

# Speech-Language Therapy

*Providing Evaluation & Treatment of Communication Disorders*

## **Communication:** *What is it?*

- **Communication** is defined as *the process by which information, thoughts, ideas, and feelings are exchanged between individuals.*
- Communication covers a broad range of skills (**speech & language**) that are required in the school environment.
- Speech-language pathologists (**SLPs**) are highly trained professionals with a master's degree and experience in assessing and treating communication disorders in all settings.



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## *Speech*

- **Articulation:** A student may have difficulty saying a certain sound or sounds (such as saying “wabbit” for “rabbit” or “wamp” for “lamp”).
- **Phonology:** A student may have difficulty with certain patterns of sounds (such as leaving off the beginning or ending sounds in words, or one sound in consonant clusters, such as saying “top” for “stop”).
- **Fluency/Stuttering:** A student may struggle at times to get words out or repeat part or whole words.

**Note:** Some students may have little or no functional speech due to **apraxia, hearing loss**, or another cause. This may require the use of sign language, picture system, and/or alternative augmentative communication (AAC) device to help them communicate effectively.

## *Language*

- **Receptive Language:** A student may have difficulty understanding language; they may not understand what certain words mean or how they go together. They may have difficulty following directions or answering questions appropriately.
- **Expressive Language:** A student may have difficulty using language. They may have difficulty with putting words together in the right form or order (grammar) or knowing the appropriate names for things (vocabulary).
- **Language Processing:** A student may have difficulty attaching meaning to incoming information, figuring out what it means, and formulating an appropriate response.
- **Pragmatic Language:** A student may have difficulty understanding and using social communication. This may mean they have difficulty knowing what is appropriate to say and when, reading other people’s nonverbal cues, and interacting with others.



# Speech-Language Therapy

## *School Settings vs. Medical / Private Practice Settings*

Speech-language therapy is provided by speech-language pathologists (**SLPs**), who are highly trained professionals with a master's degree and have experience in assessing and treating communication disorders. **SLPs** can work in a variety of settings, including schools, hospitals, outpatient clinics, nursing homes, rehab centers, and private practice. Many **SLPs** work in more than one setting.

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*In the United States, **SLPs** in different settings have different laws, guidelines, and requirements that must be followed regarding who can be seen for therapy, how long, and for which disorders.*

### *School Setting*

- All therapy services in the school setting are provided through an **Individualized Education Plan (IEP)**, which is a legal document.
- When determining eligibility for and developing an **IEP**, the school's team must consider what the student's needs are in order to access general education curriculum.
- To qualify for speech-language therapy, a student must demonstrate a speech or language disorder that negatively impacts his/her ability to learn and communicate effectively in **the school setting**.
- Two important concepts that schools are legally bound to consider are **FAPE** (Free and Appropriate Education) and **LRE** (Least Restrictive Environment).
- **LRE** means that the goal is to remove the student from the general education environment as little as possible, while meeting the student's individual needs. This must be considered when determining length and frequency of therapy.
- Cost: Free (paid by state/federal gov't through taxes)

### *Medical/Private Practice Setting*

- Therapy services in a medical or private practice setting are generally provided through health insurance or private pay.
- Eligibility for therapy does not depend on academic impact.
- Frequency and duration of therapy are usually determined by insurance policy guidelines or what the therapist recommends. (especially with private pay)
- Cost: Varies. (Depends on insurance policy and/or therapist)

### **Is a Private SLP better than a School SLP?**

All speech-language pathologists are required to take the same classes, have the same amount of supervised clinical experiences, and take the same tests to receive their degree and license to practice.



# IEP vs. 504

*What is the difference?*

Both **IEPs** (Individualized Education Plan) and **504 Plans** are legal documents designed to form a blueprint of how students who need extra help can be as successful as possible in the school setting. They are both provided at no cost to parents if needed (paid for through taxes). However, the eligibility criteria and possible services available through each plan are different.

