

SPEECH-LANGUAGE IMPAIRMENT

DEFINITIONS, ELIGIBILITY, & STRATEGIES

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ISBE disability area definition:

Speech or Language Impairment

means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, **that adversely affects a child's educational performance.**

Resources:

Illinois Speech-Language-Hearing Association

www.ishail.org

American Speech-Language-Hearing Association

www.asha.org

Speech-Language Pathology Services

encompass such activities as:

- Screening, diagnosis and appraisal of specific speech and language impairments;
- Identification of children with speech and/or language impairments;
- Referral and follow-up for medical or other professional attention necessary for the habilitation of speech and language impairments;
- Planning and developing interventions and programs for children or youth with speech and language impairments;
- Provisions of services for the habilitation and prevention of speech and language impairments; and
- Counseling and guidance of parents, children, and teachers regarding speech and language impairments.

Types of Speech-Language Impairments:

- Speech Sound Production
- Receptive Language (listening)
- Expressive Language (speaking)
- Pragmatic Language (social)
- Fluency (stuttering)
- Voice

Speech Sound Production Disorder defined:



The student is unable to produce sounds correctly in conversational speech. The impairment is typically characterized by the omission, distortion, substitution, addition and/or inaccurate sequencing of speech sounds. Errors are not related to cultural or dialectal differences.

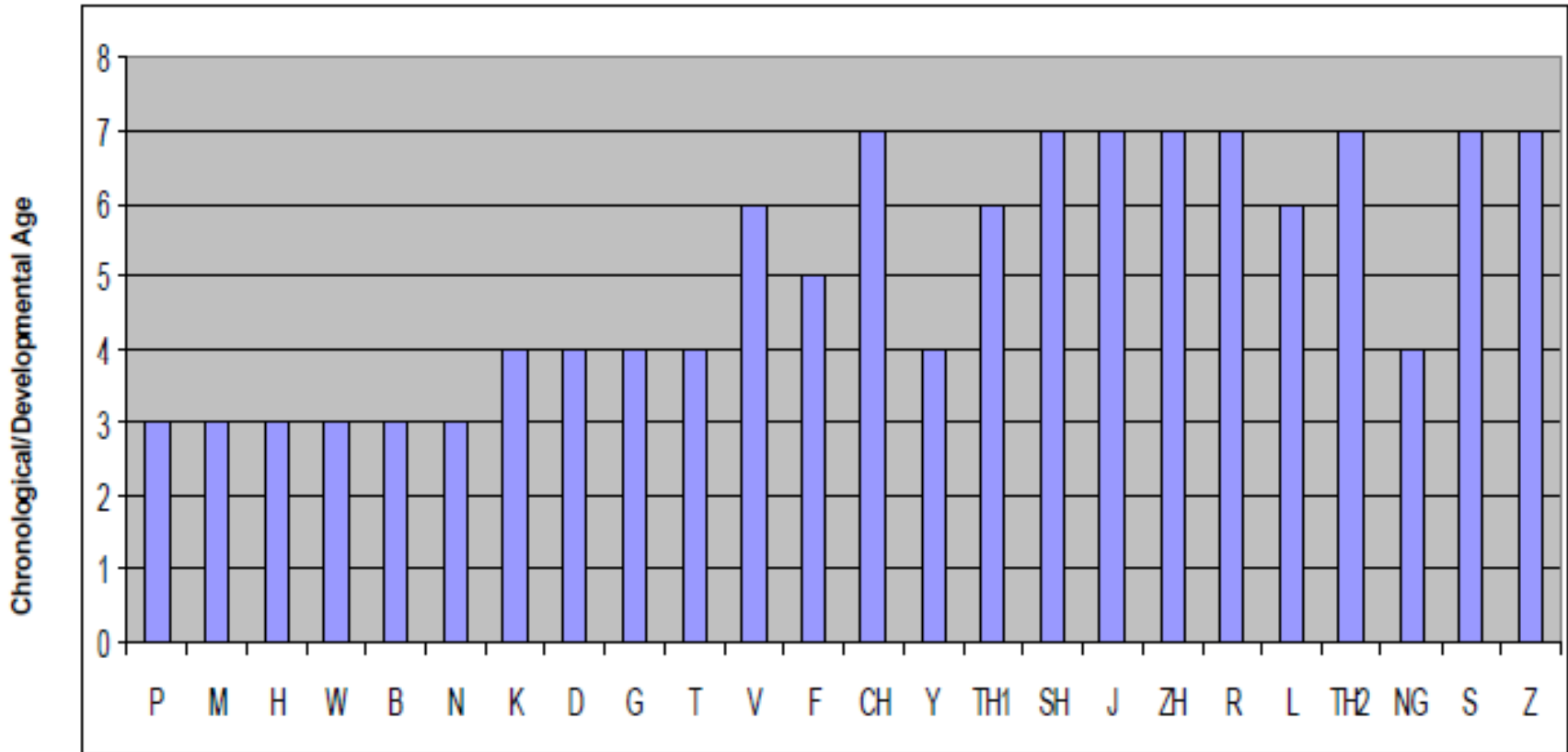
A student **is not** eligible for special education and related services in the area of speech and language impairment when:

