



Octavo Semestre

Traducción de textos

Unidad 2

Técnicas para la traducción
de textos

Programa desarrollado





Técnicas para la traducción de textos



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Presentation

If we were to agree on the fact that the translation of texts on medical health issues entails

- a. intelligent reading followed by competent writing, or that in terms of Hatim and Mason (2014),
- b. translators are mediators and “privileged readers” of the source language text and they “read in order to produce, decode in order to re-encode”, or that actually
- c. we do not read just to read, but to solve problems that our daily, practical or theoretical activity presents us with; then, we will have to focus this -the last unit of the course- on all the components of the translation competence (translation skills, strategies, problem solving and decision-making abilities) to elucidate them later separately and in conjunction with the specific points you reviewed in Inglés Técnico en Salud:
 - The translator-reader predicts what content will occur in the forthcoming segments of texts.
 - Recognizes text structure and the purpose of the information.
 - Integrates previous knowledge: associate new information with previously stated content.
 - Questions the significance or veracity of content.
 - Interprets the text: the reader makes an inference, draws a conclusion, or forms a hypothesis about the content.
 - Use general knowledge and associations, use knowledge and experience to explain, extend, and clarify content, as well as to evaluate the veracity of content, and to react to it.
 - Monitors comprehension: the reader assessed his or her degree of understanding of the text.
 - Corrects behavior: the reader notices that an assumption, interpretation, or paraphrase is incorrect and changes that statement.
 - To finally paraphrase, re-read and question the meaning of sentences and words aiming to grasp the intended message the author is trying to convey.



Specific competence

Aplica técnicas para la traducción de textos, por medio de la metodología para evaluar el nivel de comprensión lectora.

Achievements

Examina las técnicas de traducción de textos en inglés

Emplea la metodología para evaluar el nivel de comprensión lectora.

Aplica técnicas para la traducción de textos para evaluar el nivel de comprensión lectora.



2.1 Generic reading strategies

Our mind, unlike our eyes, does not need to see, decode and interpret only one word or short phrase at a time. The mind, that wonderful instrument, can capture a sentence or even a paragraph with a single glance; always and how much our eyes provide you with the information you need and at the speed we want. Therefore, the key is to train it to recognize patterns, the frequency in which words occur - and even the length of the lines- at a certain speed, until fast reading is achieved. This promotes the correction of fixations and regressions that slow down so many readers. Luckily, this can be done quite easily and by doing so the health medical text translators can read as fast as their mind.

Meta-guiding

Among the most useful techniques, meta-guiding involves the articulation of a visual guide to the eye with a finger and a pointer or pen, so that the eye moves faster throughout the text; it also consists on drawing invisible forms on a page of text to expand the visual space for quick reading and even on printing the information in our subconscious for later recovery.

These are processes that are automated significantly through practice -and may become unconscious- in which the eyes do not advance two or three stops and then regress. For this method to be effective the practice of several activities is required, such as: preview, overview, read, review and recite; and by doing a great deal of read and recall (recording through writing a short summary or a mental outline) exercises.

The fragmentation and minimization of sub vocalization

The process of subvocalización corresponds, in a few words, to the internal speech that we commonly do while reading. Have you ever seen someone who, during an exam, reads its content in a very, but perceptible low voice? Well, even when this vocalization is not strictly necessary, the sub vocalization for the sound and the expression of the word to comprehend is a natural mental process that is activated when we read; it enables and helps the mind to access the meanings of words, sentences, paragraphs, etc. to understand and remember what is read, so that the cognitive load is reduced.

As an internal mechanism, it is not related to movements in the tongue and other muscles involved in the articulation of speech, but to undetectable cognitive representations, which is one of the elements of the proposed phonological loop of Baddeley and Hitch that decidedly explains the storage of this type of information in the short-term memory and that is carried out at a predominantly cognitive level which has to be reduced in order to be successful in adding the interpretation of any medical text.



Speed Reading is Trained Skimming

- ◆ Start fixations at the right of first word and take the last fixation prior to the end of the sentence.
- ◆ Focus on content words and infer function words.
- ◆ Avoid regressive eye movements.
- ◆ Avoid subvocalization.

