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SCHOOL READING CLINIC: A READING INTERVENTION TO SUPPORT CARE FOR NON-READERS (CNR) PROGRAM

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ABSTRACT

The study was an assessment of the inventory status of the Reading Clinic in terms of facility, funding, and reading resources support to implement the CNR Program. The level of attainment of Reading Clinic objectives, extent of the implementation of the reading strategies in terms of instructional strategies, assessment techniques, intervention activities and monitoring and evaluation as well as the determination of the issues and concerns on the implementation of the Reading Clinic. The study employed a qualitative and quantitative descriptive survey research and the researcher used survey questionnaire containing statements to determine the inventory status and level of attainment of the Reading Clinic objectives which were rated using Likert Scale. The locale of the study was Midsayap, Cotabato, specifically there were 44 respondents composed of 7 principals, 4 Teacher Moderators and 33 language teachers. The researcher used a complete enumeration method in selecting the respondents and utilized a researcher-made questionnaire in data gathering. The result of the validity assessment was 4.20 described as Very Good thus highly valid. The reliability of the instrument was evaluated through a pilot study on 20 language teachers who were not respondents of the study. The result revealed a .968 result interpreted as a highly reliable instrument. Results revealed that a typical Reading Clinic of a medium sized rural public secondary high school under the Midsayap Cluster has a facility that is evidently (mean=3.04) available for use, though funding and ICT are scarce. Results further revealed that the level of attainment of Reading Clinic objectives: Developed the literacy skills of the students as an objective is attained by the Teacher Moderator of a medium sized rural public secondary high school under the Midsayap Secondary Cluster. Results revealed further that the extent of the implementation of reading strategies: Assessment Technique (mean=3.21) is implemented by a Teacher Moderator of a Reading Clinic in a medium sized rural public secondary school. Results finally yielded on issues and concerns: the participants identified two prevailing themes as the issues and concerns for the medium sized, rural public secondary school: theme 1: teachers' concern on source of funding and support for Reading Clinic

and barriers to effective reading intervention. It is concluded that all public secondary schools under the Midsayap Secondary Cluster have implemented the Reading Clinic based on the Care for Non-Readers Program of DepEd Region XII. However, ICT, gadgets, lack of funding from the school and stakeholders for the improvement of Reading Clinics as well as the many barriers in the reading intervention sessions are the challenges the schools are still facing. The researcher generally recommends that the Reading Clinic improvement both as a facility and as an intervention program should be a priority project under the Parents and Teachers Associations' School Improvement Plan (SIP).

Keywords: Inventory Status, Objective Attainment, Reading Strategies Implementation Level, Reading Clinics, Midsayap, Cotabato, Philippines.

INTRODUCTION

The problem of students in reading is not a new issue. In fact, several studies revealed that the reading problems of students seemed to be perennial (Gatcho and Bautista, 2019). Because of this, reading and literacy instruction have always been the top priority in all Philippine curricula. School reading clinic is one of the interventions intended for students who need help in correcting and improving their reading difficulties (Umali, 2016).

The Philippines has an average reading score of 340, more than 200 points below China (555) and more than 100 points less than the Organization for Economic Co-operation and Development (OECD) average (487). Among the 79 Programme for International Student Assessment (PISA) participating countries, the Philippines ranked the lowest in the reading performances of both boys and girls (San Juan, 2019). This indicates that the lowest PISA ranking in reading comprehension can be attributed to the slow readers among the 15 years old which could be non-readers in Grade 7.

At the same time PISA results were published, the United Nations ranked the Filipinos as the most literate in South East Asia. According to Davis (2016), once a learner is a literate, it doesn't necessarily mean the learner is a reader because reading is a skill that requires the development of a habit that must be exercised regularly.

The Department of Education (DepEd) issued a memorandum no. 173 s. of 2019 on the implementation of 3Bs initiative (Hamon: Bawa't Bata Bumasa) in order to help strengthen the Every Child a Reader Program (ECRAP) which primarily aims to equip learners with reading skills to make them proficient and independent readers in their grade level (Department of Education, 2019).

DepEd Region XII Memorandum NO. 113, s. 2018, titled Brigada for Every Child a Reader stated it is in response to feedback of perpetuating existence of non-readers in both Elementary and Secondary Levels (DepEd, 2018). In order to address this gap, DepEd underscored the need to strengthen the proficiency of every learner. In response to Care for Non-Readers Program, the Cotabato Division as part of Region XII has to embrace it. A reading clinic facility or room has to be created

with one moderator assigned to design intervention program for non-readers as well as determine and make available resources needed.

