			
Verbal 96		Performance 104	
Information	8	Digit Symbol	10
Comprehension	12	Picture Completion	10
Arithmetic	9	Block Design	9
Similarities	10	Picture Arrangement	15
Digit Span	8	Object Assembly	10
Vocabulary	9		

Woodcock-Johnson Psycho-Educational

Test of Cognitive Ability

(Standard Scores)			
Picture Vocabulary	101	Visual Matching	98
Spatial Relations	111	Antonym/Synonym	101
Memory-Sentence	109	Analysis/Synthesis	105
Visual-Audial	115	Number Reversal	106
Blending	97	Concept Formation	125
Quantitative Concepts	104	Analogies	105

Tests of Achievement

(Standard Scores)			
Letter-Word Identity	89	Humanities	104
Word Attack	96	Social Studies	109
Passage Comprehension	107	Science	101
Calculation	108	Proofing	93
Applied Problems	96	Dictation	91
Punctuation	96	Spelling	86
Usage	101		

Peabody Picture Vocabulary

Test-Revised

Standard Score 95

Logical Relationships(ETS)

Categorizing Ideas	10/12 Correct
Connectives	12/13 Correct
Analogies	10/12 Correct

Wide Range Achievement

Test-Revised

Standard Scores

Reading 83

Spelling 79

Arithmetic 75

Recognizing Principles of Organization	11/13 Correct
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Berry Visual-Motor Integration Test - No Errors

Bender Visual Motor Gestalt Test - No Errors

Holistic Quality Writing Score = 2 (1=lowest out of 4)

Holistic Coherence Writing Score = 2

TABLE 2

THE CENTER'S EVALUATION OF TRACY

DIAGNOSIS:	Not learning disabled
COGNITIVE PROCESSING DEFICITS:	None
ACADEMIC WEAKNESSES:	
	Spelling
	Phonetic skills/structural analysis of words
	Proofing (poor attention to visual detail)

his inability to produce coherent and cohesive written discourse. His organizational errors seemed also to indicate a lack of sensitivity to audience; however, it is difficult to determine whether a writer simply has weak organizational skills or whether he has little sensitivity to audience needs. The two traits are indeed probably interrelated (a point we have pursued in "Relation Between Sense of Audience and Specific Learning Disabilities: An Exploration," forthcoming). Bob was also weak on tasks that tapped his understanding of grammatical structures both in English and in novel symbol systems. In English he made errors in case, choice of preposition, and word order, and he had difficulty with logical grammatical structures in narrative, expository, and persuasive genres. Bob's lowest achievement scores were in spelling, particularly during a spontaneous writing assignment. Again, he appeared to overrely on his phonetic skills, ignoring visual word configuration cues.

Oral Language Assessment. Bob demonstrated AVERAGE to ABOVE AVERAGE semantic, syntactic, and word finding abilities. However, the clinician noted a slight weakness in the organization of Bob's oral discourse—indicating again his problems with text structure. Later several learning disabilities specialists working with Bob were to note his seeming insensitivity to listener's needs.

Personality Assessment. Bob showed no indications of depression, anxiety, and/or psychosis during the assessment. However, Bob demonstrated a tendency to blame others for his failures. He indicated that the teacher's control of school assignments and standards resulted in an undervaluation of his abilities.

Diagnosis. The wide discrepancy among Bob's scores—from ABOVE AVERAGE to significantly BELOW AVERAGE in both intellectual and achievement assessments—indicated that Bob was learning disabled. The center's team saw two specific areas of deficit indicated: in visual processing (noted in grade school) and in organizational skills (perhaps more obvious now that Bob was an adult). While Bob's visual deficits affected his writing mainly

through mechanics, spelling, and penmanship, his organizational deficit—his inability to sort, coordinate, and subordinate data of all kinds—affected in various ways both his writing and the ideas expressed in his writing. First, this inability to organize data explains his difficulty understanding relationships at the sentence, paragraph, and the text level—hence the weaknesses in cohesion and coherence. Second, although Bob's reading comprehension was good, this deficit contributed to his problems writing on the topic: he misunderstood the mode desired or stressed only one aspect of the topic. Bob's inability to coordinate and subordinate information also probably related to his intellectual rigidity (his dogmatic stands on issues) and, as mentioned earlier, to his apparent lack of audience awareness (his inappropriate tone and his confusing leaps from idea to idea, with little sense of planning or care). Bob's resistance to classroom authority was no doubt partly a function of his organizational/audience awareness problem and partly a reaction to his deficits; such behavior relieved Bob of responsibility for his failures and masked his own doubt in his ability.