2.2 Skills and strategies linked to the reading technique

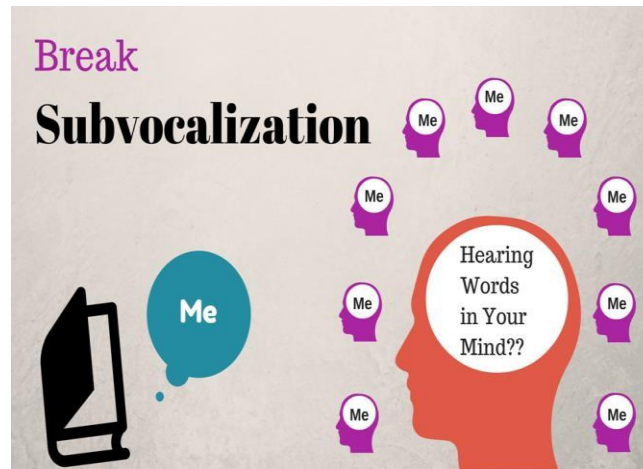
Strategies like the ones a translator of medical texts should most likely apply are, in their own right, entangled to a series of factors, like a correct pronunciation, intonation and rhythm set in course during the reading process which they are to perform in order to monitor their own production once they are in their way to master the ultimate step towards comprehension; this step represents the prize at the end of the adventure that will show itself once silent reading is readily achieved.

This internalized language or sub-vocalization draws upon the initial stage in the process of learning the sounds and their combinations, of difficult or confusing sounds during word recognition -in parallel with the mastery of the regularities of the sound correspondence, of the fundamental regularities of the pausing and the resulting intonation, and with the support of auditory and visuals.

Nonetheless, a translator can always benefit and take advantage of the work on other types of discursive activities, like: oral expression (reproduction), listening comprehension (comparison with a similar text) and written expression (phonetic and orthographic dictation).

From a word level, the sounding of the elements must be combined with the meaning that corresponds to it; which is the reason that the speed of reading results in a very important indicator of an efficient, mature reading.

Despite the importance of the materialization of the 'reading aloud' activity in the initial stage of the comprehension of medical texts -that must be combined at first to gradually reduce to almost disappear- this practice has to lead to the learning and effective realization of the silent reading stage of learning.



Understanding of lexical units

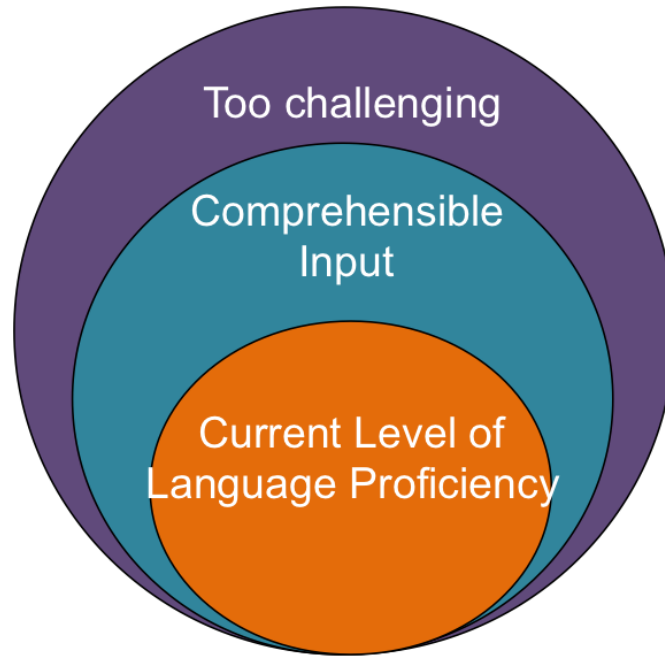
The understanding of lexical units, more precisely, what can be achieved - the cornerstone of what is found at the base of the contrasting of a graphic image and its auditory-motor representation- has to do with what the translator of medical pieces can do with this set of images and patterns that are stored in their long-term memory.