In the School cluster of Midsayap, the non-readers and slow ones are determined by the advisers from all levels in high school and Senior High Schools. The lists will be passed to the Reading Clinic Teacher-Moderator (TM) for the intervention program implementation. No study on the assessment of Reading Clinics' inventory status and its level of implementation in the Division of Cotabato has been conducted. Thus, the researcher is prompted to conduct this study.

Theoretical Framework

This study is anchored on the Program Theory by Patricia Rogers and Sue C. Funnel. A programme theory explains how an intervention (a project, a programme, a policy, a strategy) is understood to contribute to a chain of results that produce the intended or actual impact. It can also show the other factors which contribute to producing impact, such as context and other projects and programmes.

The Programme Theory is known in various terms, for Funnel (1997) programme logic, theory-driven evaluation or theory of change for Weiss (1995, 1998), theory-driven evaluation for Chen (1990), for Schoor (1997) it is called theory-of-action intervention logic (Nagarajan and Vanheukelen, 1997) impact pathway analysis (Douthwaite et al., 2003), and programme theory-driven evaluation science (Donaldson, 2005), according to Rogers et al. (2000) Programme Theory refers to a variety of ways of developing a causal model linking programme inputs and activities to a chain of intended or observed outcomes, the model then is used to guide the evaluation. The term logic model refers to the summarized theory of how an intervention works and programme theory evaluation is used for the process of developing a logic model and using this in some ways in an evaluation.

The program theory is related to the study since the study is concerned with assessing a program which is the Care for Non-readers wherein the Reading Clinic is anchored as a form of intervention through what the study is concerned of is the inventory status or resources and the level of the implementation of the program based on the inventory status. The Program Theory and Evaluation Theory as well as Change Theory are related.

METHODS

The study employed a qualitative and quantitative descriptive survey method of research to be able to gather feedback. It utilized qualitative design because the researcher gathered the responses of the participants coded them and given them themes. Also, it used descriptive because the researcher employed survey questionnaire containing statements to determine the inventory status, level of

attainment of the objectives and extent of the implementation of the reading strategies which were measured using Likert Scale.

The locale of the study was in Midsayap, Cotabato. The respondents were from the selected medium sized public high schools of Midsayap Secondary Cluster namely: Arizona High School at Barangay Arizona; Kimagango High School at Barangay Kimagango; Salunayan National High School at Barangay Salunayan, and Villarica National High School at National Highway, Barangay Villarica. All the schools are located in the rural areas except Villarica National High School which is located near the town proper of Midsayap.

The researcher used complete enumeration method in selecting the respondents. Complete enumeration was used because the respondents were already identified to be directly involved in the implementation of the Reading Clinic of each selected school.

RESULTS AND DISCUSSIONS

Inventory Status

The following tables present the assessment of the level of availability of the facility, funding and reading resources support for the Reading Clinic to implement the reading intervention program among non-readers in the public schools in Midsayap Secondary Cluster.

Inventory Status of the Reading Clinic in Terms of Facility

Table 1 below presents the assessment of the availability of the Reading Clinic facility in Midsayap Secondary Cluster as perceived by the respondents.

Table 1

Inventory Status of the Reading Clinic in Terms of Facility

n = 44

Item	Mean	Description
1. Has sufficient books and other reading materials.	3.32	Evident
2. Is provided with enough book shelves.	3.02	Evident
3. Has ventilation facilities.	2.95	Evident
4. Has lighting facilities	3.20	Evident
5. has ICT facilities	2.68	Evident

Item	Mean	Description
OVERALL MEAN	3.04	Evident

Legend:

3.50 – 4.00 Highly Evident	1.50 – 2.49 Less Evident
2.50 – 3.49 Evident	1.00 – 1.49 Least Evident

Table 1 shows an overall mean of 3.04 for the inventory status of the Reading Clinic interpreted as evident. The result reveals that the Reading Clinics of the medium sized public high schools have a facility available for use during reading intervention intended for non-readers although ICT facilities are not available in some schools.

Item 1, stated as Has sufficient books and other reading materials receives the highest mean of 3.32 which means the books and other reading materials are evidently available in the Reading Clinic for the non-readers' use. Second, with the mean score of 3.20, described as evident is item 3, Has lighting facilities, implies that the lighting facilities needed for reading is available in the room. Of the five items, items 3 and 5 have lower means 2.95 and 2.68 respectively, both are described as evident. Item 3 refers to the availability of ventilation facilities which means the air can circulate inside the room making it conducive for reading sessions. Item 5, ICT facilities received the lowest mean of 2.68 which implies that in most schools, ICT facilities are available while in others these are less evident.