IEP	504 Plan
Special Education	Regular Education with Accommodations
A plan for a student's individualized special education and related service needs at school.	A plan for how a student will have access to learning at school. Allows for changes to the learning environment to meet the needs of the student as adequately as other students.
Individuals with Disabilities Act (IDEA)	Section 504 of the Rehabilitation Act
<b>Eligibility:</b> A student must meet the criteria for one or more of the 13 disability categories listed in IDEA <b>and</b> the disability must negatively impact the student's ability to learn and benefit from the regular education environment.	<b>Eligibility:</b> A student with any disability that interferes with the student's ability to learn effectively in a general education classroom.
A written plan that sets specific goals for the student, includes information on present levels of performance, states specifically what special education services will be provided and how often, any accommodations or modifications needed in the classroom or for testing, and how the student will be included with peers in general education.	No standard plan; varies from district to district. Usually includes specific accommodations, supports, and/or services needed for the student and who will provide each service.
Must be reviewed at least once per year. Re-evaluation to determine if services are still needed required at least every three years.	Rules vary by state. Usually reviewed every year, with re-evaluation to determine continued need for services every three years.



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# Standardized Testing

*What is it? Why is it necessary?*

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## **Standardized Testing:** *Why do we need it?*

- Standardized tests are a more accurate measure of a student's skills and weaknesses than regular classroom grades or tests, because these tests are normed on thousands of children across the country, rather than just one class. Your child's performance can be compared to those scores of thousands of other children his/her age.
- Standardized tests tend to break broad skills down into specific areas, so the team can see exactly what areas your child may need help with.
- Standardized tests help us determine if a child has a disability in one or more areas.

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**In order to be eligible for special education services through an Individualized Education Plan (IEP), a child must have a disability in one or more areas that affect his/her ability to learn and function in the school setting.**

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## **Standardized Testing:** *What it is NOT*

- Standardized tests give us a very broad, yet shallow, view of a child's abilities. These tests are designed to quickly assess many areas, but may not be very thorough in all areas. (For instance, there may only be 4 or 5 questions targeting a particular skill.)
- Standardized tests only give a snapshot of a student's skills and abilities. They are given in a one-on-one setting, and don't always reflect classroom performance, as there are more distractions, students, and activity going on in the typical classroom than the separate testing environment.

## **Standardized Testing:** *How is it Done?*

Depending upon the testing the team feels is needed, your child will be pulled out of class for testing in a quiet, one-on-one environment. Some tests may only take 15-20 minutes, while others may take several hours to administer fully. For this reason, testing may be completed over one or multiple sessions.

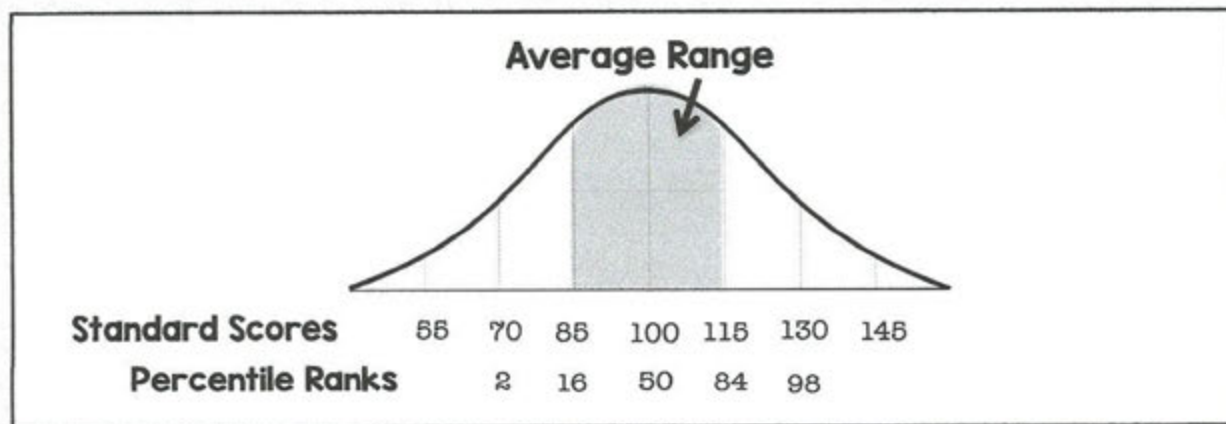


# Standardized Testing

## *How to Interpret Your Child's Scores*

**Standardized tests** show us your child's strengths and weaknesses in different areas. While different tests and subtests measure different skills, they are usually reported in numbers, such as standard scores and percentile ranks.

**Standard scores** and **percentile ranks** allow us to plot your child's performance onto a bell curve (pictured below).



