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What did you say?

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WHAT DID YOU SAY?

by

Kathleen Stephany

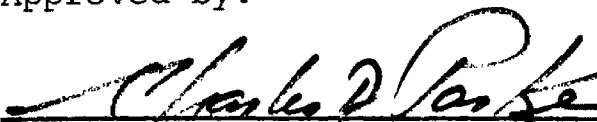
B.S., Spalding College, 1971

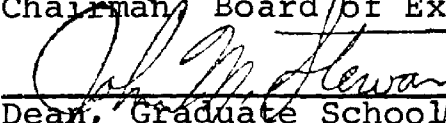
Presented in partial fulfillment of the requirements for the degree
Master of Communication Sciences and Disorders

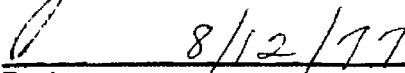
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INTRODUCTION

This booklet has been designed to accompany the slide presentation, What Did You Say? The purpose is to aid the educator in the identification and referral of the communicatively handicapped child as defined by Federal, State and local district regulations.

It also briefly describes the process of assessment and placement of a child in an individualized educational program.

The teacher is referred to the State and Federal documents and the local school district's most recent interpretation of them for specific regulations.

This presentation was prepared in partial fulfillment of the requirements for the Master of Communication Sciences and Disorders, University of Montana. I would like to express my sincere appreciation to members of the externship committee, Dr. Parker, Dr. Lyndes, Dr. Jakupcak and Ms. Bain for their assistance. I would also like to thank Mrs. Mary Richlie and Merlin Omens for their consultation and all the teachers and students for their cooperation.

Sample forms have been included that are utilized by the Communication Disorder Services of the Spokane Public Schools, Spokane, Washington.

LAWS AND REGULATIONS

The Federal Education for All Handicapped Children Act of 1975, Public Law 94-142, was enacted to assure that all handicapped children are guaranteed an opportunity for free, appropriate education. The federal law outlines policies and stipulations to which state and local educational agencies must adhere.

The procedures and policies for delivering special educational services in the State of Washington are defined by the Washington Education for All (RCW 28A.13) and the accompanying regulations (WAC 392-171).

Local school districts are assigned the task of implementing these regulations. They have a set of administrative procedures which define the processes of: Identification, Assessment, Placement and provision of appropriate Individual Education Programs (IEP) for the handicapped.

Handicapping Conditions

1. Developmentally Disabled
2. Sensory Handicapped
3. Gross Motor and Orthopedically Handicapped
4. Communication Disordered
5. Behaviorally Disabled

6. Neurologically Disabled
7. Learning/Language Disabled
8. Health Impaired
9. Multiply Handicapped

Included among the conditions defined as handicapping are communication disorders. Children in this category demonstrate a disorder in the processes of LANGUAGE, ARTICULATION, VOICE or FLUENCY, or any combination of these which PREVENTS, INTERFERES with or LIMITS the individual's academic achievement, physical, social and/or vocational development.

The Communication Disorder Specialist (CDS) is the professional who provides special services to the communicatively handicapped child. Evaluation, consultation and remedial or developmental instruction are included among these services.

IDENTIFICATION PROCESS

The classroom teacher is frequently the first professional to identify the child with a communication handicap. Observation of the child's communication skills in numerous settings enables the teacher to see the impact the child's handicap has on his academic achievement and his social development in the school environment. The school counselor, principal or other specialists in the school may also be involved in the early identification process.

Often the teacher has knowledge of the home situation and may be the initial person a parent contacts when the family is concerned about a child's ability to communicate.

The CDS relies on the educator to recognize the need for communication disorder services and begin the referral process.

The following section is included to define articulation, voice, language and fluency disorders and provide the teacher with a sample checklist that may be utilized when observing the child. The checklists are not exhaustive and the teacher is encouraged to add items based on his/her experience with children demonstrating similar problems.

The information the teacher collects will aid in his/her decision to refer a child for communication disorder services. It will also be valuable to the CDS in the assessment process.

Children may demonstrate combinations of the disorders listed

or the disorders may occur as a result of other handicapping conditions. For example, a child with a hearing loss may also have an articulation, voice and language disorder; or a child who is developmentally disabled may demonstrate a language and an articulation disorder.