Data yielded to some extent is in consonance to the idea of Lackney (2020), that an effective school facility is responsive to the changing programs of educational delivery, should provide a physical environment that is comfortable, safe, secure, accessible, well illuminated, well ventilated, and aesthetically pleasing. The Reading Clinics are not entirely responsive to the changing programs of educational delivery especially in the availability of information technology.

The result is also to some point similar to the situation presented by McKenna and Walpole (2007) that the traditional reading clinics with their mission to serve the struggling readers are slow to embrace the potential of technology. If the reading clinics should continue to serve struggling readers in the optimal level, they should thrive in the digital era especially with the development of Assistive Technology (AT). AT is implemented by mostly special education settings not in the reading clinics which serve struggling readers.

Status of the Reading Clinic in Terms of Funding

A program cannot be implemented well without funding. Table 2 presents the sources and availability of funding for the Reading Clinic.

Table 2

Inventory Status of the Reading Clinic in Terms of Funding
n = 44

Item	Mean	Description	
1. Has allocated funds from MOOE.	2.86	Evident	
2. Is provided local fund by the school.	2.82	Evident	
3. Received donations from stakeholders.	2.91	Evident	
4. Is funded by the NGO.	2.00	Less Evident	
5. Is funded by LGU.	1.89	Less Evident	
OVERALL MEAN	2.50	Evident	
Legend:			
3.50 – 4.00	Highly Evident	1.50 – 2.49	Less Evident
2.50 – 3.49	Evident	1.00 – 1.49	Least Evident

The highest mean in funding as an indicator is 2.91 from Item 3, Received donations from stakeholders, described as evident, result shows that the reading clinic functions has been implemented with the help of the stakeholders from the community result supports Pen State University (2017) and Jensen and Tutin (2007) on the provision of fund and reading resources, Second highest mean is 2.86 in item 1, Has allocated funds from MOOE, described as evident, although limited, the school MOOE still allocated funds for the Reading Clinic in many schools. The allocation of funds from MOOE depends on the School Improvement Plan (SIP) of the Parents and Teachers Association of the School.

Results described as Less Evident are from Items 4 and 5, with the means of 2.00 and 1.86 respectively. Item 4, Is funded by the NGO, connotes that most of the schools of the respondents did not receive help from Non Government Organizations for the Reading Clinic. Item 5, Is funded by the LGU, the lowest mean indicates that most of the respondents know that the LGU do not fund the Reading Clinic of the schools.

Students' and teachers' physical and emotional health depend on the quality of the physical location, which makes establishing safe, healthy buildings essential, thus to achieve the above concept of the Pen State University (2017) the school should have funds to establish a program's facility which is the main problem of the Reading Clinic implementation as shown in the overall mean of 2.50 on funding which means that the schools have not yet implemented the School

Improvement Plan (SIP) or the Parents Teachers Association have not yet included the Reading Clinic improvement in the crafting of the SIP.

Status of the Reading Clinic in Terms of Reading Resources Support

Table 3 shows the results of the assessment of the respondents on the availability of Reading Resources Support for the Reading Clinic so that the reading intervention can be implemented. Reading resources can be books, magazines, Big Books, computers and other materials needed and provided by the school, stakeholders and the Department of Education for the conduct of the reading intervention program. Unfortunately only the Elementary Schools are provided with the funds for the materials by the Department of Education.

Table 3

Inventory Status of the Reading Clinic in Terms of Reading Resources Support

n = 44

Item	Mean	Description
1. Has reading books and magazines.	3.41	Evident
2. Has displayed visible reading charts.	3.14	Evident
3. Has multi-media reading related materials	2.70	Evident
4. Has ample mechanical and electronic gadgets.	2.27	Less Evident
5. Has Big Books.	2.59	Evident
OVERALL MEAN	2.82	Evident

Legend:

3.50 – 4.00	Highly Evident	1.50 – 2.49	Less Evident
2.50 – 3.49	Evident	1.00 – 1.49	Least Evident

Of the five items in Table 3, Item 1, Has reading books and magazines received the highest mean of 3.41, data indicates that reading books and magazines are evident and available in the Reading Clinic. With the mean of 3.14, Item 2, Has displayed visible reading charts, means that the respondents have seen the reading charts displayed inside the Reading Clinic, thus result is described as Evident.