Each school district and/or state sets their own criteria or cut-off scores for identifying a student with a disability. Cut-off scores may be different for academics versus speech & language.

### Standard Scores (SS):

- Standard scores tell us how close to “average” your child’s score is. The average score (or mean) for most standardized tests is 100.
- Scores between **85 & 115** are considered “**within normal limits**” or “**within the average range**.”
- 68% of scores will fall within the average range, which are standard scores within 15 points of the mean.

### Percentile Rank (PR):

- The percentile rank tells us how many children scored at the same as or lower than the child tested. The average percentile rank is 50.
- Scores between the **16<sup>th</sup> & 84<sup>th</sup> percentile** are considered “**within normal limits**.”
- Think of it as lining up 100 children. The child at the front of the line is in the 99<sup>th</sup> percentile because 99 children are behind him in line. The child at the end of the line is in the 1<sup>st</sup> percentile.

# What is an articulation disorder?

An *articulation disorder* is a communication disorder in which a person has difficulty producing certain sounds correctly in conversational speech. For example, a child with difficulty pronouncing the /r/ sound may say “wabbit” for “rabbit,” or a child with difficulty with the /l/ sound may say “wamp” for “lamp.”

As children are developing and growing in early childhood, articulation errors are common. Just like the rest of their body, their mouths and brains have to develop and learn how to work together, which is a learning process, just like learning to walk. However, sometimes articulation errors may persist past the time when they are developmentally appropriate; when this happens, the errors are considered to be an articulation disorder.

## Typical Ages of Sound Acquisition

The chart below shows a general overview of what sounds should be developed by what approximate age for English speaking children. Keep in mind that all children are different, and so development of speech sounds (especially later developing sounds) may vary slightly between children.

<b>Age 2-3</b> /b/ /h/ /m/ /n/ /p/ /t/ /w/	<b>Age 4</b> /d/ /f/ /g/ /k/ /y/	<b>Age 5</b> /ch/ /dg/ /l/ /sh/ /s/ /ng/	<b>Age 6</b> /v/ /z/	<b>Age 7</b> /r/ /th/
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*Note:* You may also hear an articulation disorder referred to as a lisp (if it affects sounds like /s/ or /z/) or more generally as a speech sound disorder.



# What is a phonological disorder?

*Phonological processes* are the patterns young children use to simplify speech. It is normal for all children to use these patterns while their speech and language are developing until around age 3. As children mature, so does their speech, and they stop using these patterns in their speech. By about age 5, almost all phonological processes should have disappeared.

However, when the patterns persist past when it is developmentally appropriate, it is called a *phonological disorder*. Some of the most common phonological processes are listed below:

Process	Definition	Example
<i>Cluster Reduction</i>	when some or all of the sounds of a consonant cluster are omitted	“top” for “stop”
<i>Initial Consonant Deletion</i>	when the first consonant sound of a word is omitted	“at” for “cat”
<i>Final Consonant Deletion</i>	when the last consonant sound of a word is omitted	“ha” for “hat”
<i>Syllable Deletion</i>	when an unstressed syllable is omitted from a words	“nana” for “banana”
<i>Backing</i>	when a sound produced in the front of the mouth (ex: /t, d, p, b/) is replaced with a back sound (/k, g/)	“gog” for “dog”
<i>Fronting</i>	when a sound produced in the back of the mouth (ex: /k, g, sh/) is replaced with a front sound (ex: /t, d, s/)	“tat” for “cat”
<i>Sliding</i>	substituting /w/ for /l/ or /r/	“wabbit” for “rabbit”
<i>Vowelization</i>	substituting a vowel sound for /l/ or /r/	“appo” for “apple”
<i>Stopping</i>	when a fricative sound (one that requires air to be forced out of the mouth, such as /s, z, f, th, v/) or affricate sound (/sh, ch, dg/) change to a stop sound (/p, b, t, d, k, g/)	“tun” for “sun”
<i>Deaffrication</i>	when an affricate sound (/dg, ch/) is changed to a stop sound (/p, b, t, d, k, g/) or a fricative sound (/s, z, f, th, v/)	“sheese” for “cheese”
<i>Stridency Deletion</i>	when a strident sound (/s, z, f, v, sh, ch, dg, zh/) is omitted or replaced by a non-strident sound	“tair” for “chair”

*Note:* Speech sounds are classified by how and where they are produced in the mouth (ex: back sounds, stridents, affricates, etc.).



