

Working with

children

with a severe expressive or receptive language disorder



Supporting teachers, leadership teams and professionals in primary and junior secondary schools

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Children with a severe expressive or receptive language disorder

Children with a language difficulty have trouble understanding, using and processing language. Approximately 6 per cent of school-aged children have significant speech and language problems.¹ In some parts of Australia, the number is as high as 13 per cent.²

Severe language disorder is classified as a communication disorder³ in the DSM-5 (*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*). Language disorders can also be referred to as learning difficulties since they tend to impact on a child's ability to listen, think, speak, read, write, spell, or do mathematical calculations. There are two general types of language difficulties: expressive and receptive.

Children with expressive language difficulties have difficulty using words to convey what they want to say. As they get older, these children will have difficulty expressing their ideas logically and clearly, and using grammatically correct sentences.

Children with receptive language difficulties have trouble processing and understanding the meaning of what other people say. Almost all children with receptive language difficulties also have expressive language difficulties. Their weakness in understanding oral language generally limits the development of a broad vocabulary, and can have significant implications for other learning, behaviour, and social emotional development.

Children may be diagnosed as having mild, moderate or severe language difficulties. While treatment strategies are similar for all language difficulties, mild and moderate difficulties are less severe and are best treated with strategies devised to address the specific language weaknesses identified by a speech pathologist. Since children with language disorders have better developed nonverbal abilities, their nonverbal thinking and reasoning abilities should be harnessed when working with these children.

Expressive language disorder

These children have significant difficulty using spoken and written language. They are behind their peers in their vocabulary development, ability to use and recall words to express themselves, and use of appropriate grammar and semantically correct language. This disorder can range from an instance where the child is unable to speak at all through to less severe cases where the child is unable to express ideas at an age-appropriate level.

¹ Speech Pathology Australia 2003 sourced from <http://www.speechpathologyaustralia.org.au/>

² McLeod, S., & McKinnon, D. (2007). Prevalence of communication disorders compared with other learning needs in 14,500 primary and secondary school students. *International Journal of Language and Communication Disorders* 42 (S1) 37-59.

³ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.



Mixed receptive-expressive language disorder

These children have significant difficulty both using and understanding spoken and written language. They find it difficult to process and understand the words they hear, have a reduced ability to generalise or transfer knowledge, and have difficulty expressing themselves using words. They may also experience problems differentiating between similar phonetic sounds; understanding the meaning of text, spoken words or grammatically complex sentences; linking ideas; and understanding the use of sarcasm and non-literal phrases. They can also have difficulties with short-term auditory memory.

How are children diagnosed with a language disorder?

Diagnosis of a severe language disorder requires standardised assessment protocols completed by a speech pathologist and psychologist. Refer a child who displays traits of a language disorder to a speech pathologist, with parent approval. Teachers and parents can provide valuable information regarding language, learning and behaviour in the school and home contexts that can contribute to the assessment process. Most speech pathologists will have a one or two page checklist for teachers and/or parents to complete.

A speech pathologist administers standardised tests of speech and language, and a psychologist administers IQ tests that include a measurement of nonverbal intelligence to diagnose language disorders. To be diagnosed with severe language disorder, children must have the following:

- significantly below-average receptive and expressive language development (mixed receptive-expressive disorder), or below-average expressive development (expressive language disorder)

and

- a nonverbal intellectual capacity that is significantly higher than their verbal intellectual capacity. This is measured using a standardised assessment of nonverbal intelligence.

The language disorder cannot be accounted for by an intellectual disability, hearing impairment, neurological damage, emotional issues, cultural factors, or relate to being from a non-English-speaking background. In some cases, these factors may coexist with a language disorder but they cannot be the cause of the disorder.

Behaviours or traits of children with a severe language disorder

Children with a severe language disorder may exhibit some of the following behaviours or traits at school:

Language behaviours:

- difficulty recalling the names of objects or actions
- difficulty inferring from verbal and written information
- frequent use of non-specific words such as 'thing' (known as 'circumlocution', where the child talks around a subject they are not sure about)
- frequent grammatical and word order errors in speech and written words
- tendency to respond using gestures rather than speech, such as pointing to objects



- difficulty following instructions
- limited vocabulary and conversational skills
- difficulty sequencing an event
- use of short, simple sentences
- short-term auditory memory issues and reduced memory for language use
- reluctance to ask questions or contribute to classroom discussions.

Reading and spelling issues:

- problems breaking words into their phonetic (sound) components
- a tendency to rote learn words, that may lead to later issues with reading and spelling
- slow reading rate or issues with reading fluency
- difficulty comprehending the implied meaning of text and making inferences
- difficulty demonstrating their understanding of a text either verbally or in writing
- difficulty understanding the meaning of words.