Therefore, what has to be done, the fundamental task, is to ensure that the words are integrated and combined, which also consists of creating regular and stable patterns in the memory of health promoters and translators. Every entire operation of a unit or a combination of units is, in this way, imprinted in their long-term memory, which along with the frequency of the occurrence of a word has a direct effect on the recalling of a word.

The ability to determine the initial form of a word, or the root of a derived word, is unarguably relevant; so in the practice stage of training, the lexical units must be clearly identified in all possible variants in a way Krashen (2017) would make it explicit in terms of comprehensible input.



Making Input Comprehensible



Understanding word and sentence combinations

Now, let us move on to the importance of comprehending the combinations of words and sentences, which is achieved thanks to the presence of reading images, of their combinatorial schemes (of their parts) and of the assimilated phasic stereotypes. The knowledge of the phenomena of the grammar (of the structural elements) and their assimilation is verified in the level of automatic recognition during the reading, which can guarantee the correct functioning of the probabilistic mechanism at structural level.

The presence of this mechanism allows not to analyze during the reading the entire scheme of the declaration, but to predict its follow up by the initial elements, as well as to predict the structural composition of the following. This is a very important factor to develop speed in reading.





Informative-load disengagement

We will now have to focus on the separation in a statement of the fundamental with respect to the secondary, which is also relevant for reading, since it is related to the subsequent evaluation of the elements of a statement from the point of view of the relevance of its informational load. To this end it is necessary to re-learn how to reduce and / or expand it, highlight key words, etc. As you studied in Unit 2, along with the Discourse segmentation, the development of this ability is closely related to the work of the operational memory mechanism, due to the need to keep certain fragments of the text in the memory during the actual reading.

Gloria Carrizo (1994), states that everything that contains information and can be interpreted is, in fact, not the same as knowledge, although it can be used as a base, in the same way that interpreting is not just consulting or studying.

The game of opening and closing the semantic field of definitions can be interesting as an intellectual exercise; besides, it contributes a great deal to establishing the theoretical status of the medical document – and of any other type of document, for that matter- in the whole intricacies of information theory and documentation, due to the fact that along with overcoming the space-time barrier, information is set to reinforce the effect of memory retention.

For instance, a mere mnemonic is also a mode of communication, communication with oneself, later.

But what serves to remind us of information, can serve, equally to others, and with that memory begins to objectify.

Elastic cartilages are in : 4E

Epiglottis

Ear pinna

External acoustic meatus
lateral part

Eustachian tube medial part

There is also a variety of vocabulary shortcuts that will allow you to shorten or expand your vocabulary. In order to reduce the length of a long sentence what you can do is follow a certain pattern that involves many, though not all adjectives or nouns in English. First, for you to be able to reduce a word, just add the letters "e" and "n" at the end of an adjective or noun; for example, let us think of the adjective "white", and what we do is add those two letters so that it becomes a verb "whiten", so instead of having difficulty understanding the word, you know now that it simply means, just to put an example, 'she had her teeth whitened'; now if you do the same with the word "wide" you will not experience any problems in understanding the idea in 'during pregnancy and childbirth the cervix gets softer and starts to widen and open'.



Secondly, another useful key to expanding your vocabulary is to use, what you have already learn in previous subjects, which is to use suffixes and prefixes as a vocabulary hack. What does this mean? Well, right now we are going to focus on the letters that we add to the end of verb or a noun that are related, (to make a verb you must add '-ize or ise' and for a noun you should add -ization or -isation); therefore, once you make a verb you can also make a noun:

Example of this are: final-finalize-finalization; sterile-sterilize-sterilization

Designed to fully understand the content of a medical text

Interpretation

Finally, the last step of the ladder, the most significant is the skills of interpreting the information of a text are related not only to the apprehension of the central idea, of what the author had in mind and want to convey, but also to the establishment of the readers' orientation (from their "perspective towards reading"). Reading becomes a real, interactive and communicative act, only in the case of having a personal sense to read, and the simple fact of the coincidence of the mental image of the reader with the author of the text is not enough here.

In this regard, it should be pointed out that efficient readers define the product they expect to obtain from reading, taking into account a bunch of factors: the subsequent activity in which that product is necessary, the characteristics of the text, his prior knowledge and their strategic and tactical abilities (including their degree of proficiency in the language), the time available and the conditions under which the reading activity will be developed.

