The Development and Implementation of a Tutoring Clinic for Students with Special Needs

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This paper will highlight the collaborative efforts among faculty and graduate students at a university to develop and implement a tutoring clinic for students with special needs. A team of people which included faculty and graduate students in exceptional education as well as graduate students in mathematics and science education convened to establish an after-school tutoring clinic targeting students in middle and high school who were performing at an elementary level in reading, science, and/or mathematics. The purpose of the clinic was to help students succeed who were at-risk for failing their current grade level.

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A year-long grant was awarded to develop an after-school tutoring clinic for students with special needs. The tutoring clinic, which focused on reading, science, and mathematics, was developed for secondary students who were performing at an elementary level and at-risk for failing their current grade level. Preventing failure at any grade level is important; however, only middle school and high school students were focused upon for the development of the tutoring clinic for the first year.

Grant Team

A team of people from varying departments within the College of Education at a major university in the South Eastern United States met to develop the tutoring clinic. This included an associate professor in exceptional education as well as doctoral students in exceptional education, science education, and mathematics education. The doctoral students were also part of committees that focused specifically on reading, science, or mathematics. Each committee included at least one exceptional education doctoral
student and one content area doctoral student. This was done because exceptional education doctoral students did not necessarily have a vast background in a specific content area. Likewise, content area doctoral students did not necessarily have a vast background in exceptional education.

The committees were responsible for finding and/or creating a curriculum to use within the tutoring sessions. In addition, the committees had to find and administer an assessment in each of the content areas. Once students starting attending the clinic, the committee members were the ones who implemented each of the tutoring sessions.

The grant team met in hour-long biweekly meetings. Each meeting was used for committees to present updates as well as to discuss any unresolved issues. These meetings provided an opportunity for committees to brainstorm ideas as well as to discuss administrative matters such as budget and recruitment.

Initial Planning

When initially planning the clinic, the team decided that the tutoring sessions would be free for families. Though the clinic was free, families had to provide transportation to and from the university. Since transportation would not be provided, the clinics were only advertised to schools relatively close to the university.

When advertising to local schools, members of the grant team traveled to schools and talked with administrators and exceptional education teachers about the purpose of the clinic and the types of students the clinic would be geared towards. Teachers and administrators then received fliers to pass out to only those students who were at-risk for failing and would benefit the most from receiving the tutoring services.
Since the clinic was in its first year, only a select number of students who were recommended by teachers and administrators were accepted. As a result, 5 students attended the tutoring clinic. Three students attended for reading, one for science, and one for mathematics.

Issues

There were several issues, planned and unforeseen, which delayed the date that students could start attending the clinics. These included obtaining approval from the institutional review board (IRB), finding an adequate curriculum, and finding content area assessments.

As with any study involving people, IRB approval had to be obtained prior to students being able to attend the clinic. IRB approval had to be obtained both from the university, since that’s where the tutoring sessions would be held, and from the school district that students would be coming from. Since the clinic involved working with secondary students who were functioning at elementary levels, careful planning had to be put into the wording of the consent letters to be signed by the parents/guardians and students. Combining this with the fact that the tutoring sessions were going to be videotaped and student work would be collected, it took approximately three months to obtain IRB approval.

Finding a developed curriculum also hindered the clinic’s start date. Students could not start coming to the clinic until a curriculum was set in place. This was difficult to do since students could be coming from schools in different districts, which have adopted different curricula. For the reading and science portion of the clinic, a developed curriculum was found. Since an adequate mathematics curriculum could not be found,
the mathematics committee developed one covering elementary topics in number concepts and operations, and geometry and measurement.

The third factor affecting when students could start attending the clinic was finding content area assessments. Since the tutoring clinic was being funded by a grant, documentation had to be provided showing that students were making progress in their learning. The assessments had to be administered on the first day that a student started attending, thus a student could not attend until an assessment was found. In addition, the assessment had to have already been tested and shown to be reliable and valid so creating an assessment was not an option for the grant team. The assessments selected for the reading and mathematics clinics were DIBELS and Key Curriculum Press respectively. Both of these assessments were chosen because the results would provide the committees with the elementary grade level that students were performing at and the topics students need to work on the most.

Clinic

Prior to the start of the tutoring sessions, the committees met with prospective students and their families. This was done for the committee to get to know the student and their families and vise versa. Since the committee ran the tutoring sessions, this introductory meeting was used to get an idea of the student’s capabilities, their education background, and their interests.

Tutoring sessions were held once a week for one hour and included a five-minute break. They were conducted in rooms equipped with two-way mirrors and television monitors with video and audio capability so families had the opportunity to observe. Each session was also videotaped.
When students first arrived at the tutoring clinic, they were given an initial screening to assess their current level of understanding. This screening was again conducted again at the end of the school year to assess whether or not the student had made learning gains related to reading, science, or mathematics topics.

Two graduate students conducted each tutoring session. The graduate student majoring in the content area led the tutoring session and was assisted by the graduate student in exceptional education. Another graduate student in exceptional education as well as the family observed the session from another room through the two-way mirror. Each graduate student took observation notes and collected student work within each session.

The education programs used in the clinics were developed from a combination of the textbooks adopted by local schools, various existing school curricula, and students’ homework assignments. The topics covered within the tutoring sessions were based off of students’ scores from the assessments given when they first starting coming to the clinic. Though there was a set curriculum for the clinic, if a student came to a session with homework, then that became the first priority.

Curriculum

The curriculum that was implemented for reading, science, and mathematics followed one or more underlying premise. The first was an integrated curriculum. By having an integrated curriculum, tutoring time could be maximized by incorporating reading with science, for example. In addition, integrating subject matter content aids in students’ comprehension of the topic as well as supports inquiry learning (Siegel, Borasi, & Fonzi, 1998).
The second premise involved implementing a curriculum around students’ interests. The grant team anticipated that students coming to the clinics would not necessarily have a natural desire to learn. Thus, by having a curriculum that was flexible, students could discuss their interests so that they could be incorporated into a lesson. This also gave students ownership in what they were learning.

The final premise was having a curriculum that focused on real-life situations. Similar to designing a curriculum around students’ interests, by having real-life situations incorporated into a lesson, students could see the relevance of their learning a topic to their everyday life. This was done because research studies have documented students’ growth in learning when the curriculum was designed around realistic situations (Streefland, 1991).

Future Plans

The goal of the clinic for the first year was to stay small with the intent to expand in the future. Part of the future plans of the clinic was to expand to reach more students by focusing on both elementary and secondary grade levels. Recruiting more students at the K-12 level also requires more recruitment of university students who can implement the tutoring clinic.

The long-term sustainability of the clinic was of concern to the grant team. All of the doctoral students on the team would only be at the university for a couple of years. One issue discussed frequently was how to develop the clinic so that as doctoral students graduated, others would be trained and ready to take over. Part of the future plans included creating binders for new university students to refer to in training. These
binders would include full lesson plans and activities so that anyone coming in to run a tutoring session could read the manual and know exactly how to implement the activity.

Concluding Thoughts

During the first year of the tutoring clinic, most of the time was used to develop the clinic. As a result, students did not start attending the tutoring clinics until well into the second half of the school year. Even so, students still made learning gains in each of the subject areas as evidenced by their entry and final assessment screenings.

The tutoring clinic is still continuing on today and is currently in its third year. The tutoring clinic was well received by the schools and families involved that first year. Families provided very positive feedback and were grateful to have a way to help their children especially when they did not have the means to do it themselves. Though there were a few setbacks, both expected and not, overall the clinic was successful and families were eager to continue.
References


Author Note

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