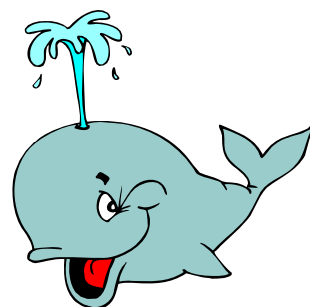
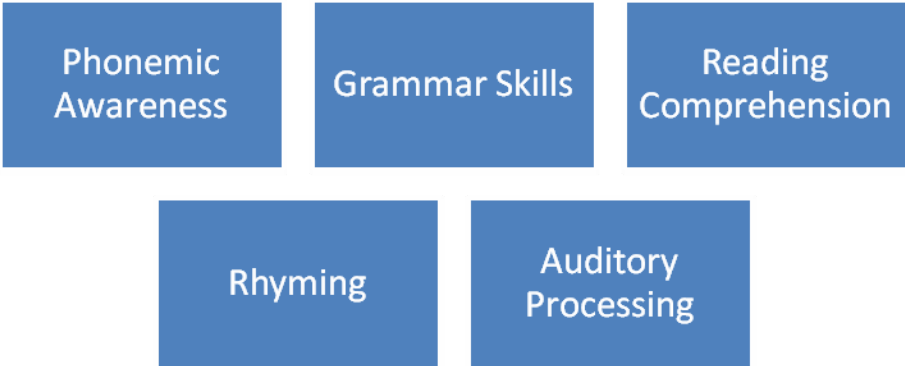
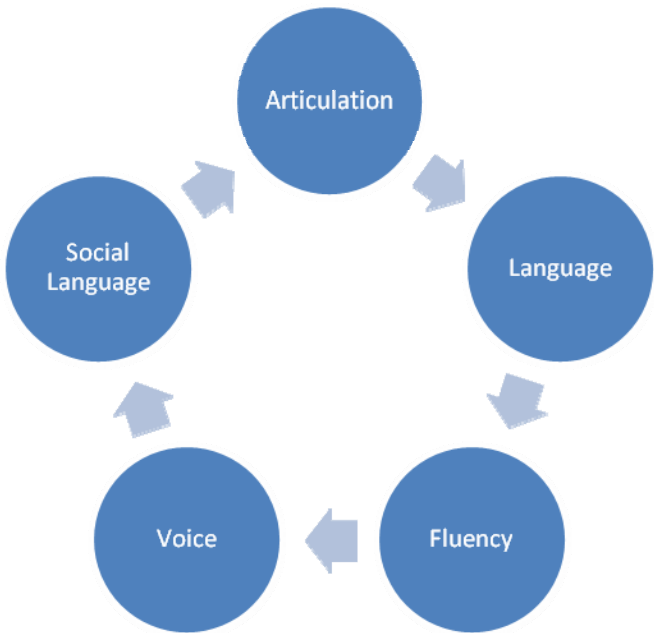


MANDEVILLE ELEMENTARY SCHOOL SPEECH DEPARTMENT

Communication is
key to success!



**Areas Addressed
in Speech
Therapy**



Other Areas:

MANDEVILLE ELEMENTARY SCHOOL

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<p>Articulation</p> <p>Non-maturational speech disorder of one or more phonemes characterized by consistent omission or incorrect production of speech sounds and there is documented evidence that the impairment significantly interferes with the student's educational performance or significantly interferes with the student's developmental functioning to a degree inappropriate for his or her cultural and social background or overall developmental level.</p>	<p>Red Flags</p> <p>Your child may have an articulation problem if:</p> <ul style="list-style-type: none"> Family/friends cannot understand his/her speech Your child is frustrated when not understood Your child leaves off the ends of words (ex. ca/cat) Your child misarticulates sounds (ex. wabbit/rabbit) 	<p>Therapy</p> <p>Traditional therapy approach for articulation errors includes:</p> <ul style="list-style-type: none"> Learn to listen for correct sound Say sound correctly <ul style="list-style-type: none"> by itself in a word in phrases and sentences in conversation
<p>Parental Suggestions</p> <ul style="list-style-type: none"> Avoid “baby talk” Model good speech Praise correct speech Read and talk with your child 		

<p style="text-align: center;">Language</p> <p>Impaired receptive, integrative, or expressive disorder of phonology, morphology, syntax, semantics, or pragmatics. A student shall exhibit a deficit of at least 1.5 standard deviations below the mean based on chronological age. If the student is functioning below age level in all areas, developmental functioning</p>	<p>Red Flags</p> <p>Your child may have a language disorder if he/she has difficulty:</p> <ul style="list-style-type: none"> Focusing attention Following directions Remembering Hearing differences 	<p>Therapy</p> <p>Numerous approaches and strategies are used to help the child develop good language, based on his/her individual needs.</p>
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<p>levels should be considered and there is documented evidence that the impairment significantly interferes with the student's educational performance or significantly interferes with the student's developmental functioning to a degree inappropriate for his or her cultural and social background or overall developmental level.</p>	<p>between words (ex. bear/chair)</p> <ul style="list-style-type: none"> Using age appropriate grammar (ex. me fall down) Identifying common objects (limited vocabulary) Saying things off topic 	
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Parental Suggestions

- Read often to your child
- Talk to your child
- Ask who, what, when, where, why and how questions
- Take time to listen to your child

- Do not interrupt/rush/criticize he/she when speaking
- Do not finish his/her sentence
- Model slow easy speech
- Do not force him/her to speak in stressful situations