It is believed that a perspective towards reading has a conventional character and also, that the contrast between that and a personal orientation can provoke a rejection-reaction and its replacement by another consciously or unconsciously chosen by the readers themselves. In other words, if the reasoning of the medical text is valid and convincing, a personal interpretation of the text read is undoubtedly favored and will have a substantial impact in the coincidence of orientations entangled, which you must know so far, articulates a firmly motivation to reading and interpreting a text. Why, the interpretation of a text is related, on the one hand, with the understanding of the motivation and the objective of its author, and, on the other, with the realization of the motivation of the reading itself.

The first task presupposes the understanding of what is "behind the text", the understanding of the structure of the discursive activity of the author in relation to the problems he poses, solves or intends to solve, or else to demonstrate a second task, which is ensured by a



certain number of extra-linguistic factors: training, way of life, instruction, aesthetic tastes, social environment and / or practical requirements.

A factor of psychological order that must always be taken into account is that the interpretation of the textual information occurs not after the reading or understanding of the oral or written message, but it crystalizes to the extent that the information is embedded during the process and that takes place after it has been completed.

Despite the fact that there is not sufficient data on the intellectual operations that make up the skills that are part of the reading process, the indirect data of observation of the performance of a mature reader (expert), allows us to distinguish the operations of identification, disarticulation (separation), discrimination, comparison, differentiation, articulation (union) and the transformation of information. You should also keep in mind that both, the interpretation and assessment skills require, in addition, the realization of reduction and expansion operations of the textual information, among others.

Remember that when referring to the intellectual operations you learned in the previous Unit, it must be emphasized that, despite being equal in their composition in different skills in English, they can be directed to different objects by their nature.

Thus, during the study of the words, their operation and differentiation they focus on the graphic, morphological or distributional indicators, on homonymous elements or on their association to certain classes or members of the statement. On the contrary, during the study of the syntactic material from a structural-semantic perspective, this operation is aimed at the differentiation of the essential minimum components of the statement model with respect to its extenders, or vice versa.

2.3 Preliminary concepts

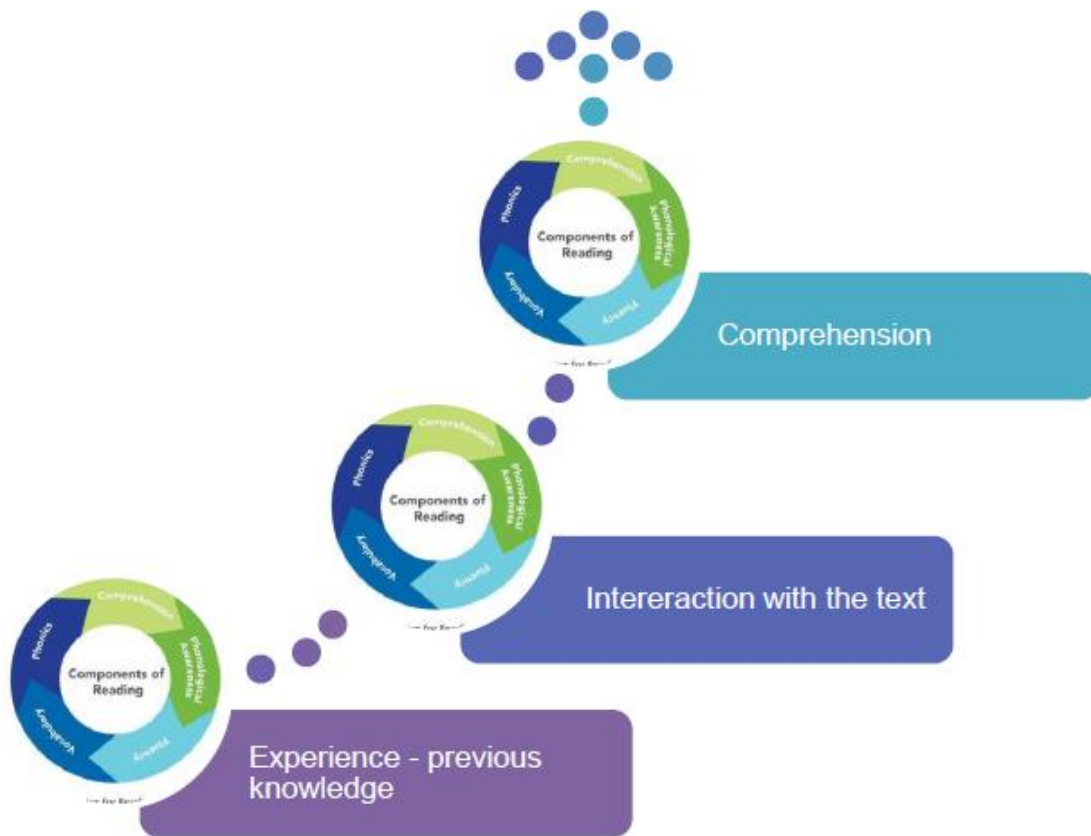
Reading is a process of interaction between the reader and the text, a process through which the first tries to satisfy the objectives that guide its reading; makes it possible to establish a dialogue with the authors, understand their thoughts, discover their purposes, ask questions and try to find the answers in the text, but also involves reacting, associating or even evaluating.