Two of the items namely, 3 and 5 received the mean 2.70 and 2.59 respectively. Item 3, Has multi-media reading related materials and Item 5, Has Big Books, data indicate that the multi-media reading related materials are present thus described as Evident in some schools and not found in other schools the same as the Big Books which are necessary

reading materials for non readers. Described as Less Evident, with the mean of 2.27 is item 4, Has ample mechanical and electronic gadgets, this means that the electronic gadgets used for reading intervention to arouse the interest of the students are present to some schools but to other schools it is not available.

A learning facility according to Lackney (2020) is composed of furnishings, materials, equipment and information technology, etc, this idea is similar to what the CNR program aims but this is not true in reality as shown on the responses on item 4 Has ample mechanical and electronic gadgets with 2.27 mean and described as less evident. Although in the June 2021 memorandum of the Department of Education there are provisions for Story Books and establishment of Reading Centers, these are for Elementary Schools in the Philippines not for Secondary Level.

The overall mean of 2.22 implies that the reading resources inside the Reading Clinics were scarce and therefore not well supported by the schools, stakeholders and other funding agencies . Results do not conform to Davis, et al. (2016), wherein teachers used CDs for Audio-Visual learning, colorful pictures, bigbooks, diorama, textbooks, and vocabulary dolch words which the teachers and the schools provided. The result also is not similar to the study of Jensen and Tuten (2007) where the stakeholders or the community and the funds from the University sponsor supported the acquisition of reading resources and computers, a plethora of board games, puppets, art supplies, a well stocked library of fiction, nonfiction, poetry, and magazines for the reading clinics in New York.

Level of Attainment of the Reading Clinic Objectives

Every program has its own objectives. These objectives should serve as a guide in the implementation of the program as well as these should be attained to ensure the right outcomes. Rahmat (2011) stated that what the learners or readers have done is important in achieving the program's objectives and learning outcomes. Table 4 presents the level of attainment of the implementation of the Reading Clinic objectives.

Table 4

Level of Attainment of the Reading Clinic Objectives

n=44

Objectives	Mean	Description
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Objectives	Mean	Description	
1. Developed the literacy skills of the students	3.34	Attained	
2. Developed students' reading competencies appropriate for their grade level	3.27	Attained	
3. Improved students' reading speed and comprehension	3.32	Attained	
4. Developed reading habits among pupils	3.23	Attained	
5. Capacitated teachers with different reading strategies.	3.25	Attained	
OVERALL MEAN	3.28	Attained	
Legend:			
3.50 – 4.00	Highly Attained	1.50 – 2.49	Less Attained
2.50 – 3.49	Attained	1.00 – 1.49	Least Attained

All the five items on Reading Clinic Objectives are described by the respondents as Attained. The highest mean (3.34) is received by Item 1, Developed the literacy skills of the students which means that the respondents believed that the Reading Clinic attained its objective on developing the literacy skills of the students. Item 3, Improved students' reading speed and comprehension receives the second highest mean (3.32). The result shows that improving the reading speed and comprehension as one of the Reading Clinic's objectives has been attained. However, Item 4 has the lowest mean (3.23) Developed reading habits among pupils. The responses implies that the respondents have observed that the non-readers in spite of the reading intervention still don't have enough drive to read on their own.

The overall mean of 3.28 means that the objectives of the Reading Clinic were attained. The result of the study did not coincide with the idea posited by Church (2007) that the achievement objectives for the teaching of reading has the following form: students will, Level 1 "Acquire and begin to use sources of information, processes, and strategies to identify, form, and express ideas", Level 2 "Select and use sources of information, processes, strategies with some confidence to identify, form, and express ideas", Level 3 "Integrate sources of information, processes, and strategies with developing confidence to identify, form, and express ideas" for the non-readers did not develop the habit of reading and has not acquired the three levels in the course of the intervention since the non-readers are high school students already.

It is true that one of the objectives of the Reading Clinic is to help attain grade level proficiency from <https://englishwithjennifer.com> (2021), for the secondary students who are non readers the grade level proficiency was not achieved as well as the following objectives , read to activate and reinforce other skills, reading to become a better reader, read to develop critical thinking skills and read for enjoyment beause the readers are high school students already.

The objectives of the Reading Clinic in this study were attained but the level of proficiency of the non-readers did not reach their grade level because students were in grade 7 and 8 already and cannot recognize letters and words. Many of the non-readers did not develop their habit of reading as well.