Fluency Disorders

A fluency or stuttering disorder is a handicapping condition, characterized by involuntary disruptions in verbal expression to the degree that the individual and/or his listener evidence reactions to the disruptions, so that communication is impeded.

The disruptions may include repetitions, prolongations, interjections, physical struggle and/or other disfluent behaviors. The child may also demonstrate an inappropriate speaking rate. Examples of disruptions might be:

repetitions--my, my, my fa-fa-father

prolongations--my ssssister

interjections--my ah, ah, ah, er sister

physical struggle--facial grimaces, eye blinking, head jerking,

or an open mouth posture with no speech.

This category excludes conditions of a transitional nature that are part of the normal developmental processes of a child.

Teachers realize from their experience with children that fluency varies from speaker to speaker and from situation to situation. It is important to note that in young children's language development, they often experience a period of normal disfluencies. The excessive repeating, hesitations and prolongations of sounds are part of a normal process. Kindergarten teachers may have children in their classrooms who are still in this developmental period.

Sample Fluency Checklist

1. Does the child use an inappropriate speaking rate?
2. Are there frequent occurrences of disfluent behaviors?
 - repetitions?
 - prolongations?
 - interjections?
 - physical struggle?
 - others?
3. Do the disfluent behaviors affect the child's intelligibility?
4. How long has the condition been present?
5. How does the student react to his speech?
 - does he avoid verbal interactions?
6. How do others react?
 - other children?
 - teacher?
 - parent?
7. Are the parents concerned?
8. Does the child have other communication disorders:
 - voice?
 - language?
 - articulation?
9. Does his speech improve under different situations?
 - when?
 - with whom?
10. Do the records indicate?
 - previous referrals?
 - special services?
 - health problems?