Reading in a foreign language -see this activity as an instrument of communication and promotion of development- consists of achieving a task in which the objective is to "translate" the graphic images of the text into mental images, appropriate to those that the authors reflected in the linguistic forms of that; it is in itself a process through which the reader elaborates a meaning in his interaction with the text.



The comprehension to which the readers arrive during the reading process derives from their accumulated experiences as they decode the author's words, phrases, paragraphs and ideas. In this process of understanding, the readers relate the information that the author presents to them with the information stored in their minds.

Understanding is the process of elaborating the meaning through the learning of the relevant ideas of the text and relating them to the ideas that already exist in their memory; it is the process through which the reader interacts with the text. Regardless of the length or brevity of the paragraph, the process is always given in the same way.



Linguistic difficulties and individual variability

The separation of paragraphs, spaces and punctuation marks do not fully guarantee the possibility that the internal meaning of the text is understood. Therefore, the process of understanding the subtext or the meaning behind a text has a more complex nature here and requires an active autonomous work by the subject.

In cases in which, in face of the initial complexity perceived by the reader who must master a certain volume of knowledge of the language (of the mechanism of sound / spelling correspondences, of the lexicon, of the syntactic forms, etc.), in other terms, of recognizing the thematic progression, requires a remarkable inferential activity; especially when the



absence of repeated elements and the existence of implicit presuppositions hinders the automatic realization of the necessary connections between the ideas; this activity requires in turn previous knowledge of those that it is not always available.

Notwithstanding the foregoing, it is possible to make use of strategies which application depends both on the familiarity with the content of the text and on the knowledge of the textual structure, that is, it is based on individual variables, such as:

- a. The way in which the author organizes the ideas (narration, description, argumentation, etc.).
- b. The structure that allows us to identify what the author considers most important (for example, in a text with an argumentative structure, the conclusion, etc.), among others, can help in the translation work effectively.
- c. The facility to locate the verbal meaning in the context of our experience, which is concrete, temporary space, observable and often full of emotional connotations. In doing so, we construct what has been called the mental model or, more frequently, model the situation to which the text refers to.
- d. Whenever this model is not appropriate, the reader does not really understand the text, even when he has been able to summarize it.
- e. The identification of the communicative intention. - understanding a text implies not only synthesizing the ideas that the author communicates and adequately representing the situation of which the text speaks, but also identifying the intention with which the author says what he says.

Key words

A well-structured medical text, any other print or oral resource has a variety of elements that are used consistently to aid the reader identify and use the material. Some texts include more of these features, and clearer cues than others do, though, as you will see as follows:

Time Order

Information is displayed in the order of the events, that is, in a chronological order which is usually featured in news, articles, procedures, manuals or instructions, flowcharts, etc.: after, before, during, first, finally, following, immediately, initially, next, now, preceding, second, soon, then, third, today, until, when.