Extent of the Implementation of the Reading Strategies

There are many strategies to help struggling and non-readers, in this study which are summed up into, instructional strategies, assessment techniques, intervention activities and monitoring and evaluation.

Extent of the Implementation of Instructional Strategies

Table 5 below presents the instructional strategies utilized in the implementation of the Reading Clinic. Instructional materials should be developed by the TMs or supplied by the school or stakeholders.

Table 5

Extent of the Implementation of Instructional Strategies

n=44

Item	Mean	Description
The Teacher Moderator ...		
1. Provided different materials for diverse learners.	3.16	Implemented
2. Used ICT-based instructions.	2.84	Implemented
3. Integrated reading within and across curriculum teaching areas.	3.27	Implemented
4. Designed appropriate reading lessons to meet reader's needs	3.20	Implemented
5. Developed materials for different reading activities	3.16	Implemented
OVERALL MEAN	3.13	Implemented

Legend:

3.50 – 4.00	Highly Implemented	1.50 – 2.49	Less Implemented
2.50 – 3.49	Implemented	1.00 – 1.49	Least Implemented

The five items used to measure the extent of implementation of the instructional strategies as one of the reading strategies are described implemented as shown in Table 5 above. This means that in conducting the Reading Clinic, the Teacher Moderator's utilization of instructional strategies as one of the reading strategies is implemented as shown by the overall mean of 3.13.

The means of the items listed from highest to lowest are Items 3, mean 3.27; 4, mean 3.20; 1 and 5 mean 3.16 and the lowest is item 2 with the mean of 2.84. Item 3, Integrated reading within and across

curriculum teaching areas, implies that the TM implemented the use of instructional strategy more than the other strategies. The same with Item 4, Designed appropriate reading lessons to meet reader's needs. In the presentation of the Reading Clinic inventory status the availability of ICT facilities receive the lowest mean, the use of ICT as an instructional strategy also received the lowest mean (2.84) the responses were consistent. Teacher Moderators with ICT facilities to be used are not as many compared to those who don't have as implied by the results of the study. The result supports the concept of Jones, et al. (2016) on the importance of providing reading interventions that are differentiated and aligned with an individual student's most foundational reading skill need.

Level of Implementation of Assessment Techniques

Table 6 below shows the extent of the implementation of the assessment techniques as one of the reading strategies for non-readers.

Table 6

Extent of the Level of Implementation of Assessment Techniques n=44

Item	Mean	Description	
The Teacher Moderator...			
1. Conducted an inventory of the reading ability of students.	3.36	Implemented	
2. Assess students' progress using pencil and paper test.	3.30	Implemented	
3. Evaluated students' work samples.	3.23	Implemented	
4. Utilized and maintained database reading profile.	2.93	Implemented	
5. Conducted survey test to the whole class.	3.25	Implemented	
OVERALL MEAN	3.21	Implemented	
Legend:			
3.50 – 4.00	Highly Implemented	1.50 – 2.49	Less Implemented
2.50 – 3.49	Implemented	1.00 – 1.49	Least Implemented

Overall mean of 3.21 described as implemented indicates that the Teacher Moderator has utilized assessment techniques to determine the progress of the nonreaders.

Item 1, Conducted an inventory of reading ability of students, has the highest mean of 3.36 followed by Item 2, Assess students' progress using pencil and paper test with the mean of 3.30. The use of assessment in determining individual struggling readers' patterns of reading difficulties, and how this information is valuable in differentiating instructions and planning interventions is similar to the idea presented by <https://englishwithjennifer.com> (2021) that at the

start of the school year screening assessments are given to students so that those who are at risk of struggling with reading will be distinguished. When struggling readers are determined diagnostic assessments can be administered, results of which will inform the type of instruction and intervention. Diagnostic assessment can be standardized or informal. This in-depth assessment is only necessary for struggling and at-risk readers.

The lowest mean of 2.93 is received by Item 4, Utilized and maintained database reading profile, this is still in consonance with the responses on the availability of ICT facilities and the use of ICT as an instructional strategy in which all received the lowest mean within their respective indicators. The TMs could not maintain a data base since ICT facilities were very scarce in the medium sized high schools.

Level of Implementation of Intervention Activities

Table 7 below presents the extent of the level of implementation of the reading strategies in terms of intervention strategies. The respondents utilized a five-statement questionnaire to rate the extent of the level of implementation of the intervention activities.

