

Speech Therapy Tips for Heading Back to School

The ability to communicate is at the heart of the educational experience. A child's ability to speak and listen, and eventually, read and write, form the foundation of learning. It is estimated by the National Information Center for Children and Youth with disabilities (NICCY) that communication disorders affect well over a million school aged children in the United States. Nearly another 2.4 million of our children have learning disabilities such as dyslexia or central auditory processing problems. Learning disabilities, which are caused by central nervous system dysfunction, may cause children to have trouble with listening, speaking, reading, writing, reasoning or doing mathematics, despite average or above average intelligence.

There are many Speech and Language disorders with implications for the classroom. These impairments can involve delays or disorders in speaking, understanding or producing particular sounds. Language disorders are often characterized by a child's difficulty putting words together in grammatically correct order. Some children experience difficulty organizing and selecting the exact words they need so that their message ends up not conveying the intended meaning. Many children with language disorders have poor vocabulary, or significant difficulty comprehending what they hear, despite normal hearing ability. Articulation disorders may reduce a child's ability to make speech sounds and be understood. The research consistently demonstrates that the development of strong oral language skills and adequate speech production skills are strongly correlated with the later development of reading, spelling and writing skills.

Communication disorders can also involve a child's voice, as some children have difficulty with the pitch, volume or quality of their voice. Some young children may have an excessively hoarse or harsh voice quality. A considerable number of school aged children struggle with another type of communication disorder known as stuttering or as a fluency disorder. These children experience stutter like interruptions in the normal flow of their speech, and they may also have poor coordination of breathing and speaking. Lastly, social based communication disorders are on the rise in school settings, and may affect a student's ability to participate with friends and teachers at school. Children with social language impairment may have difficulty managing social interaction, knowing how to start up and maintain a conversation, using appropriate eye contact, or understanding facial expression and natural gestures.

If your child has already been identified as having any one of these communication impairments, or if you suspect he or she may have a delay in one of these areas, the following suggestions are offered for making the back to school experience as positive as possible for your child, her teachers and your whole family.

Get involved

If your child already has an identified communication disorder, chances are she is already working with a Speech Pathologist. Your child may have an

educational program (IEP) or Section 504 Accommodation Plan outlining what services or accommodations he or she receives in school. Read the sections of the document that outline specific communication skills that will be worked on through the upcoming school year. If it is not written in layman's terms, ask to meet with the Speech Pathologist, and have it explained so that it is clear to you. Ask how you can support these skills at home. Often, Speech Pathologists can provide parents with ideas and materials for brief home practice sessions that reinforce the skills being worked on at school. Speech Pathologists welcome family involvement because a child's development almost always progresses at a faster rate when skills are addressed within a variety of settings.

– Intervene Early

If you suspect that your child has a communication delay, obtain a screening from a licensed Speech Language Pathologist. The American Speech Language and Hearing Association (ASHA – www.asha.org) maintains a list of credentialed therapists who can assist you in your area. Although this is changing, some physicians will suggest a wait a see approach. If there is any family history of learning difficulties, it is best not to wait if you have a concern. There are clear, hierarchical milestones that can be used to gauge whether a child is progressing within appropriate developmental levels. Check your child's milestones before sending him or her back to school by visiting the ASHA website and viewing the developmental milestones for your child's age range. You can also call the ASHA helpline at 1-800-638-8255 for this information. Many children who receive early help and intervention can often catch up in time to be at comparable levels with age peers during later school years. An excellent resource is a book recently released, entitled *Beyond Baby Talk* by Kenn Apel, Ph. D., CCC and Julie J. Masterson, Ph.D., CCC that provides engaging reading about essential steps, tips and checkpoints from birth through age five.