Compare and Contrast

Information is set to show the similarities as well as the differences (e.g., ideas, concepts, topics, places, and the like). This characteristic is easily found in, graphs and cause/effect



charts that illustrate the comparison: although, as well as, but, compared with, either, different from, however, on the contrary, instead of, like, likewise, opposed to, same, similarly, similar to, unlike, yet.

Classification

Information is classified in categories to illustrate or explain a concept in: definitions and explanations, column charts, tables, webs, etc.: all, an example of, for instance, is often called, looks like, many, mixed in, most, one, part of, the other group, resembles, similarly, sort, typically, unlike, frequently.

Spatial Order

Consider, for example: left to right, top to bottom commonly used in descriptions, maps, diagrams and drawings to help to record spatial details: above, across from, among, behind, down, in front of, to the right/left, near, on top of, over, up, in the middle of, underneath.

Order of Importance

To the least to most important: descriptive or persuasive writing, reports or news reports in the form of visual organizers: always, beginning, first, finally, following, in addition, most important, among others.

Cause/Effect

Information is displayed to correlate a result with a series of events, showing a logical relationship between a cause and the effect in a problem/solution in an order or process fashion. Examples of this kind of pattern are: cause-and-effect charts and fishbone diagrams that effectively illustrate the relationships. Some of the signal words are: a result of, because, begins with, causes, consequently, due to, effects of, as in, if...then, in order to, leads to, next, since, so, so that, therefore, when...then.

Writing-reading correlation

Reading represents more than decoding letters, it is an activity that requires perception and processing (understanding and interpretation) of the information contained in a medical text in English. It is a process of communication through texts, in which the reader must penetrate the content of the written message presented through certain combinations of units, and understand it.

As you revised earlier in this unit the reading process is made up of two components: the reading technique and the comprehension of what was read. Therefore, the formation of communicative competence in reading must take into account the different skills that make it possible, which are divided into two large groups: those related to the technique of reading and understanding the linguistic material of the text, and those linked to the understanding and interpretation of its content.



It is of relevance here to point out that a strategy is defined as the set of intellectual and discursive actions whose execution allows the individual to achieve success in reading, while a tactic is the intellectual and discursive adjustment to the conditions in which this activity occurs. It is of the essence for the reader to become aware of the importance of the formation and development of adequate reading strategies and tactics, as well as a strategy or tactic, should be learned, when, how and for what purpose to use them, and how to evaluate success in reading.

Reading then, is a process associated to the language that depends substantially on the oral language and the previous information that readers of medicine texts have. The diligent reader is characterized, from this perspective, as an individual who plans his reading around a specific purpose; with that objective in mind, that individual reflects on what he is going to read and begins to activate his previous information related to that topic. And ideally, the writing subject develops a process quite similar; first establish some process of writing and then reflect on what you already know or need to know about that topic before you start writing.

Then, the readers start reading and "composes" the meaning in light of the purposes that have been set and the previous information available to them. The keys of the text help you to elaborate the different meanings. The writers, meanwhile, begin to write and develop the meaning in turn; their task is to elaborate it in such a way that the readers will get it later. As they write something about the chosen topic, they are supposed to reflect on that and develop it truly as they additionally reflect on the chosen topic.

With that in mind now, picture yourself as the reader, as someone who continues to elaborate new meanings; think about what you are reading and reread and modify the meanings that arise when this is necessary. The writers, meanwhile, make a review to clarify the meanings, reflecting on what they have already written, re-reading and rewriting it to make it more understandable.

Finally, there will be a step in which you, the reader, will reach a point in which, reflecting on what you have read, will be able to conclude that the meaning "composed" in the process is the best of all the possibilities posed to you. In the writer's case this phase consists of developing the final copy. Pearson and Tierney (1984) refer to each of these four stages as: planning, composition, editing and regulation. In the global process, you and the reader in different moments of your duty will advance and retreat from one to the following, making the process a common goal.

Vocabulary Acquisition

An important task during the process of developing reading skills in a foreign language is the formation of real passive vocabulary and potential vocabulary.