Table 7

Extent of the Level of Implementation of Intervention Activities

n=44

Item	Mean	Description
The Teacher Moderator...		
1. Involved parents in the reading intervention program.	3.02	implemented
2. Provided merit system to the parents who advocated the reading program.	2.68	Implemented
3. Used tutoring or small group discussions.	3.32	Implemented
4. Built activities that capitalized on students' natural curiosity.	3.16	Implemented
5. Stimulated students' reading interest through creative story telling.	3.18	Implemented
OVERALL MEAN	3.07	Implemented

Legend:

3.50 – 4.00	Highly Implemented	1.50 – 2.49	Less Implemented
2.50 – 3.49	Implemented	1.00 – 1.49	Least Implemented

The intervention activities as one of the reading strategies are implemented as shown by the overall mean of 3.07. This means that the Teacher Moderator implemented the intervention activities to the non-readers but some important elements like parents participation are lacking to make the intervention very successful. This finding supports the study of Adapon and Mangila (2017) on one of the problems

encountered by the teachers which was less participation of parents in the conduct of the CNR activities.

The highest mean of 3.32 is from Item 3, Used tutoring or small group discussions. Followed by Items 5, Stimulated students' reading interest through creative story telling (mean=3.18); 4, Built activities that capitalized on students' natural curiosity (mean=3.16); and 1, Involved parents in the reading intervention program (mean= 3.02).

Analysis of the findings on the tutoring, on creative storytelling and activities that enhanced the reading interest of non-readers or struggling readers are similar in some way to Davis et.al (2016) study on the utilization of teachers' scaffolding among non readers in Cebu. Scaffolding composed of utilizing flash cards and drill cards as well as the use of CDs for Audio-Visual learning, colorful pictures, big books, diorama, textbooks and other materials.

The lowest mean of 2.68 is from Item 2, provided merit system to the parents who advocated the reading program. This implies that a few Teacher Moderator uses merit system to parents who are involved in their nonreader children's progress. The result on the merit system given by the Teacher Moderator to parents who advocated the reading program is not consistent with the findings of Pletcher et.al (2019) on family involvement or parent involvement encouraged in the study of University-based Reading Clinics in Texas. Parents were made to promise through signing contract regarding the absences of their children and they committed to listen to the reading and word engagement at home. Parents were given workshops on the instructional programs utilized by the tutors, invited to observe classes and to attend family literacy nights.

Level of Implementation of Monitoring and Evaluation

Table 8 presents the level of implementation of Monitoring and Evaluation of the Reading Clinic.

Table 8

Extent of the Level of Implementation of Monitoring and Evaluation

n=44

Item	Mean	Description
The Teacher Moderator...		
1. Monitored the program progress from the start up to completion.	3.18	Implemented
2. Discussed the progress of the reading program among teachers and parents.	3.18	Implemented
3. Provided periodic and timely feedback on the conduct of intervention activities.	3.18	Implemented
4. Identified the gaps on program	3.14	Implemented

Item	Mean	Description
implementation.		
5. Reported analysis relative to evaluation of the reading program.	3.09	Implemented
OVERALL MEAN	3.15	Implemented
Legend:		
3.50 – 4.00 Highly Implemented	1.50 – 2.49	Less Implemented
2.50 – 3.49 Implemented	1.00 – 1.49	Least Implemented

Table 8 presents the extent of the level of implementation of one of the reading strategies which is monitoring and evaluation. The overall mean of 3.15 indicates that the strategy is implemented. This finding supports the study of Jensen and Tuten (2007) on using Daily Record Activity sheets among the student tutors to record the intervention activities of the tutees or struggling readers during the Reading Clinic as well as utilized the Blackboard online platform for feed backing and collegial discussions among teachers and student tutors.

There are three items that get the highest mean of 3.18, these are Items 1, Monitored the program progress from the start up to completion; 2, Discussed the progress of the reading program among teachers and parents; and 3, Provided periodic and timely feedback on the conduct of intervention activities. Item 4, identified the gaps on program implementation, garnered the 3.14 mean and described as implemented. The lowest mean of 3.09 is given to Item 5, Reported analysis relative to evaluation of the reading program, this can mean that the reporting of the analysis of the evaluation and assessment of the reading progress of non-readers are reported by some but not all Teacher Moderator to teachers and parents.

Analysis of the findings showed that the monitoring and evaluation as one of the strategies in the implementation of the Reading Clinic is in consonance to the suggestion of Gilakjani & Sabouri (2016) that undergoing the reading intervention helped the students to monitor and evaluate their reading comprehension skills.