Behaviour and social/emotional issues

An ability to understand others and express oneself clearly, succinctly, confidently and convincingly is crucial for active engagement with classroom programs, and the development and maintenance of successful, positive peer relationships. For this reason children with poorly developed language skills are more likely to display challenging behaviours, have social difficulties and be at risk of future mental health issues.⁴

Alarmingly up to one third of primary school age boys referred for psychological services because of challenging behaviours have significant but previously unsuspected oral language deficits⁵, and approximately 50% of young male offenders have significant undiagnosed language impairments⁶. Teachers, psychologists and others should therefore consider the adequacy of the language skills of children who display behavioural problems. Behavioural issues of these children may include:

- an apparent failure to listen when spoken to
- poor conversational skills, such as a lack of ability to take turns or maintain a topic
- challenging classroom behaviours such as procrastination, disorganisation, frequent misplacement of materials, inattentiveness, poor concentration, a lack of perseverance, and/or general disruptiveness
- difficulty following verbal instructions
- short attention span

⁴ Snow, P. S., Language competence: A hidden disability in antisocial behaviour. In Psych. The bulletin of The Australian Psychological Society Limited, Vol. 35 Issue 3, June 2013

⁵ Cohen, N., Davine, M., Horodezky, N., Lipsett, L. & Isaacson, L. (1993). Undiscovered language impairment in psychiatrically disturbed children: Prevalence and language and behavioural characteristics. *Journal of the American Academy of Child and Adolescent Psychiatry*, 32, 595-603.

⁶ Snow, P. C. & Powell, M. B. (2011a). Youth (In)justice: Oral language competence in early life and risk for engagement in antisocial behaviour in adolescence. *Trends & Issues in Crime and Criminal Justice*, 435, 1-6.



- anxiety or depressed mood
- frequent displays of frustration
- anger management issues
- difficulty making and keeping friends
- withdrawal from peers.

Academic difficulties

- Since following instructions, reading and writing are all language-based activities there may be difficulty across all areas of academic performance.

Children with language disorders can present with a broad range of strengths and weaknesses. The diagnosis of a severe learning disorder does not mean the child cannot learn. These children struggle with language throughout their life, but their ability to function independently at school and in society will improve, given the right support. Thus, it is essential that these children receive regular speech therapy with a speech pathologist to assist the development of their oral language, as well as linguistic and literacy support, and learning support through the use of visual aids and 'hands on' learning.

Unidentified and under-resourced students with severe language disorders can potentially become disruptive students who struggle with literacy and learning in primary school. This issue may influence attendance and school retention rates, as these students are likely to become school truants and/or drop out during secondary education.



Strategies to support a child with severe language disorder

- **The child should receive intervention and support from a speech pathologist**, where possible. Parent permission is required.
- **Follow the recommendations of the child's speech pathology report.** The recommendations can help teachers and parents to effectively support the child. It is helpful to discuss the recommendations with the Speech Pathologist, if possible, and to ask questions if you do not understand or fully agree with aspects. Specific recommendations can be useful for teachers developing an individual learning plan for the child.
- **Identify the child's strengths.** These children have average to well-developed nonverbal abilities and may be able to express themselves very well through art and craft, drawing and digital programs such as *ACMI Storyboard Generator*, PowerPoint and *Kahootz*. They may also be strong in some subjects that require less linguistic processing, such as ICT and computing, graphic design, mathematics, geography, mapping and aspects of science and technology. Strengths in these areas should be nurtured and developed.
- **Listen to the concerns and advice of the child's parents and accommodate if possible.** Parents can sometimes present as angry or frustrated. It is important to listen to their concerns. Some parents have specialist knowledge or can contribute observations that may assist you in formulating best teaching practice to assist the child with their learning. It may be helpful to meet the parents in conjunction with another staff member, such as the special needs coordinator, assistant or deputy principal or speech pathologist. Tips on meeting with parents can be found in the *Working with parents* section of the Psych4Schools website.
- **Develop an Individual Learning Plan (ILP).** Use information about the student from various sources, including the child's parents, the school or child's speech pathologist, and any relevant reports. Review ILPs at least twice a year. Ensure that areas of academic weakness, and social or interpersonal issues are also addressed. These children may experience a poor self-concept due to the complexities of not being able to process and use language successfully. It is essential that verbal comprehension skills, particularly vocabulary development, comprehension and reasoning skills be targeted for additional support by parents, teachers and other adults.
- **The school may choose to develop its oral language program**, particularly for children in beginners to Years 2. In recent years, a heavy focus on reading and writing in some schools may have overshadowed the critical role oral language plays in facilitating the development of reading comprehension, effective social skills and appropriate behaviour in all learners.
- **Help build reading comprehension** by using techniques such as '*Make Connections*' which highlights the use of six techniques for improving reading comprehension skills.

Use a range of visual communication and real-life learning

A child with a severe language disorder will benefit from visual and hands-on learning in addition to the teacher's verbal communication, modelling and demonstration:

- **Use hands-on learning as much as possible in the classroom.** The child will learn best when given concrete examples and real-life learning experiences.
- **Use visual aids and graphic organisers as much as possible, to support learning.**
- **Encourage class participation and use consistent praise.**



- **Use mnemonics and acronyms to assist the child to retain information.**
- **Routines foster confidence and make it easier for the child to focus** on new learning and understand what is required throughout the day.
- **Break tasks and activities into small, manageable components.** Children with language disorders often have short attention spans due to the effort required to complete language-based tasks. Breaking work into small, manageable steps will assist the child to stay on task, experience success and complete learning activities more regularly.