# What is apraxia?

*Childhood apraxia of speech (CAS)* is a communication disorder in which children have difficulty saying sounds, syllables, and words. It is not due to muscle weakness or paralysis; rather, the brain has difficulty planning and coordinating all of the movements with the lips, tongue, and jaw necessary for speech.

*For students with severe apraxia, sign language and/or an augmentative alternative communication (AAC) device or system may be utilized.*

## What are some of the symptoms of apraxia?

Symptoms and severity can vary greatly between individuals, but here are some common signs:

- did not coo or babble as an infant
- first words came late
- may see effortful “grasping” or “groping” with mouth and tongue when trying to produce sounds/words
- limited number of consonant and vowel sounds produced correctly
- longer words/phrases/sentences are more difficult to understand than shorter ones
- sound errors are inconsistent
- has difficulty imitating others’ speech, but imitated speech is easier to understand than spontaneous speech
- tends to stress the wrong syllable or word
- child can understand much more language than he/she can produce

## What causes apraxia?

- The cause of most cases of apraxia is unknown. Researchers speculate that apraxia may be caused by multiple factors and conditions as yet unknown. In some cases, however, apraxia may be caused by genetic disorders or syndromes, as well as stroke or brain injury.
- Apraxia may occur on its own, but sometimes is seen in conjunction with other disorders, such as autism, Fragile X syndrome, and epilepsy.

## What can I do?

- Students with apraxia have a hard time expressing their ideas, feelings, needs, and wants. Make sure to provide your student with multiple ways to communicate at all times, and be patient when trying to figure out what he/she is trying to tell you.
- Provide opportunities to socialize and communicate with peers and adults. Because speaking is so difficult, children with apraxia may miss opportunities to interact with others.



## How do speech sound disorders (such as articulation disorders, phonological disorders, and apraxia) affect academics & the school setting?

Children with speech sound disorders are at risk for reading, spelling, writing, and social issues. Here are some examples:

If a child has any *speech sound disorder* and cannot say a certain sound correctly, sounding out and spelling words correctly may be difficult. (For example, if a child often substitutes a /w/ for an /l/ sound, she may write “*wight*” or “*white*” for “*light*.”) Similarly, when trying to read the word “*light*,” she may say the word “*white*,” which can completely change the meaning of the sentence, and thus negatively impact reading comprehension as well.

For a child with a *phonological disorder* who consistently leaves off the ending sounds of words, it may be difficult to work on subjects such as regular plurals or present tense verbs with the final /s/ added to words.

Phonological awareness skills (such as rhyming, blending sounds, or identifying the first/last sound in words) and discriminating between similar sounds are likely to be difficult, too.

For a child with *apraxia*, he or she may be unable to communicate wants, needs, feelings, and ideas effectively through speech alone, or it may take several tries and repetitions for his/her speech to be understood by others. This can certainly increase frustration levels and negatively impact social interaction. An alternative and augmentative communication (AAC) system may be needed to help facilitate communication.



# What is stuttering?

*Stuttering* is a communication disorder in which the rate and flow of a person's speech are interrupted. Speech may be broken up by repetitions ("How-how-how are you?"), prolongations ("Hoooooww are you?"), or blocks (where no sound comes out).

*Stuttering* is **unpredictable**, which means no one can predict when exactly it will happen, and that it can be better one day and worse the next. Some people may stutter more at school and less at home, or the other way around, but some people find they stutter about the same amount no matter where they are.

*Stuttering* may also be called a *fluency disorder*, as it affects the fluency (or rate and flow) of a person's speech. Instances of stuttering may be referred to as *dysfluencies*.

## What causes stuttering?

We don't know for sure, but there are some factors that seem to contribute to it:

- 1) **Genetics:** About 60% of people who stutter also have a relative who stutters.
- 2) **Childhood Development:** Children with other speech/language or developmental disorders are more likely to stutter.
- 3) **Neurology:** It has been found that people who stutter tend to process speech and language in the brain a little differently than those who don't stutter.