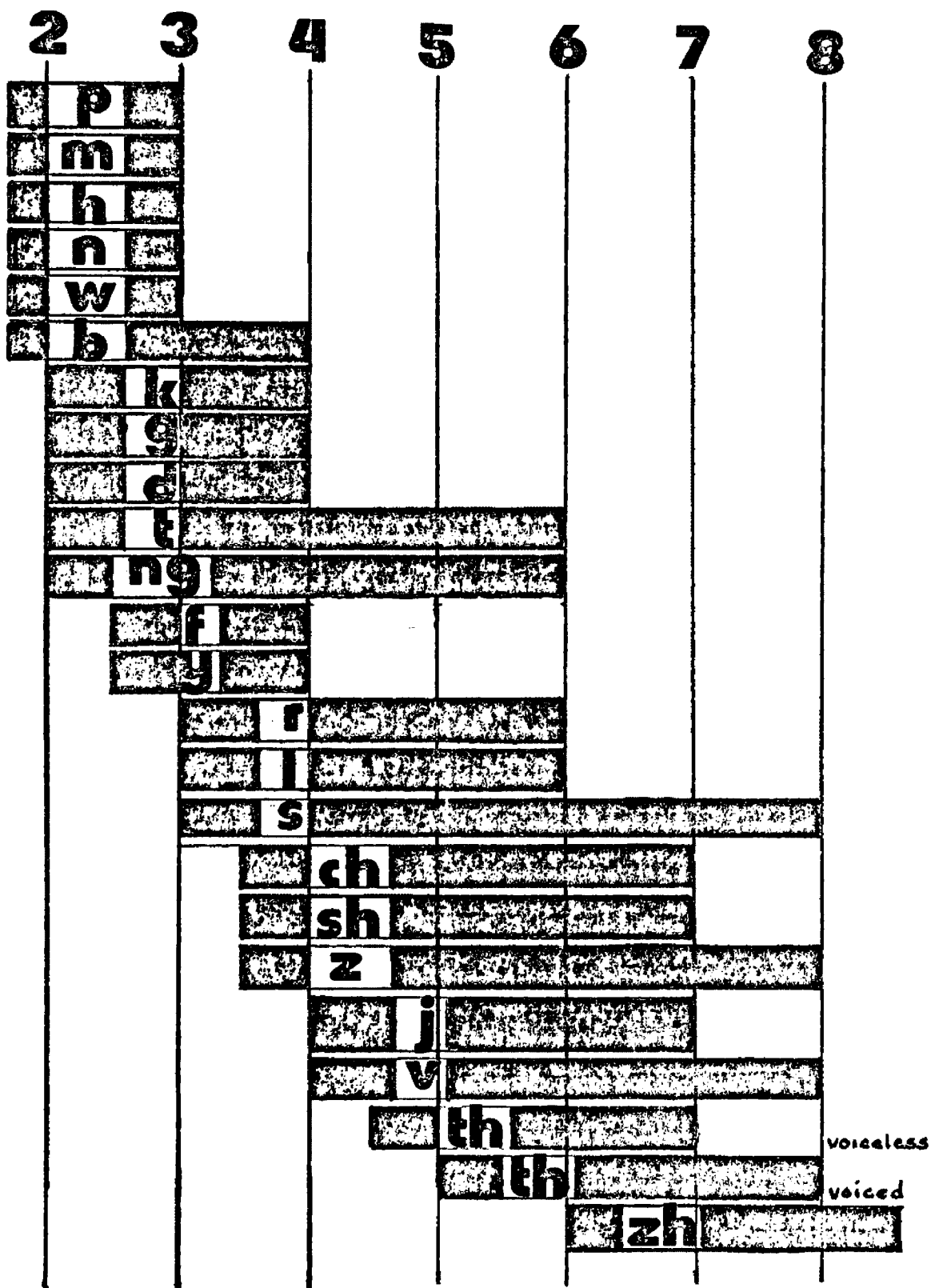
Articulation Disorders

An articulation disorder is defined as a handicapping condition characterized by a disability in the production of speech sounds which interferes with the individual's ability to communicate.

The following chart was developed by Eric K. Sander, 1972, to show that the normal articulation development encompasses a broad age range and to give the average age estimates for speech sounds. The solid bar begins at the average age of articulation of a sound and ends at an age level at which 90 percent of all children are producing the sound. For example the /s/ sound is correctly articulated by more than 50 percent of three-year-olds but does not reach 90 percent correct production until age eight.

Table 1

AGE LEVEL



voiceless
voiced

ARTICULATION CHART

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Sample Articulation Checklist

1. Is the child intelligible?
2. What sounds are in error?
 - how many?
 - appropriate for age?
3. What is his speech like in different situations?
 - classroom?
 - playground?
 - with his parents?
 - in small groups?
 - with the teacher?
4. When the child repeats a word after the teacher's model, does his speech improve?
5. Has he had his hearing evaluated?
6. Does the child have other communication disorders?
 - voice?
 - language?
 - fluency?

Voice Disorders

A voice disorder is a handicapping condition characterized by a disability in the production and control of vocal quality, pitch or loudness, resulting from pathological conditions or inappropriate use of the vocal mechanism.

Sample Voice Checklist

1. Is the child's voice too loud or too soft?
2. Does the child's pitch appear appropriate for his age, sex and size?
 - too high?
 - too low?
 - monotonous?
3. Does his voice sound hoarse?
4. Does his voice sound different in various situations or with different people?
5. Does the child abuse his voice?
 - Does he yell or scream frequently?
 - What is his voice like on the playground?
 - Does he clear his throat excessively?
6. Does the child have any health problems?
 - allergies?
 - frequent colds?
7. Does the child have any other communication disorders?
 - articulation?
 - language?
 - fluency?

Language Disorders

A language disorder is a handicapping condition resulting in a discrepancy between current and potential levels of functioning in the ability to acquire, understand or use spoken or written language.

It includes deficits in vocabulary development, concept formation, grammar and syntax, auditory or visual memory or other disorders in the auditory or visual channels of learning.

Sample Language Checklist

1. Does the child appear to have a limited vocabulary?
 - in his understanding of what is said to him?
 - in what he says?
2. Does the child understand directions?
3. Does he have difficulty thinking of a word he wants to use?
4. Does the child appear to understand the basic concepts necessary at his grade level?
5. Does he use intelligible sentences?
 - is the word order appropriate?
 - does he reply in primarily one or two words to convey his meaning?
 - does he rely primarily on gestures?
6. Is his speech grammatically correct?
7. Does he appear to have memory problems?
 - auditory?
 - visual?
8. Is he having reading difficulties?
 - in what areas?
 - has he been referred to a reading specialist?
9. Has his hearing been evaluated?
10. Do the records indicate any health problems?
11. Does he have any other communication problems?
 - articulation?
 - voice?
 - fluency?