<h3>Fluency</h3> <ul style="list-style-type: none"> Inappropriate rate and time patterning of speech at least five percent of the time, characterized by any of the following: sound and syllable repetitions, sound prolongations, audible or silent blocking, interjections, broken words, circumlocutions, or words produced with an excess of tension and accompanied by ancillary movements that are indicative of stress or struggle. A student 	<p>Red Flags/Primary Characteristics</p> <p>Your child may have a stuttering problem if:</p> <ul style="list-style-type: none"> He/she repeats syllables or whole words (ex. t t test) Uses interjections – he/she uses too many fillers (ex. um, uh,) He/she sometimes drags out the sounds in words (ex. s---un, baaall) He/she is aware of a 	<p>Traditional therapy approach includes:</p> <ul style="list-style-type: none"> Relaxation Breathing techniques Using easy onset of speech Using slow, stretched rates
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<p>exhibiting normal non-fluencies occurring during the developmental speech stage does not meet this criterion. There is documented evidence that the impairment significantly interferes with the student's educational performance or significantly interferes with the student's developmental functioning to a degree inappropriate for his or her cultural and social background or overall developmental level.</p>	<p>stuttering problem</p> <ul style="list-style-type: none"> He/she hesitates on words He/she shows additional signs of struggle (ex. eye blinks, tapping finger/feet, poor eye contact, facial grimaces) 	
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Parental Suggestions

- Do not interrupt/rush/criticize he/she when speaking
- Do not finish his/her sentence
- Model slow easy speech
- Do not force him/her to speak in stressful situations

<h3>Voice</h3> <p>Any inappropriate consistent deviation in pitch, intensity, quality, or the basic phonatory or resonatory attribute and there is documented evidence that the impairment significantly interferes with the student's educational performance or significantly interferes with the student's developmental functioning to a degree inappropriate for his or her cultural and social background or overall developmental level. In order to qualify</p>	<h3 style="color: red;">Red Flags</h3> <p>Your child may have a voice disorder if:</p> <ul style="list-style-type: none"> He/she is consistently hoarse He/she talks with a breathy/raspy/strained voice He/she constantly loses his/her voice 	<h3 style="color: blue;">Therapy</h3> <ul style="list-style-type: none"> Eliminates vocal abuses (ex. excessive screaming, coughing, and/or throat clearing) Relaxation Using a soft/easy voice
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<p>for voice therapy, a student must obtain a recommendation from an Ear, Nose & Throat (ENT) physician indicating the need for Speech Therapy. This information is provided by the parents.</p>		
<p>Parental Suggestions</p> <ul style="list-style-type: none"> Model “inside” voice Try to identify vocal abuses Drink a lot of water 		

If more information is needed about these disorders, please contact your school-based Speech-Language Pathologist or call the area Speech-Hearing-Language office:

Age Norms for Correct Sound Production

	AGE THREE	
		Delay by Age:
/m/	90% of Children have acquired this sound by Age 3 years	4 years
/h/	90% of Children have acquired this sound by Age 3 years	4 years
/n/	90% of Children have acquired this sound by Age 3 years	4 years
/w/	90% of Children have acquired this sound by Age 3 years	4 years
/b/	90% of Children have acquired this sound by Age 3 years	4 years
/p/	90% of Children have acquired this sound by Age 3 years	4 years

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AGE FOUR		
		Delay by Age:
/k/	90% of Children have acquired this sound by Age 4 years	4.5 years
/g/	90% of Children have acquired this sound by Age 4 years	4.5 years
/d/	90% of Children have acquired this sound by Age 4 years	4.5 years
/f/	90% of Children have acquired this sound by Age 4 years	4.5 years
/j/	90% of Children have acquired this sound by Age 4 years	4.5 years
/t/	90% of Children have acquired this sound by Age 4 years	4.5 years

AGE SIX		
		Delay by Age:
/ing/	90% of Children have acquired this sound by Age 6 years	6.5 years
/r/	90% of Children have acquired this sound by Age 6 years	6.5 years
/l/	90% of Children have acquired this sound by Age 6 years	6.5 years
/s/	90% of Children have acquired this sound by Age 6 years	6.5 years
/ch/	90% of Children have acquired this sound by Age 6 years	6.5 years
/sh/	90% of Children have acquired this sound by Age 6 years	6.5 years
/dj/	90% of Children have acquired this sound by Age 6 years	6.5 years

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	AGE SEVEN	
		Delay by Age:
/z/	90% of Children have acquired this sound by Age 7 years	7.5 years
/v/	90% of Children have acquired this sound by Age 7 years	7.5 years
/th/ voiced	90% of Children have acquired this sound by Age 7 years	7.5 years
/th/ unvoiced	90% of Children have acquired this sound by Age 7 years	7.5 years

PROGRAMS

- **FAST FORWARD** -The Fast ForWord [reading intervention program](#) consists of a series of computer-delivered brain fitness exercises to help educators improve academic achievement with a variety of student populations, meeting the individual needs and challenges of [at-risk students](#), [English language learners](#), and [special education students](#). Areas addressed in the brain fitness program include **Memory , Attention, Processing, and Sequencing**
- **EAROBICS** - Earobics is a powerful multisensory reading intervention **Earobics comes in two versions:**

Earobics Foundations for pre-kindergarten, kindergarten, and first grade students

Earobics Connections for second and third grade students, and other struggling readers