## Who stutters?

- More than **70 million people worldwide** stutter. That is about 1% of Earth's total population.
- About **3 million Americans** stutter.
- About 5% of all children go through a period of stuttering sometime in childhood.
- Stuttering is about **4 times** as common in boys than girls.
- Some famous people who stutter include Emily Blunt, Joe Biden, James Earl Jones, Darren Sproles, Marilyn Monroe, & King George VI, among many others.



# How can *stuttering* affect academics & the school setting?

**Reading Fluency:** When testing a student's reading fluency rate (or the speed at which he/she reads aloud), the results should be interpreted with caution if the student stutters. Restarts or repeating of words may be due to the student's stuttering, not necessarily because he/she has difficulty with reading fluency.

**Speeches & Oral Reports:** When a student who stutters has to get in front of the class to speak, it can produce a significant amount of anxiety, which may make the stuttering worse. Instances of dysfluency may extend the student's prepared remarks past an assigned time limit.

**Social Interactions:** Stuttering can cause some students to withdraw and/or try to avoid speaking in class or with peers.

## What should I do?

- Give your student the same opportunities to speak and share his/her thoughts as everyone else.
- Be patient. It may take a while, but let your student speak for him/herself.
- Try not to fill in words or finish sentences for your student.
- Maintain eye contact while your student is speaking.
- Let your student know that you are listening by your manner and actions.
- If working on a speech or oral report, ask the student privately what he/she would prefer. For some, it is easier to go first and get it done, while others may prefer to go in the middle of the class or last.
- Handle any teasing about your student's speech the same way you would handle any other type of teasing.



# What is language?

*Language* is the system of human communication – whether spoken or written – where words are combined in a meaningful and structured way. We use language to express our thoughts and emotions, communicate with others, to have wants and needs met, and to learn and understand new concepts.

**Receptive language** refers to the language a person is able to understand.

**Expressive language** refers to the language a person is able to use.

## Examples of Receptive Language Skills

- understanding what words mean
- learning and retaining new vocabulary
- comparing new, unfamiliar words to previously learned words
- following directions
- answering WH questions
- understanding concepts such as first/last, big/small, next to, before/after, above/below, and full/empty
- sorting items into categories (such as understanding planes and birds are both things in the sky)
- understanding concepts such as cause/effect, problem/solution, and author's purpose

## Examples of Expressive Language Skills

- putting words together to form complete thoughts and/or sentences
- using appropriate grammar – including word order, pronouns, and verb tenses
- organized thoughts and stories
- providing appropriate label or name for people/items
- describing an event that has happened in real life or in a story with appropriate detail
- persuading someone to do something
- requesting an item or assistance
- sharing feelings about something
- putting thoughts into writing



# How do *language disorders* affect academics & the school setting?

**Receptive Language Disorders:** Difficulty understanding language will negatively impact academics and school across the board. Tasks such as following directions, learning new vocabulary, learning and retaining new concepts in all subject areas, reading comprehension, and listening comprehension will all be difficult.

**Important note:** It is possible to have both *receptive* and *expressive* language disorders.

## **Expressive Language Disorders:**

- may negatively impact both spoken and written organization and grammar skills
- may leave a student with an inability to adequately express everything known about a subject, as his/her language skills may not be strong enough to convey everything that is understood
- may cause difficulty when trying to get others to understand what the student wants to express
- may cause social isolation due to difficulty communicating

Usually, a person's *receptive language* skills are at least equally – if not better – developed than *expressive language* skills. (If you have ever tried to learn a foreign language, you will find that you can often understand more of the language than you can speak.)



# What is language processing?

**Language processing** is the ability of the brain to interpret or attach meaning to auditory information, and then come up with an appropriate expressive (spoken or written) response.

As students get older, more **language processing** demands are placed on them in both the school and home environments. More complex tasks will require higher degrees of processing skills. That is why language processing disorders are **often identified between second and fourth grades**, as this is when school subjects tend to tackle more abstract concepts, rather than just memorization of facts. Typically developing students are able to handle these increased processing demands, but we will see signs of struggle in students with language processing disorders.