1. *Sound errors are age appropriate*
2. *Sound errors are due to unfamiliarity of the English language, dialectal differences, temporary physical disabilities or environmental, cultural, or economic factors.*
3. *Sound errors **do not affect** the student's ability to communicate in the school learning and/or social situations.*

www.nsseo.org, speech-language criteria,

Team Input Forms and Articulation Profile

ARTICULATION PROFILE



SOUNDS

TH1 – Voiceless (thank)
TH2 – Voiced (this)

Speech Sound Production skills are aligned with Common Core State Standards: SL.1,4,6 and College and Career Readiness Anchor Standards: SL.1,4,6. (www.nsseo.org, *speech-language criteria*)

1. Is this student difficult to understand? If most of the time, check appropriate description:
 - a. Occasionally (25% of the time)
 - b. Often (50% of the time)
 - c. Most of the time (75% of the time)
2. Does the child make errors in writing (spelling) he/she does in speaking (ex. wabbit for rabbit)?
3. Does the student appear frustrated when speaking because of his/her articulation?
4. Does the student appear to avoid speaking because of his/her articulation?
5. Are there obvious articulation errors when the student reads orally?
6. Have others reported concerns about this child's speech?
7. Does the student's articulation seem to limit social interactions?
8. Does the student appear to be aware of his/her articulation?
9. The student is unable to self correct his/her sound errors?
10. Does the student's speech call attention to itself and distract you from the content of the message?

Do you have any additional observations?

Speech strategies for the classroom:

1. Increase awareness of speech sounds through discrimination (“stop” vs “top”)
2. Model the accurate speech sound production to facilitate imitation.
3. Use visual cues (gesture, picture, text)
4. Compensate by slowing down, hitting sounds, pausing between phrases, and looking at the listener.
5. Provide opportunities for practice during the school day in routine activities.

Language Disorders defined:

as impaired comprehension and/or use of spoken, written and/or other symbol systems. The disorder may involve (1) the form of language (i.e. grammar), (2) the content of language (i.e. vocabulary), and/or (3) the function of language in communication (i.e. social) in any combination.

A student **is not** eligible for special education and related services in the area of speech and language impairment when:

1. Language differences are primarily due to environmental, cultural, or economic factors including non-standard English and regional dialect
2. Language performance does not interfere with the student's ability to benefit from education.

K-2 Oral Language: Listening & Speaking

Rating scale: 5 for mastery, 4 for developing, 3 for emerging, 2 for rarely, 1 for absence. As compared to typically developing peers, the student is able to:

	5	4	3	2	1
Understand words and their meanings. (CCSS: L4,5,6 / RL4)					
Demonstrate knowledge of basic concepts (time, space, number). (CCSS: L4,5,6 / RL4)					
Demonstrate adequate expressive vocabulary. (CCS: L6))					
Use specific vocabulary (rather than “stuff”, “like”, “thing”, “you know”, “I mean”). (CCSS: L6)					
Name common items without substitutions/talking around them. (CCSS: L6)					
Express self effectively using organized, sequential thoughts (w/o excessive revisions/repetitions). (CCSS: SL6)					
Comprehend and respond to basic WH questions (who, what, when, where, how, why). (CCSS: SL3 / RL1,4)					
Listen to a story and demonstrate comprehension. (CCSS: SL2)					