The real passive vocabulary is expressed in the lexical units present in the reader's linguistic experience; we are talking here about the words that you have come to "store" in your memory systems during reading. The visual, auditory and motor images of these units are retained in long-term memory. The work of enrichment and reiteration of this lexical group must be done in a planned manner, throughout the practice of the reading process.

The potential vocabulary, on the other hand, is made up of the lexical units that did not exist in the reader's previous linguistic experience, but that can be recognized by inference. The meaning of a new unit can be deduced as a result of the analysis of its morphological conformation you learnt in previous subjects, by similarity with a word of the mother tongue, for being international, or by the context in which it appears.

The task of forming the potential vocabulary consists, therefore, not in insisting on the mastery of specific lexical units through their memorization, but in developing, as well as making the tactics (operations) necessary for you to efficiently recognize them.

The last problem to be addressed in the subject, of great importance for the development of reading skills is the one referred to the formation of grammatical habits which can only be achieved by approaching the content of medical texts from an analytical perspective as you were taught in your previous subjects 'Inglés básico' and 'Inglés técnico en salud'.

Something else to be considered, the contextual diversity of a word can predict the reaction time in tasks of visual recognition in a better way than the frequency. Another variable that affects lexical learning and processing is semantic richness. Words that have a large number of semantic attributes are processed more quickly in tasks of lexical decision and semantic categorization (Pexman, Siakaluk & Yap, 2013).



Unit Closure

The objective of the three units you have studied along the course has been to ensure you comprehend what the process of reading of a medical text entails via the ability to process it, understand its meaning and integrate that to the acquisition of fundamental skills that the ultimate efficient reading comprehension process requires, such as: identifying the meaning of words from discourse in context, following the organization of passage, sorting out antecedents and references in it, drawing inferences from a passage about –for instance- its content, distinguishing its main idea, formulating hypothesis, determining the writers' purpose, intent and point of view, and drawing inferences about all of these peculiarities.

So, as you already know, the individuals ability to comprehend a medical text is influenced by their skills and their ability to process information and you are also aware now that If word recognition turns out to be difficult, readers and translators may use too much of their processing capacity and intellectual operations to read individual words, which most likely will interfere with their ability to comprehend what is read; however, you are now able to develop a number of strategies to improve your own reading comprehension expertise and to put into practice critical text analysis (intertextuality, current events vs. narration of events, etc.) as well as intensive or profound reading, among others.

One last recommendation, self-monitor and continually asses what is going on in your mind every time you interact with a medical text for, in the long run, you will find the experience of being able to serve others through the accurate dissemination of information to be indescribably meaningful and rewarding.

There is not much else to say but to wish you a great success in your way to becoming an expert in the health promotion practice!



Actividades

La elaboración de las actividades estará guiada por tu figura académica, mismo que te indicará, a través de la *Planificación de actividades*, la dinámica que tú y tus compañeros (as) llevarán a cabo, así como los envíos que tendrán que realizar.

Para el envío de tus trabajos usarás la siguiente nomenclatura: **Siglas de asignatura_U2_A#_XXYZ**, donde NTTE corresponde a las siglas de la asignatura, U2 es la unidad de conocimiento, A# es el número y tipo de actividad, el cual debes sustituir considerando la actividad que se realices, XX son las primeras letras de tu nombre, Y la primera letra de tu apellido paterno y Z la primera letra de tu apellido materno.

Autorreflexiones

Para la parte de **autorreflexiones** debes responder las *Preguntas de Autorreflexión* indicadas por tu figura académica y enviar tu archivo. Cabe recordar que esta actividad tiene una ponderación del 10% de tu evaluación.

Para el envío de tu autorreflexión utiliza la siguiente nomenclatura:

Siglasdeasignatura_U2_ATR _XXYZ, donde NTTE corresponde a las siglas de la asignatura, U2 es la unidad de conocimiento, XX son las primeras letras de tu nombre, y la primera letra de tu apellido paterno y Z la primera letra de tu apellido materno.



Para saber más



Stephen Krashen's Theory of Second Language Acquisition.

<https://www.sk.com.br/sk-krash-english.html>



Critical Appraisal Skills Level 2 :

<https://slideplayer.com/slide/7594736/>



Medical Vocabulary

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