## ONTARIO ASSOCIATION FOR FAMILIES OF CHILDREN WITH COMMUNICATION DISORDERS

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## Continuum of Speech and Language Services will Enhance Educational Outcome

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Universal education is considered a basic need in our society. It is the engine that drives our nation.

Children with communication disorders or weak language skills are vulnerable to school and life failure. Alternately, strong language skills are associated with success in school and in life (Nelson, 1993). Further, good verbal language skills can act as a protective factor making children *at risk* for failure more resilient (Herrero & Hechtman, 1994; Hechtman & Weiss, 1986). Good communication skills are a fundamental outcome of education and support for students with disordered or weak language skills is essential.

Speech and language services target two groups of students in the schools:

- 1. those with **communication disorders** which are significant enough for them to be categorized as abnormal and
- 2. those with language skills that are weak enough to threaten their school success. Students with **weak language skills** are often less visible and may surface only at critical points when challenged by the changing demands of the educational system.

Some **communication disorders** may be dealt with only once and effectively remediated (e.g., pronunciation difficulties, mild difficulties in verbal expression) while others require a continuum of care with differing types and levels of support at different times during a student's educational career (e.g., pervasive language impairment, language-based reading disability). This **support may vary** from a one-time consultation resulting in minor accommodation in the classroom to cycles of more intensive service **when the demands exceed the student's ability** and **when the student shows the most potential for improvement**. A **language impairment**, not unlike a hearing impairment, is a **persistent problem** requiring continuous

support and adjustment to ensure success in the classroom. The classroom must be a place where teachers can understand and be responsive to the needs of their students. Students with weak or disordered language can access the curriculum with some support and adjustment in teaching strategy.

Similar supports are warranted for students whose school success is jeopardized by **weak language skills**. This group of students often includes children *at risk* due to traditional risk factors, such as lower-socioeconomic circumstances. Although the skills of the speech-language pathologists have traditionally been utilized to manage "disordered" children, more recently the educational benefits of applying the expertise of speech-language pathologists to the academic management of children with weak language skills has been demonstrated (Hoffman & Norris, 1994; Wilcox, 1991).

Speech and language services should be adjusted to those times when communication skills are most challenged. For the student with weak or impaired language skills, critical points of vulnerability in their educational path can be identified. Problems may only surface at peak times and may be difficult to identify. Even problems which seem to have been resolved, such as severe phonological disorders, will reappear as spelling difficulties in the later grades (Clarke-Klein, 1994). Research and clinical practice clearly demonstrate that many reading disabilities are language-based and require identification and intervention directed at the language to resolve the problem (Catts, 1997).

Different types and levels of support are needed for children with disordered or weak language skills when the demands for language skills are high or when fundamental language skills are being developed. **Critical points** and the **foci** for support include:

CRITICAL POINT FOCUS

JK, SK, Grade 1 Basic listening and speaking and metalinguistic skills for reading

Grade 3 Reading Comprehension

Grade 5 Writing

Grade 8 & 9 Higher level use of language to learn
Grade 11 Social and Vocational language skills

**Programs jointly managed** by the speech-language pathologist and teaching personnel can **enhance curriculum, modify classroom strategies and optimize outcome**. For example, specialized programs within JK and SK which specifically target language skills may be implemented (Clark-Stewart & Fein, 1983; Hoffman & Norris, 1994; Masland & Masland, 1988). Reading recovery programs may target grade 3 students and writing programs may target grade 5 students (//). A

communications class may be included in grades 8, 9 or 11 curriculum to target higher level receptive and expressive language skills, study skills, social skills, and vocational language (Buttrill, et al., 1989; Larsen and McKinley, 95). Support is required for all students, even in the upper grades. Students in the upper grades need higher level language concepts and vocabulary that are consistent with cognitive development and may need assistance with the social and vocational skills required for transition into the work world. Strong speech and language programs in combination with other special programs have proven effective in reducing dropout rates (Larson & McKinley, 95) with eventual cost savings to the social system.

Children with disordered or weak communication skills who go undetected and unserved or underserved are unable to realize their complete human potential and are at risk for life failure. To ensure an optimum outcome for all students, **OAFCCD** recommends:

Funding for speech and language services in all school districts to identify and support students with communication disorders or weak language skills.

**Services** to these students should be available **throughout** their **school careers** with service **enhancement** at **critical points of vulnerability** to failure.

Speech-language pathologists working as an integral part of school teams

- · to provide remediations for students with disordered communication skills and
- · to **develop programs** for students *at risk* for failure in school due to **weak language** skills

Flexibility in service delivery models that meet individual needs

Continuous **evaluation and monitoring** of services to **ensure accountability** and **optimal outcomes**.

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