– Get a Jump on Reading

The ability to read is central to the educational process. The ability to hear individual sounds, the ability to hear differences between two sounds, and the ability to manipulate sounds for blending and taking apart word syllables, are the critical building blocks of reading. These pre-reading, auditory skills are called phonological awareness skills. Children must first learn to hear the sounds before they can use letter symbols to represent them in reading and writing. Children with speech and language impairments, specifically oral language and articulation disorders, are much more likely to have difficulties learning to read and to write than other children. Oral language problems can include word finding difficulty, grammar problems, auditory memory delays and poor naming skills. During the preschool years, teach your child to focus and attend to sounds in a playful way. Practice making rhymes, and listening for rhymes. Play games while driving in the car, such as rhyming words that you pass, such as 'store-more', 'dog-pog' or 'boy-loy'. Pick shorter rather than longer words. Nonsense words are fine. Practice saying two words and have your child determine whether they rhyme, such as 'pot-tip' or 'ball-ball'. Select children's books that use alliteration and rhyme. Your local community

children's librarian or your school librarian can recommend books for your child. If your child is entering kindergarten, ask your kindergarten teacher in September for suggestions of activities that promote phonological awareness, such as fun games like clapping out syllables, isolating and blending individual sounds. Some excellent resources for home activities in this area include *Take Home Phonological Awareness* book of activities or *Sounds Abound: Listening, Rhyming and Reading* both available from LinguSystems (www.LinguSystems.com or 1-800-776-4332, and *Ladders to Literacy: Kindergarten Activity Book* available from Brookes Publishing (www.pbrookes.com or 1-800-638-3775). If your child is older and having difficulty with reading, speak to the Title I teacher, Reading Specialist or Special Education Teacher who works with your child to be sure that your child has had an assessment of her phonological awareness skills as a part of her most recent reading assessment.

_ Fight Ear Infections

According to ASHA, over 5 million school days are missed each year due to ear infections. These infections, caused by fluid in the middle ear, can cause significant difficulties in auditory skills, impact classroom listening skills, and in some cases, cause permanent hearing loss. Seek medical management through your child's primary care physician or Ear, Nose and Throat (ENT) specialist. Have your child's hearing screened if ear infections last more than 3 months. All children with a history of ear infections should have their hearing screened by age 3 if not before. Hearing screenings may be available at the ENT's office, or through a local, licensed Audiologist's office. The ASHA website maintains a list of audiologists. Equally as important, communicate with your school nurse, classroom teacher and speech pathologist whenever your child has an ear infection or is taking any new medications. A discussion with the classroom teacher may result in the teacher providing your child with preferential seating or using classroom amplification during your child's periods of fluctuating hearing loss.

_ Model Appropriate Language and Speech

Baby talk, or immature speaking patterns, while a part of normal speech language development, can be a problem if not outgrown. Some children will need training to learn specific articulation techniques. Parents and caregivers who talk to children, use appropriate speech sounds and read books aloud for children are guiding and promoting the development and growth of receptive and expressive language, as well as normal speech patterns. If your child has delays in speech or language, share communication strategies and activities that have worked at home with your child's teacher. Model and slightly exaggerate correct productions of speech sounds in a natural way for your child. Most important of all, listen to and respond to your child's message first, before giving feedback about his or her speech. Share your child's discovery of new word meanings. Talk about words that can have more than one meaning when they come up naturally. Use good grammar and rich vocabulary, but don't talk over a child's head. Have fun, encourage and praise, praise, praise your child's communication efforts so she learns confidence.

_ Protect Your Child's Hearing

Limit a child's exposure and close proximity to very loud noises for sustained periods of time (more than a minute). This includes lawn mowers, hair dryers, fireworks, motorcycles, engines, instruments or music, which can cause noise induced hearing loss. Read the decibel level when purchasing appliances and machines, and use ear protection if necessary (over 85 decibels). Have your child's hearing tested if you suspect a hearing loss, or if hearing loss unrelated to aging runs in your family.

_ Protect Your Child's Voice

Don't allow your child to engage in prolonged yelling, screaming, cheering or singing that results in hoarseness or laryngitis. Avoid talking over loud machines, motorcycle or motorboat engines. Have your child drink lots of water if he or she is a cheerleader, or must use his or her voice constantly. Seek a medical evaluation by an ENT specialist if your child is frequently laryngitic or has a consistently hoarse voice.

_ Resources

American Speech Language Hearing Association (ASHA)
www.asha.org 1-800-638-8255

Learning Disabilities Association of America (LDA)
www.ldanatl.org 1-888-300-6710

Stuttering Foundation of America
www.stutteringhelp.org 1-800-992-9392

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