In the study of Jensen and Tuten (2007) Daily Record Activity sheets were developed wherein the student tutors can record the activities they engage with the children in the Reading Clinic and their reflection on their learnings with their tutees for future use on instruction. Artifacts are important like detailed notes, cheklists, or written self-reflections and well-assisted regular debriefings about specific teaching incidents that showed the learnings of the tutors in the Reading Clinics as form of feedbacking These are means of reporting of analysis of the evaluation of the reading program, instrument to identify the gaps of the program implementation as well as a monotoring tool from the start of the program until the end.

In the same study of Jensen and Tuten (2007), Blackboard, an online course system was used together with the artifacts as a platform

for feedbaking, monitoring and evaluation of the Reading Clinics' tutors' activities, refelections and tutees performance, that will help the University enhance the course offering for graduate students where the clinics were anchored.

Table 9

Summary of Key Themes

Themes	Subthemes
I. Teachers' concerns on source of funding and support for reading clinic	1 st subtheme: Sourcing of funds from MOOE and stakeholders to improve facility sustainability.
II. Barriers to effective reading intervention	2 nd subtheme: Students' feeling of shame on being discovered as non-readers. 3 rd subtheme: Students' lack of interest to read. 4 th subtheme: Allotment of intervention time and Teacher moderators' work assignment or load. 5 th subtheme: Covid-19 pandemic

Theme I: Teachers' concerns on sources of funding and support for reading clinic.

1st subtheme: Sourcing of funds from MOOE and stakeholders to improve facility sustainability.

Language teachers' and principals' main concern in the implementation of the reading clinic was sourcing of funds. Across all responses, it was common among the language teachers to state, *"lack of funding", "money" or "there is no funds for the reading clinic"; "funds /from school must also be provided for the improvement of the reading clinic"*. Another participant mentioned, *"lack of sustainability"*, other responses are, *"Provide more interactive reading materials that will*

attract students, Sustainability is not given attention”, “Less improved facilities”, “Minimal utilization of multi media” and “Lack of big books and multimedia resources”. These perceptions are associated with the temporariness of the clinic as a facility, in other words for some schools there is no room for the clinic. This perception is further strengthened with participants’ reply, “lack of support from the administration. No room provided that is suited for a reading clinic.” “Lack of reading materials.” “No room provided that is suited for a reading clinic, Lack of reading materials.” “There should be a separate room intended for a reading clinic.” and “Lack of room to be used as a reading clinic room.”

The participants believed that there should be an allocation of funds from Maintenance, Operating and Other Expenses (MOOE) and stakeholders donations, *“should be funded by the MOOE” “Lack of financial support from the school and its stakeholders” “Lack of support from the administration.”, “Needs support from stakeholders and assistant teachers to facilitate the program.”*

Responses to Subtheme 1, reflects the situation of reading clinics found by researchers like Pletcher et al. (2019) that most reading clinic directors report not having adequate resources to run their clinics. Common concerns are lack of money for funding the needs of the reading clinic as well as the inadequate space for tutorials to take place.

Similarly, in the research of Adapon and Mangila (2017) the following are some of the findings related to lack of fundings: less financial assistance given by parents and other stakeholders on the implementation of the program, inadequate supply of books and other reading materials, lack of physical facilities like classrooms to be used as reading clinics.

Theme II: Barriers to effective reading intervention

2nd Subtheme: Students’ feeling of shame on being discovered as non-readers.

Participants expressed that the non- readers themselves are the barriers to effective reading intervention and that is because they are ashamed to be known as non-readers, common responses are: *“Slow and struggling readers who are the recipients of the program are hesitant in entering/ using the reading clinic.”*, another one mentioned this, *“The students involved in CNR are mostly hesitant to join the sessions prepared for them for they are ashamed of the idea that other students would know that they could hardly read.”*; a teacher replied: *“Non-readers feel ashamed to visit the reading clinic.”*, another response *“Ask the parents’ participation in the reading literacy of the students.”*

The attitude of the non readers towards the reading clinic observed by the participants were almost similar to the findings of Adapon and Magila (2020) unfavorable attitudes of the pupils toward reading and irregular attendance and tardiness of pupils who are recipients of the program.

3rd subtheme: Students' lack of interest to read.

The language teachers also believed that one of the barriers to effective reading intervention is the non-readers' lack of interest to read, responses like *"Students' interest"; "May mga estudyante na walang interes na magbasa"* (*There are students who don't have interest in reading*).

