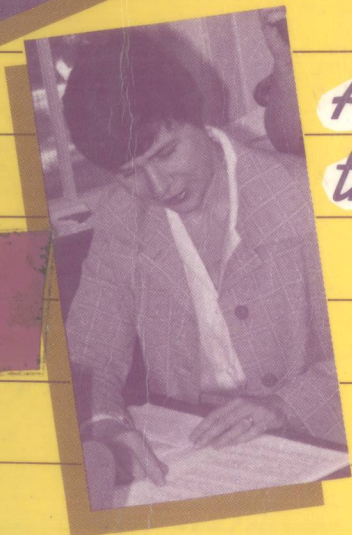
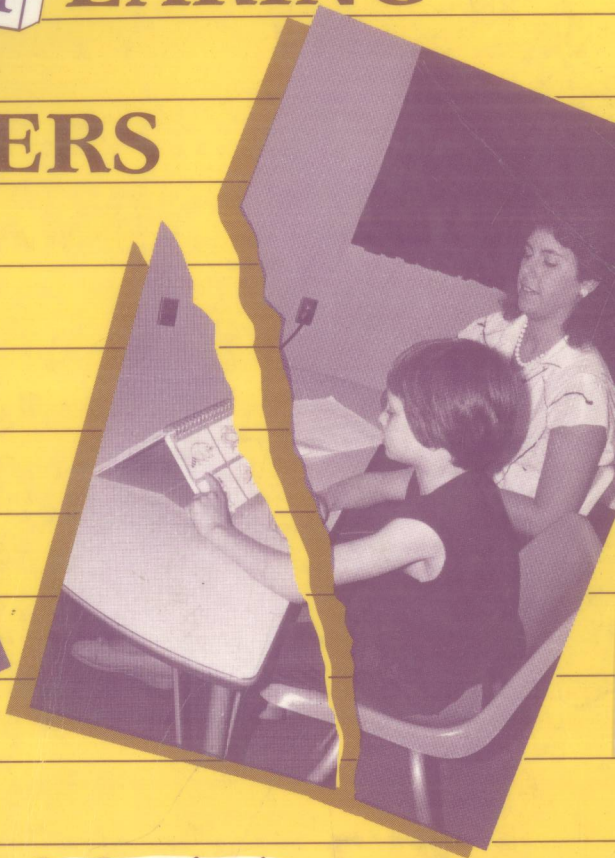


SPEECH, LANGUAGE, & HEARING DISORDERS



*A Guide for
the Teacher*

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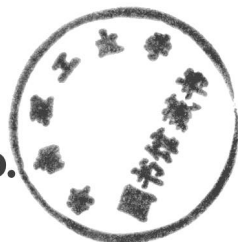
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► **Speech, Language, and
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A Guide for the Teacher**

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A Guide for the Teacher**

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Dedicated to Jane, Mike, and Ann

► Preface

This book has been written for two special groups of people: those who are preparing to become teachers in regular or special classrooms, and those who already have assumed the responsibilities of being teachers. This book will be a helpful resource for anyone who wishes to achieve an understanding of the communicative disorders often observed in school children.

We will discuss articulation, language, stuttering, voice, hearing, and the communicative problems that occur when the processes associated with these functions are fractionated. Recognizing that entire courses and even sequences of courses are developed on each of the above topics, we asked approximately 250 established teachers and teachers-in-training what questions they had concerning speech, language, and hearing problems of children. This provided guidance in the development of the chapters and assures greater relevance of the material to teachers.

Our purpose is to present information that teachers require to be effective in meeting the special educational and emotional needs of children with speech, language, or hearing problems and also to make suggestions for promoting the speech and language development of all children. In preparing this text we have drawn on personal experience in service to school children and on the experience of others who have contributed to the literature. To highlight the discussion of various communicative disorders, we have provided brief case histories along the way.

Public Laws 94-142 and 99-457 are of paramount importance to both teachers and speech-language pathologists as they set about to deliver service to children with communicative disorders. We have focused a great deal of attention on PL 94-142, and PL 99-457 to enable teachers to work with greater understanding in supporting the programs of the speech-language-hearing impaired children for whom they are responsible.

A self-testing section follows the text of each chapter to provide readers with an opportunity to evaluate their own understanding of the materials presented. The Summary at the end of each chapter allows for a rapid review

of the contents of the chapter. Appendix A at the end of the book lists and describes a large number of children's books that should be particularly helpful to teachers and children in supporting individual therapeutic programs.