REFERRAL PROCESS

Once the educator identifies a child whose communicative skills appear inappropriate for the child's age, he/she initiates a referral. The teacher completes the Request for Child Study form (Figure 1) with special attention to Section 10 where space is provided for the teacher to list observations of the child's strengths and weaknesses.

The teacher then forwards the form to the CDS assigned to the school who will send a written notice to the student's parents, informing them of the referral, the referral source, the reason for the concern and the date of the referral.

What Next?

The next step in the referral process is for the CDS to review the child's records and confer with the teacher, parents, medical personnel, counselors and others involved with the child. The CDS also observes the student in his classroom and other settings and conducts appropriate screening activities.

The information gathered in these procedures helps the Communication Disorder Specialist decide whether a formal assessment is indicated.

ASSESSMENT, STAFFING AND PLACEMENT

Assessment Process

If a formal assessment is necessary, the CDS contacts the parents and obtains their signature of approval on the Request for Child Study form.

The CDS then conducts the diagnostic evaluation and makes any necessary referrals to physicians, audiologists, psychologists, social workers or other appropriate personnel. The CDS also completes a formal assessment report summarizing the findings.

Staffing

A staffing is held to explain assessment results, to plan an appropriate educational program (IEP) and to make recommendations concerning the type of services the child needs. Participants in the staffing form a team which includes the child's parents, his teacher, the CDS and other appropriate school personnel. Federal and state regulations stress the role of the parent in the planning of the child's program. Every effort must be made to have the parent present and participating in the staffing.

The program goals, objectives and placement recommendations are recorded on the Admission to Special Education form (Figure 2) which the parent signs.

Figure 2

REQUEST FOR ADMISSION TO SPECIAL EDUCATION

Today's Date

Child's Legal Name: _____
 Last First Middle Other Name Used

Age _____ Birthdate _____

Present Address: _____
 Zip Code Phone

The assessment and/or annual review of your child indicates that there are conditions present which interfere with his/her learning. It is recommended that the program indicated below will best serve the needs of your child:

- | | |
|---|--|
| <input type="checkbox"/> Mildly mentally retarded | <input type="checkbox"/> Hearing impaired |
| <input type="checkbox"/> Moderately mentally retarded | <input type="checkbox"/> Partially sighted |
| <input type="checkbox"/> Severely/profoundly mentally retarded | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Gross motor/orthopedically handicapped | <input type="checkbox"/> Health impaired |
| <input type="checkbox"/> Emotionally handicapped | <input type="checkbox"/> Multiple handicapped |
| <input type="checkbox"/> Neurologically impaired | <input type="checkbox"/> Communication disorder services |
| <input type="checkbox"/> Learning language disabled | <input type="checkbox"/> Resource room |

The recommended goals are: _____

I have explained the child's assessment, the recommended program, the goals, and the parents' rights and responsibilities in his/her native language and have answered his/her questions.

Signature of Staff Member

* * * * *

I have had the results of my child's assessment as well as my rights and responsibilities explained to me. I understand and I agree to the program placement and to the goals which have been established for my child.

Signature of Parent or Legal Guardian

Please see the reverse side of this form if you disagree with any of these findings or recommendations.

Placement

Important to the enrollment in a special individualized program is the team's decision as to the least restrictive environment that will allow the child to learn optimally. The decision will depend on the severity of the communication disorder. The placement options include:

1. Regular classroom
 - with resource room and/or support services
2. Self-Contained Placement
3. Other Options
 - Home/hospital option
 - Contractual services
 - Institution
 - Other

Most frequently the child will remain in his classroom under the management of his teacher, with itinerant and/or consultive services provided by the CDS.

Itinerant services include direct, remedial and developmental instruction for individual students requiring services. Consultive services are designed to assist personnel involved, in providing an appropriate program for the child.

SUMMARY

Federal, State and local school districts have regulations and procedures for the appropriate education of handicapped children. The teacher plays an important role in the identification of the child who is communicatively handicapped. The observations that the teacher makes will be essential to the decision to refer the child for special services and will aid the CDS in the assessment process.

This pamphlet defines the disorders of articulation, fluency, voice and language. Suggestions are also provided to guide the teacher's observations.

A list of references is included for the teacher who desires additional information. The books listed are concerned with communication disorders found among school aged children and stress the role of the teacher in helping these children.

The Communication Disorder Specialist is also an excellent resource and can provide the teacher with additional information.

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