## Signs & Symptoms

- Generally has at least average vocabulary and grammar skills
- Forgets or does not seem to understand multi-step directions
- Difficulty getting thoughts to paper
- Difficulty organizing thoughts
- Telling stories or events out of sequence
- Difficulty staying on topic in conversation
- Word finding difficulties (overuse of non-specific words such as *stuff* or *thing*); frequently uses gestures instead of words
- May mix up similar sounding words or sounds in words (ex: *mawn lower* for *lawn mower*) with little awareness of errors

## Language Processing Hierarchy

Certain tasks require more processing skills than others. Here are some examples of language processing tasks, from **easiest** to **hardest**:

- **Labeling** – state the name
- **Function** – tell what something does
- **Categorization** – understand what group it goes in and what other things go with it
- **Similarities** – compare it to other items/ideas
- **Synonyms** – provide another word that means the same thing
- **Differences** – contrast it to other items/ideas
- **Antonyms** – provide a word that means the opposite
- **Multiple Meanings** – understand that words can mean more than one thing
- **Describing** – tell someone about it in a logical fashion with relevant details



This is a cat.

It chases mice.

It is a type of animal. Dogs and fish are other kinds of animals.

Cats are like dogs because they both are pets and have tails.

Cats are different from dogs because cats meow and dogs bark.

A cat is an animal that can be a pet. It could be black, grey, tan, or white. They are usually smaller than dogs. Baby cats are called kittens. They have four legs, a tail, and fur. You could find one at a pet store or at a house.



# How do language processing disorders affect academics & the school setting?

*Students with language processing disorders often have difficulty with:*

- Following **multiple step directions** – may frequently seem unprepared or distracted
- **Word problems** in math – determining relevant information can be difficult
- **Reading comprehension** – especially when required to infer answers that aren't explicitly stated in the text
- **Writing assignments** – may have run-on sentences that tend to ramble and veer off topic
- Identifying **main ideas**
- **Higher level vocabulary skills**, such as synonyms and antonyms or giving definitions for multiple meaning words, despite repeated practice

## *How Can I Help?*

- Allow students extra time to listen, think, and process verbal responses. It may take a longer period of time than other students, but that doesn't mean he/she isn't paying attention.
- Try to limit auditory directions. Make sure to focus on the important information, and give those in small, short steps.
- Make sure your student understands what to do by having him/her repeat the directions back to you.
- Use multiple modalities when possible. Visuals and hands-on activities are helpful for students who have difficulty processing spoken directions.
- Try giving choices where possible, rather than open-ended questions. This limits the processing demand on the brain.
- Break down larger reading assignments into smaller sections; highlight important concepts or vocabulary.
- Limit background distractions where possible. If the hallway is noisy, try to keep the classroom door shut. It may be helpful to make sure the student is seated near the teacher.



# What is pragmatic language?

*Pragmatic language* refers to the rules for social language. Pragmatics involve being able to use language for different purposes, being able to change language according to the needs of a listener or situation, and following the rules for conversations and storytelling. Things like being able to take turns in conversation, introducing new conversational topics appropriately, being able to interpret facial expressions and tone of voice, understanding personal space, and eye contact are all *pragmatic language* skills.

*Pragmatic language difficulties may also be referred to as a social skills deficit or disorder.*

*An individual with a pragmatic language disorder may:*

- say inappropriate things during conversation
- have a hard time sharing with others
- jump around from topic to topic
- tell stories in a disorganized way
- have little variety in language use
- have difficulty understanding when conversation partners need clarification or explanation
- ask questions that are difficult to follow
- have difficulty maintaining friendships
- stand too close to others when speaking
- understand concrete and literal language, but struggle with abstract language and figures of speech

A pragmatic language impairment may occur by itself, with no other disorders or issues present. However, it may also be seen with disorders such as *autism* or a *language disorder*.

It is important to note that social skills vary between different cultures. As long as a person is able to understand and appropriately follow the social customs of his/her culture, that is not considered a disorder.



## How do pragmatic language disorders affect academics & the school setting?

Pragmatic language skills – or social skills – are very valuable tools that students need to learn in order to succeed in life, education, and future employment. Students need to know how to interact appropriately with both peers and adults in various settings.