It is our hope that those preparing to become teachers and those who are teachers will gain a greater understanding of communicatively impaired children as a result of reading this book.

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CHAPTER 1

► **Introduction to Speech, Language, and Hearing Problems in the Schools**

The purpose of this book is to provide you, the teacher, with information that will enable you to promote the speech and language development of all the children in your classroom and, more particularly, to help your children with specific speech, language, or hearing difficulties. Figures regarding the numbers of children with speech, language, or hearing disorders vary considerably and are not known precisely (Matthews, 1986; Neidecker, 1980; Van Riper & Emerick, 1984); however, it is generally accepted that the number is large and is growing larger (Neidecker, 1980). In fact, as was noted by Garbee (1985), the largest segment of handicapped children in the schools is those with speech, language, or hearing disorders. Therefore, *all* teachers, but especially elementary and special education teachers, can fully expect to have children with significant communicative disorders in their classrooms. Needless to say, communication is vital to educational achievement and social and psychological development as well as to vocational success. Van Hattum (1985) said it well when he wrote; "Emotional and social adjustment and educational achievement are intimately related to each individual's communication behavior. Persons with communication skills commensurate with their total abilities are better adjusted, possess better social skills, and are more likely to perform to their potentials in school environments and in later occupational pursuits than those who do not develop these skills to their ultimate potential." (p. 1)

The specialists who are trained to help these children and to work with other school personnel in their efforts to help these children are the speech-language pathologist and the audiologist. The audiologist, who studies hearing and hearing impairments, will be discussed further in Chapter 6.

WHO IS THE SPEECH-LANGUAGE PATHOLOGIST?

Over the years this professional has been referred to by many names, including *speech teacher*, *speech correctionist*, *speech therapist*, *speech and hearing therapist*, *speech clinician*, *speech and language clinician*, *communication disorders specialist*, and *speech-language pathologist*. Taylor (1980) found that various state departments of education used 19 different titles to refer to this professional, whereas other state departments of education never referred to the professional directly but to the profession itself, calling it by 14 different names including *speech correction*, *basic speech and language*, *standard speech and language*, *speech pathology*, *speech and language pathology*, and *speech and communication disorders*. The American Speech-Language-Hearing Association (ASHA), the professional organization for those working in the field of speech-language pathology and audiology, currently recognizes *speech-language pathologist* as the term of choice. However, Van Hattum (1985) expressed a favorable attitude toward the utilization of the term *speech-language specialist* in the schools. The authors have found that the terms *speech clinician* and *speech-language clinician* are also frequently used in the public schools.

The goal of the speech-language pathologist is to help people with communicative problems to correct their problems or to achieve their maximum communicative potential, which may involve compensatory techniques and equipment. In schools the speech-language pathologist is also often involved in serving hearing impaired and speech-language impaired children, although educational audiologists are also employed in many school districts.

The speech-language pathologist also works in other environments, such as hospitals, universities, community clinics, rehabilitation centers, and in private practice. Occasionally, the public school speech-language pathologist will refer children with communicative disorders to colleagues in one of these settings, since it is sometimes desirable to have a second opinion, and since expensive equipment that may be useful in assessment is often not available to the public school speech-language pathologist.

The speech-language pathologist in the public schools must hold at least a bachelor's degree and teacher certification in speech-language

pathology. However, in some states, additional training is becoming the educational minimum. Many public school speech-language pathologists with a master's degree will also hold a certificate of clinical competence (CCC) in speech-language pathology from ASHA, as well as state licensure in speech-language pathology (licensure is required in the majority of states). Audiologists possess similar credentials, such as a CCC in audiology. ASHA members are required to abide by the ASHA Code of Ethics and are encouraged to participate in continuing education.

ARE THERE SPEECH-LANGUAGE PATHOLOGY AIDES (AS THERE ARE TEACHER AIDES)?

Yes. Referred to as *aides*, *paraprofessionals*, or *supportive personnel* these people are allowed by some states to work in the schools under the supervision of speech-language pathologists. In the future such people may become more widely employed in public schools.

DOES EVERY SCHOOL HAVE A SPEECH-LANGUAGE PATHOLOGIST?