The finding is in consonance to the results of the study of Adapon and Magila,(2020) on lack of pupils' interests in the reading activities and Jensen and Tuten (2007) in sustaining students' interest in the tutoring or reading lesson as well as student's lack of interest in reading.

4th subtheme: Allotment of intervention time and Teacher Moderators' work assignment or load.

The Teacher Moderators are also regular teachers, the full implementation of the reading clinic is hindered by the work load of the teacher as well as the class time of the non-readers versus intervention time. The teachers' commonly say, *"time", "lacking of time", "teachers are bombarded with overlapping tasks and activities", "We need more time in the conduct of reading class", "Time constraints, overlapping of activities", Conflicts in the schedule of activities.*

Aside from the hindrances mentioned above time was also an issue to both teachers and non-readers, *"Time is not enough since slow readers are regular students", "Enough time should be given for the reading activities."* In most studies time is not an issue since the tutors are from a graduate school or undergraduates of a course for teachers, Pletcher et al. (2019) cited that their findings on undergraduate and or graduate students as tutors of Reading Clinics coincides with the older studies like Cuevas et al. (2006) and Garret et al. (2006).

5th subtheme: Covid-19 pandemic

Due to the Covid-19 pandemic, the conduct of the reading clinic for the school year 2020-2021 was temporarily stopped, this was also one of the barriers of the effective reading intervention since the non-readers of the previous year were not followed-up and the non-readers of this school year were not identified. The responses of the participants are: *"The prevailing conditions we now have or experience due to covid-19."* A principal mentioned, *"Due to pandemic, the school dont have the data of students' progress with regards to the level of their competencies ."* *"covid 19 pandemic."*

The participants belong to schools without reading interventions during the pandemic since the mode of learning delivery is modular.

Findings

The Reading Clinic's inventory status and level of implementation findings are presented below:

1. Reading Clinic inventory status: A typical Reading Clinic of a medium sized rural public secondary high school under the

- Midsayap Secondary Cluster has a facility that is evidently (mean=3.04) available for use, though funding and ICT are scarce.
2. Level of attainment of Reading Clinic objectives: Developed the literacy skills of the students as an Objective is attained (mean=3.28) by the Teacher Moderator of a medium sized rural public secondary high school under the Midsayap Secondary Cluster.
 3. Extent of the implementation of Reading Clinic: Assessment Technique (mean=3.21) is implemented by a Teacher Moderator of a Reading Clinic in a medium sized rural public secondary school.
 4. Issues and Concerns: The Participants identified two prevailing themes as the issues and concerns for the medium sized, rural public secondary school: Theme I. Teachers' concern on source of funding and support for Reading Clinic and Theme II. Barriers to effective reading intervention.

Conclusions

The following conclusions are drawn from the findings:

All public secondary schools under the Midsayap Secondary Cluster have implemented the Reading Clinic based on the Care for Non-Readers Program of DepEd Region XII. However, ICT, gadgets, lack of funding from the school and stakeholders for the improvement of Reading Clinic as well as the many barriers in the reading intervention sessions are the challenges the schools are still facing.

Recommendations

In the light of the foregoing conclusions, the researcher forwards the following recommendations:

1. The Department of Education may appropriate funds to be allocated for the implementation of the Reading Clinic and for the hiring of full time Teacher Moderator. Enhance the CNR program for its sustainability during a Pandemic or a disaster. The department should also provide Computers and Internet connectivity to middle-sized schools to enhance the capability of the teachers to provide better intervention strategies and for the nonreaders to have access and experience Interactive style of reading and comprehension intervention.
2. School Administrators should establish or initiate linkages with the Local Government Units and Non-Government Organization for possible funding on School Development.
3. Teacher Moderators, language teachers and parents of nonreaders should formulate a scheme so that the nonreaders will not be bullied and will attend and participate in the intervention sessions as well as for its sustainability even during a Pandemic or a disaster.
4. The Parents and Teachers Association must assist in the building of a separate room for the Reading Clinic especially for schools which do not have a separate room intended for the intervention sessions, this should be recommended as priority project under the School Improvement Plan (SIP).

5. Teacher Moderators of the Reading Clinic and parents of non-readers should collaborate in making reading and comprehension as their advocacy. Parents should help children to read with the use of reading materials brought from school. This is to build reading habit among the nonreaders.

6. For future researchers, a similar study may be conducted but the respondents will come from the remote areas and in a wider locale.

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