

The purpose of this study was to investigate the effects of reciprocal teaching on reading comprehension of junior high school students with learning disabilities. The student reading comprehension performance with expository and narrative texts was compared. The strategies used by the students at the beginning and end of the intervention were analyzed. The researcher utilized "ET-RT model" (explicit teaching before reciprocal teaching). The students were introduced to the four strategies before the dialogues began. A multiple-baseline across subjects design was used, which included baseline, treatment, and maintenance phases. The subjects were three first-grade students with learning disabilities. The researcher developed a series of reading comprehension tests. Each test consisted of two types of texts (i.e., expository and narrative texts). All tests were scored to evaluate student performance in reading comprehension. The data-processing procedures adopted visual analysis and the simplified time-series analysis methods. The researcher explored the way each strategy was used by the students at the beginning and end of the intervention. The results of this study were summarized as follows: 1. Reciprocal Teaching had a significantly immediate effect on improving the student test scores (expository, and narrative comprehension tests), but the results were not main-tained at the 2-week follow-up. 2. There was no significant difference between the expository and narrative text scores before, during and after the intervention. 3. The observed strategies were used more frequently by the subjects at the beginning than at the end of the intervention. 4. At the beginning of the intervention, the subjects performed rereading more frequently while using strategies. At the end of the intervention, the subjects performed text-organizing more frequently while using the strategies. The strategy category used at the end of the intervention was greater than at the beginning of the intervention. There were fewer strategy errors at the end of the intervention than at the beginning of the intervention.