K-5 Social Language Team Input

Rating scale: 5 for mastery, 4 for developing, 3 for emerging, 2 for rarely, 1 for absence. As compared to typically developing peers, the student is able to:



		5	4	3	2	1
1.	Uses the following as expected to the situation or moment: (CCSS:SL1) <ul style="list-style-type: none"> • Tone of voice • Facial expressions • Body language 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Recognizes and responds to non-verbal social communication cues given by others, as expected (e.g. facial expressions, gestures). (CCSS:SL1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Responds to questions as expected. (CCSS:SL3,6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Responds to the social language of peers (e.g. humor, idioms) as expected. (CCSS:L4,5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Request objects, actions and information as expected. (CCSS:SL3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comprehension strategies for the classroom:

1. Get the student's attention before speaking
2. Provide 'wait time' for student to process the direction or question.
3. Present the spoken directions with visual support (gesture, picture, text).
4. Encourage students to ask questions when they don't understand.
5. Check comprehension with a question.

Strategies for the classroom to support expression:

1. Repeat the message in error to the student to facilitate self-monitoring and correction. (Easier to monitor on others)
2. Expand upon the student's spoken message. (i.e. The man entered the room. "The tall man entered the dark room.")
3. Restate the student's message with accuracy. (i.e. It falled on the floor. "It fell on the floor.")
4. Provide a carrier phrase for sentence completion. (i.e. A plateau is a ...)
5. Utilize graphic organizers to support narrative and oral reports (see Holt Interactive Graphic Organizers).

Strategies for the classroom to support social language:

1. Talk about hidden social rules (i.e. When someone pauses, it is your turn to talk.)
2. Role play new or challenging social situations
3. Take advantage of teachable moments (i.e. greeting others upon entering the classroom)
4. Provide opportunities for the student to state what he/she thinks and/or feels when...
5. Discuss the perspective of others (i.e. “How does your friend feel when you...?”)

A Fluency (stuttering) Disorder defined:

as the abnormal flow of verbal expression. It is characterized by impaired rate and rhythm of connected speech and may be accompanied by struggle behavior.

Consideration must be given to the student's chronological age and perception of the problem by the student and parents, the contextual situations in which the student functions and the overall impact on educational performance.

A student **is not** eligible for special education and related services in the area of speech and language impairment when dysfluencies:

1. Are part of normal speech development.
2. Do not cause the speaker to modify behavior.
3. Do not interfere with the student's ability to benefit from education.

	<u>Yes</u>	<u>No</u>
2. Do you listen to HOW the student is speaking rather than WHAT he/she is saying?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does this student avoid speaking in the classroom?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do classmates react to this student when he/she is disfluent?	<input type="checkbox"/>	<input type="checkbox"/>
5. If so, does this student have negative response to the peers' reaction? (i.e. stops talking, more disfluency, withdraws)	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you feel that student's communication skills interfere with social interactions and peer relationships?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the speaking rate of the student interfere with intelligibility of speech?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you think this student is aware of his/her fluency problem?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the student disfluency impact his/her classroom performance?	<input type="checkbox"/>	<input type="checkbox"/>

Strategies for the classroom to increase fluency:

1. Try to model 'slow and relaxed' speech when talking to the student.
2. Give undivided attention when listening to the student.
3. Model 'pausing & thinking' before sharing thoughts.
4. Take turns talking & listening. Do not interrupt the student.
5. Reassure the student (i.e. " I know it is hard to talk sometimes.")

A Voice Disorder defined:

- As any deviation in pitch, loudness, quality, or other attribute which consistently interferes with communication; draws unfavorable attention; adversely affects the speaker or the listener; or is inappropriate to the age, sex, or culture of the individual. Voice quality can be affected by either organic or functional factors.
- Consideration must be given to age, sex, environment, and perception of the problem by the student, parents, speech language pathologist, and other school personnel or medical specialists.

A student **is not** eligible for special education and related services in the area of speech and language impairment when dysfluencies:

1. Are the result of temporary physical factors such as allergies, colds, abnormal tonsils or adenoids, short term vocal abuse or misuse.
2. Are the result of regional, dialectic or cultural differences.
3. Do not interfere with the student's ability to benefit from education.

For Additional Information:

**Contact your building and/or program
speech-language pathologist.**