### *A pragmatic language disorder...*

- may negatively impact a student's ability to develop typical peer and adult relationships
- may cause social isolation
- may cause a student to have difficulty getting needs met because he/she doesn't understand how to use language appropriately to do so
- may cause a student to not give appropriate background information when writing or speaking; he/she may jump into a topic without realizing that others will have difficulty understanding what he/she is talking about
- may cause struggles with reading comprehension due to difficulty making inferences and understanding things that are implied but not directly stated
- makes it difficult to understand riddles, figurative language, or sarcasm
- causes difficulty reading others' facial expressions and social cues, which can lead to frustration and negative behaviors
- causes difficulty with turn taking skills, which may result in frequent interruptions in the classroom setting
- makes it difficult to understand how to appropriately greet others, gain attention, or request help or information



# What is autism?

The term *autism* refers to a complex developmental disability; the signs of autism typically appear in early childhood (usually within the first three years of life). It affects the brain, and is characterized by social impairments, language impairments, and restricted, repetitive, and stereotypical behavior. As with any disorder, there is a wide range of severity when it comes to autism; each individual is different and unique.

## How can autism affect academics & the school setting?

### *Students with autism may have...*

- Difficulty communicating needs to teachers & students
- Difficulty understanding classroom directions and rules
- Inappropriate social skills can lead to challenging behaviors
- Difficulty handling changes to schedule and transitions
- Limited use of verbal speech
- Difficulty understanding social cues, such as interpreting facial expressions or understanding the concept of “personal space”
- Difficulty understanding non-literal language

### *What can I do to help?*

- Visual aids such as picture schedules can help students be better able to understand what is going to happen
- Prepare students ahead of time for schedule changes
- Social stories may be helpful to demonstrate appropriate behavior and interaction skills
- Assigning a peer buddy may help the student with opportunities for social interaction and making friends

*Recent research (2014) found that approximately 1 in 68 children have been identified with an autism spectrum disorder in the United States.*



# How can *hearing loss* affect academics & the school setting?

A person can have varying degrees of *hearing loss*. Some types may be temporary – such as when a student has a severe ear infection – while others are permanent. Some types of *hearing loss* may be progressive (which means it gets worse over time). A *hearing loss* can occur in one or both ears.

*Students with hearing loss may have hearing aids and/or cochlear implants. Some students may have a personal FM system, where the teacher wears a microphone, and the auditory input goes directly to the student's amplification device.*

## *Students with hearing loss may have...*

- Difficulty listening and understanding in noisy environments (especially in large rooms such as a gym or cafeteria)
- Difficulty following directions
- A higher risk for social withdrawal

## *What can I do to help?*

- Preferential seating near the teacher/speaker is often recommended. If one ear has better hearing than the other, make sure the stronger ear is closer to the speaker.
- Reduce background noise where possible; keep classroom doors shut to block out hallway noise, use rugs and soft materials in your classroom to help reduce echoing, and pause music or videos when speaking to the class.
- All new directions and concepts should be introduced when the teacher is at the front of the room, not when walking around the classroom or in the back of the room.
- Write assignments on the board. It is helpful to write textbook page numbers if you are going to be referring to specific pages in class.
- Summarize other students' verbal input for the whole class. It may be difficult for a student with hearing loss to catch what another student has said across the room.
- Consider assigning a peer buddy to help repeat directions as needed.



# Where can I learn more?

<i>Website</i>	<i>Details</i>
<a href="http://www.asha.org/public"><u>www.asha.org/public</u></a>	The American Speech-Language-Hearing Association (ASHA – the national organization for SLPs) is a wonderful resource for information about all speech and language disorders and treatment.
<a href="http://identifythesigns.org"><u>identifythesigns.org</u></a>	A great website that has information about different signs and symptoms of various communication disorders.
<a href="http://www.home-speech-home.com"><u>www.home-speech-home.com</u></a>	Home Speech Home is a website run by two SLPs. Check out the menu on the left side of the page for information about normal speech & language development, as well as information about many different child speech & language disorders.
<a href="http://www.understood.org"><u>www.understood.org</u></a>	A parent-friendly site that covers a variety of learning and attention issues, as well as resources to help clarify the IEP process and special education services.
<a href="http://www.stutteringhelp.org"><u>www.stutteringhelp.org</u></a>	The Stuttering Foundation has great resources for students, parents, and teachers.
<a href="http://www.autism-society.com"><u>www.autism-society.com</u></a>	The Autism Society has lots of helpful information for parents and teachers about autism.
<a href="http://successforkidswithhearingloss.com"><u>successforkidswithhearingloss.com</u></a>	This website has resources for both parents and teachers about hearing loss.