

SPEECH OR LANGUAGE IMPAIRMENT

■ Definition of Speech or Language Impairment under IDEA

Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, language impairments, or a voice impairment, that adversely affects a child's educational performance. 34CFR300.8(c)(11)

TYPES OF SPEECH DISORDERS

Speech Disorders: Refer to difficulties producing speech sounds or problems with voice quality.

- **Articulation:** speech impairments where the child produces sounds incorrectly (e.g., lisp, difficulty articulating certain sounds, such as "l" or "r").
- **Fluency:** Speech impairments where a child's flow of speech is disrupted by sounds, syllables, and words that are repeated, prolonged, or avoided and where there may be silent blocks or inappropriate inhalation, exhalation, or phonation patterns.
- **Voice:** Speech Impairments where the child's voice has an abnormal quality to its pitch, resonance, or loudness.

TYPES OF LANGUAGE DISORDERS

Language Disorders: Refer to impairments in the ability to understand and/or use words in context, both verbally, and nonverbally.

- **Expressive:** Difficulty in expressing ideas or needs.
- **Receptive:** Difficulty in understanding what others are saying.
- **Mixed:** Involves a mix of expressive and receptive difficulties.



SPEECH AND LANGUAGE EVALUATIONS

- Evaluations consist of standardized assessment tools, observations, checklists, and language samples.
- Evaluation of speech skills may include articulation, voice, fluency, and oral-motor skills.
- Evaluation of Language Skills may involve receptive and expressive language, including phonology, morphology, syntax, semantics, and pragmatics.
- Depending on the individual needs of the child, communication, Assistive Technology, and other special factors may be additional considerations for evaluation.
- Review of health and developmental histories as well as present levels of performance, as well as the child native language, social or cultural background will also be important considerations.

POSSIBLE CAUSES

- Hearing Loss
- Neurological disorders
- Muscular disorders
- Developmental delays
- Brain Injury
- Mental Retardation
- Autism
- Cerebral Palsy
- Drug Abuse
- Vocal Abuse or misuse
- Other Unknown Causes
- Physical Impairments such as: cleft lip or palate; or paralysis of, absences of lesions or nodules on the vocal cords.

INCIDENCE

- More than 1 million students who received special education under IDEA in public schools are served under the category of speech or language impairments.
- Because many disabilities do impact the individual's ability to communicate, the actual incidence of children with speech-language impairment is undoubtedly much higher.

POSSIBLE SIGNS AND CHARACTERISTICS

- Speech and/or language skills that are noticeable behind their peers
- Partial or total loss of the voice
- Interruptions in the flow or rhythm of speech such as stuttering
- Articulation or phonological disorders
- Difficulties in the pitch, volume, or quality of the voice
- Improper use of words and their meanings
- Inability to express ideas
- Inappropriate grammatical patterns
- Reduced vocabulary
- Inability to follow directions
- Articulation errors, including omissions, substitutions, or distortions of sounds
- Possible low self-esteem/self-concept
- Inadequate social skills
- Difficulties in language processing
- Difficulties with vocabulary, sight words, decoding, and comprehension
- Difficulty writing down thoughts
- Fluency impairments, including abnormal rate of speaking, speech interruptions, and repetition of sounds, words, phrases, or sentences, which interferes with effective communication
- Difficulties with abstract ideas

TEACHING TIPS/INSTRUCTIONAL STRATEGIES

There are many powerful things that general and special education teachers can do in class to support the learning of students with speech and language impairments.

- Always assume competence.
- Incorporate Literacy in Speech-Language Sessions

- Provide Visual Input for Visual Learners
- Model Fluent Reading (choral reading, paired reading, etc)
- Read, Read, Read
- Use multiple types of reading strategies (prediction, reader's theatre, etc.)
- Make sure that students receive accommodations listed in their IEPs.
- Collaborate with parents and other professionals.
- Be patient.
- Do not underestimate the student's intelligence or physical ability.
- If necessary, use other forms of communication such as sign language, symbols, sign cards, or communication boards
- Divide academic goals into small units, utilizing the same theme
- Offer maximal social interaction opportunities
- Interrelate all tasks in a progressive hierarchy, never moving to a higher step until accomplishing mastery
- Work at the student's pace
- Present only one concept at a time
- Provide verbal and tangible reinforcements
- Provide parents with information they can use at home to reinforce the in-school program
- Use computers in the classroom to present language units to the entire class
- Encourage reading and writing daily
- Use tactile and visual cues
- Incorporate vocabulary with unit being taught
- Provide fun activities that are functional and practical
- Be aware of the student's functioning level in the following areas and how they affect academic process: auditory skills, semantics, word recall, syntax, phonology, and pragmatics.

THIS INFORMATION DEVELOPED FROM THE FOLLOWING RESOURCES:

- **ASHA/ American Speech-Language-Hearing Association**
www.asha.org
- **NIDCD/National Institute on Deafness and Other Communication Disorders**
www.nidcd.nih.gov
- **Cleft Palate Foundation**
www.cleftline.org
- **Childhood Apraxia of Speech Association of North America/CASANA**
www.apraxia-kids.org
- **National Stuttering Foundation**
www.stuttersfa.org
- **National Dissemination Center for Children with Disabilities**
www.nichcy.org
- **Stuttering Foundation**
www.stutteringhelp.org