Postsecondary LD centers vary not only in testing and diagnostic procedures but also in the amount of support available to students diagnosed as LD and to their teachers. Once this LD center's team reaches a diagnosis, they give a report to the student, and a selected summary (if the student wishes) to the student's instructors and advisors, with recommendations for future instruction. In addition, tutoring and special services are available for the student. We will conclude with a brief description of the center's recommendations for Tracy and Bob.

Recommendations for Tracy. Since Tracy was diagnosed as non-learning disabled, the clinicians predicted that continued instruction should result in improvement. Indeed, even before the center's diagnosis was known, Tracy's mechanics had improved at least sufficiently for her to "exit" her third-quarter developmental studies course. Passing the remedial course and learning that she was neither cognitively disabled nor below average in reading gave Tracy more confidence. (Clearly it is helpful for a student, whether LD or non-LD, to know his or her academic and social profile.) The following year Tracy successfully completed both of her freshman English writing courses.

Recommendations for Bob. Bob's composition teachers were told of his disabilities so that they could understand his unusual mechanical and coherence problems. Bob himself was advised to take computer-assisted composition courses when he exited his remedial course, so that he could use a spell-check and more easily revise, edit, and proofread his papers. Tutoring and counseling at

TABLE 3
Selected Diagnostic Assessment Measures
and Scores--Bob

Weschler Adult Intelligence Test-Revised
(Standard Scores)

	Full Scale Score 107		
	Verbal 105	Performance 108	
Information	10	Digit Symbol	8
Comprehension	9	Picture Completion	11
Arithmetic	7	Block Design	14
Similarities	12	Picture Arrangement	9
Digit Span	6	Object Assembly	12
Vocabulary	14		

Woodcock-Johnson Psycho-Educational
Test of Cognitive Ability
(Standard Scores)

Picture Vocabulary	128	Visual Matching	83
Spatial Relations	107	Antonym/Synonym	138
Memory-Sentence	119	Analysis/Synthesis	111
Visual-Audial	95	Number Reversal	87
Blending	123	Concept Formation	117
Quantitative Concepts	112	Analogies	118

Tests of Achievement
(Standard Scores)

Letter-Word Identity	108	Humanities	113
Word Attack	111	Social Studies	117
Passage Comprehension	116	Science	126
Calculation	96	Proofing	103
Applied Problems	124	Dictation	102
Punctuation	102	Spelling	103
Usage	103		

Peabody Picture Vocabulary
Test-Revised
Standard Score 120

Logical Relationships(ETS)

Categorizing Ideas	12/12	Correct
Connectives	13/13	Correct
Analogies	10/12	Correct

Wide Range Achievement
Test-Revised

Standard Scores	
Reading	112
Spelling	92
Arithmetic	102

Recognizing	
Principles of	
Organization	6/12
	Correct

Berry Visual-Motor Integration Test - Age Equivalent=12
Bender Visual Motor Gestalt Test - 3 Errors

Holistic Quality Writing Score = 1 (1=lowest out of 4)
Holistic Coherence Writing Score = 1

TABLE 4
THE CENTER'S EVALUATION OF BOB

DIAGNOSIS:	Specific Learning Disabilities
COGNITIVE PROCESSING DEFICITS:	
	Visual discrimination
	Visual motor
	Visual memory
	Visual sequencing
	Spatial relations
	Integration/organization of verbal information at the sentence and text level
ACADEMIC SKILL IMPACTED ON BY LEARNING DISABILITIES:	
	Spelling
	Proofing
	Handwriting (speed and formation)
	Comprehension and production of the principles of organization in text structure across genre
	Sense of audience
	Motivation and self-concept

the LD center were also recommended; the tutoring would focus on Bob's academic weaknesses, while the counseling would include sessions on modifying his defensive behaviors. Bob exited the University's developmental studies program after his fourth quarter, his teachers hoping that with accommodations and clinical support, Bob might, like many other LD students, successfully complete his freshman English requirements. Bob, however, has so far been unable to do so.

These case studies should not lead to wide-ranging generalizations about LD students, but they do suggest some needs in postsecondary institutions: the need for further examination of policies regarding the learning disabled; the need for composition teachers to receive more training in written language disorders; the need for researchers to explore further the nature of specific cognitive deficits and their impact on college level writing. But most particularly, Tracy and Bob illustrate the complexity of diagnosing writing disabled students—and the necessity for both English teachers and learning disabilities specialists to play a role in doing so.

Notes

¹ Some of the material in these case studies was presented by the authors

in a panel, "The Challenge of Problem Spellors," at the Conference for College Composition and Communication," Seattle, WA, March, 1989.

² In the case of both Bob and Tracy, the teacher was able with their permission to confer informally with a clinician from the University LD Center who had been observing the class and to show her writing samples of both students. This clinician concurred that testing both students would be advisable.

³ In Tables 1 and 3, the standardized scores have a mean of 100 and a standard deviation of 15.

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