One of the first public school speech correction programs was begun in Chicago in 1910, with several of the larger urban school districts following during the next decade (Moore & Kester, 1953). The numbers of children served, especially in the smaller and rural districts, expanded tremendously during the 1950s and 1960s. It is obvious, then, that speech-language pathologists are relatively new in many schools. However, the answer to the above question is now a definite "yes." To be in compliance with PL 94-142, all public schools must have a trained speech-language pathologist available who can serve the needs of communicatively handicapped children.

WHAT IS PL 94-142?

PL refers to Public Law. The numbers preceding the hyphen represent the session of Congress during which the law was passed, and the numbers following the hyphen represent the number of the law passed in that session. Thus, PL 94-142 was the 142nd law passed by the 94th session of Congress. All laws are printed in volumes entitled the *United States Statutes at Large* (PL 94-142 is found in Volume 89, pp.773-796). The regulations relating to PL 94-142 can be found in the *Federal Register* (1977).

PL 94-142, which is entitled the Education for All Handicapped Children Act of 1975, signed by then President Gerald Ford, mandates that all disabled children receive a free education that is appropriate to their needs. Although some disabled children were receiving an education before the enactment of PL 94-142, over one million were not; of those being served, it was estimated that over one half were not receiving an appropriate education. Until Congress acted, state and local educational agencies had had the option of providing or not providing education to the disabled. PL 94-142 addresses the needs of disabled children, regardless of degree of severity, between the ages of 3 and 21. Exceptions to these age inclusions are granted in those states where state laws, regulations, or court orders are in conflict with PL 94-142 and then children below age 5 and above age 18 are excluded. Each state has enacted its own legislation, rules, and regulations to comply with PL 94-142. For example, the procedures for ensuring due process setting forth parents' rights vary from state to state.

This law also specifies that an individualized educational program (IEP) must be completed for each disabled child and that the education must be provided in the least restrictive environment (LRE). Although each school district may develop its own IEP form, the IEP must include a statement specifying:

1. the child's present level of performance
2. the special educational or related services to be provided
3. long-term (annual) goals and short-term objectives
4. the date that services are to be initiated
5. an estimate regarding how long the services will be necessary
6. the educational setting(s) that the child will be placed within for such services (the setting(s) must meet the least restrictive environment requirement), and
7. the evaluation procedures and criteria that will be used to determine whether or not the goals and objectives have been met.

The IEP is developed by a team of appropriate school personnel, the parents, and sometimes the child (when the team members deem it appropriate); is signed by the team members, including the parents; and is reviewed and updated at least annually. Parents have the right to disagree with the IEP and to exercise their due process rights by appealing. If they refuse services that the school has recommended for their child, the school can ask for an impartial hearing. *Least restrictive environment* refers to the most "regular" or "normal" setting in which the child can function for the school day or for a portion of the school day. The word *mainstreaming* is commonly used

to describe the provision of education within the LRE, although the word does not appear in the law itself. Teachers will encounter PL 94-142 many times in their educational studies and will examine it in far more depth than it is presented here.

What does PL 94-142 have to do with speech-language pathology and audiology? Communicative disorders are one of the most prevalent disabling conditions in the United States today. Every child who is identified as having a communicative disorder (speech, language, or hearing) that adversely affects educational achievement falls under this law. An IEP must be completed and appropriate services rendered. If the child qualifies for a special educational program, speech, language, or hearing services are regarded as related services. If the child is placed within a regular educational program, speech, language, or hearing services are considered special education. This distinction is important since federal funding is only granted for students who meet special education criteria. Knowing this helps parents understand why their child is categorized as requiring special education, especially if their child's problem is relatively minor.

WHAT IS PL 99-457?

The recent legislation signed by President Reagan (PL 99-457—Amendments to the Education of the Handicapped Act) serves to broaden and strengthen the mandate for providing services to handicapped children. Among other things, it calls for participation of multiple agencies in providing special education and related kinds of services to handicapped children. There is particular emphasis upon the use of new materials, media, and technology and programs for handicapped children aged three to five. Provision is made for early intervention services for children from birth to age two. Parent training is yet another area that has been expanded, and it is one in which both the teacher and speech-language pathologist can be involved.

ARE THERE DIFFERENCES IN THE TERMS COMMUNICATION, LANGUAGE, AND SPEECH?

Communication. Language. Speech. These three terms are interchangeable for many people. However, for the purposes of this book, distinctions will need to be made among them.

Communication, the most general of the terms, implies a transfer of knowledge, ideas, opinions, and feelings. Most often this transfer is via language. However, there are other means. For example, body