Give short, visually supported instructions

- **Make sure you have the child's attention.** When giving instructions it is important to:
 - **Use the child's name** to obtain their attention and eye contact.
 - **Have the child stop what they are doing** and focus attention on what you are saying.
- **Demonstrate and model the task as appropriate.**
- **Break instructions into short, simple steps.** These children experience difficulty remembering, comprehending and following long or complex chains of instructions.
 - **Present information in easy bite-sized chunks**, e.g. 'Find your writing book. Open to page 10. Now, complete activity 6.'
 - **Pause after each instruction** and wait until the child has completed the action before giving the next instruction.
- **Give instructions in sequential order.** The child will find it easier to follow instructions given in the order they must be completed. For example say:
 - 'Pack your pencils away and put your sheets on my desk. It's lunchtime in 5 minutes.'rather than
 - 'It's lunchtime in 5 minutes. Put your sheets on my desk and pack your pencils away.'
- **Use visual information** where possible, including:
 - **Hand gestures** to indicate items in discussion and/or build understanding of language concepts, such as the meaning of prepositions: 'in', 'on', 'under', 'next to', etc.
 - **Pictures** to illustrate and reinforce what you are saying, for example, the Picture Communication Symbols (PCS) cards
 - **Written step-by-step instructions**, presented on the board or on a teacher-prepared handout
- **Ask the child to repeat instructions.** Rather than simply asking 'Do you understand?', ask the child questions such as 'What is the first thing you need to do?' 'What is the next thing?' to ensure they have heard and understood each step of the process.
- **Remind the child of crucial information or simplify the words and linguistic structure.**
- **Repeat each stage of instruction** if necessary, and monitor the child.



Build personal organisation and engagement with learning

- **Help the child to be organised.** Provide additional assistance early each week, especially with organisation of the child's workspace, materials, folders and books. Knowing that everything has its own place will help prepare the child for work and learning.
- **Encourage the child to use a diary.** This can assist the child to remember what is required for homework and assignments, and remind them of activities occurring at school each day. The child can check the diary daily and tick off required tasks once complete. Pictures can be used rather than words if necessary.
- **Seat the child away from noisy areas and doorways to avoid background noise and distraction from other students,** and near the teacher during periods of instruction.
- **Provide the child with notes.** Older children are often expected to take notes in classes. As effective note taking may be challenging for the child, it may be beneficial to appoint a class scribe to write notes for distribution, either to the child or to the whole class. Alternatively, provide the class or the child with teacher notes, or allow the child to record the class using a spoken word to text program, or to take photos of whiteboard notes for later review.
- **Emphasise and celebrate effort, not just end result or products.** For these children, the effort they put in should be just as or more important than their results or grades.
- Use intranet communication, *Edmodo* or similar learning management systems to communicate homework tasks, or email, photocopy or photograph homework questions and relevant information sheets. This will support a child who may have difficulties remembering homework, using a diary or copying questions from the board. Rather than printing, email links to relevant webpages or make them available online so the child can use assistive technology.

Build linguistic skills and support verbal communication

- **Make the purpose of the session clear to the child.**
- **Pre-teach vocabulary and concepts specific to the topic, unit of work or area of study,** so the child can better follow instruction and discussion. Use pictures, diagrams and other visuals as a focus for discussion about target words or concepts. It is helpful to display a list of unit-specific vocabulary in a prominent place in the classroom.
- **Prompt the child when they use non-specific language.** For example, if the child refers to 'that thing', give them the specific word needed and point to the displayed vocabulary.
- **Cue the child before questioning.** As an example say 'In a minute, I'm going to ask about the decrease of rainfall during Darwin's winter. Look carefully at the rainfall chart. I want you all to consider one or two possible answers. John (*the child with the language difficulty*), I will ask you for one of the answers. Now, the question is ...' Pace your voice during the delivery of questions by breaking questions into phrases or short, simple sentences. Repeat the question as necessary.
- **Provide additional time to answer questions.** The child with severe language difficulties requires more time than peers between being asked a question and providing an answer. This time allows the child to comprehend what has been asked, and to process their response. One technique would be to say, 'This is my question for John and his group. The question is ... Now, before you answer, I have one other quick question for the whole class.'



- **Do not correct the child's language, rather model and expand correct language.** If the child says 'Rainfall's June lowest ', model and expand the correct sentence structure for the child. 'Yes, June's rainfall was the lowest by 6 mm.'
- **Consistently and gently question the child privately or in a small group** to assist them to express their ideas, and to promote clarity and detail in oral communication.
- **Provide the child with clue cards for commonly needed terminology.** It may be useful to have a clue card containing words commonly used for describing objects or asking questions. These words could be paired with visuals on the cards, to assist the child in choosing appropriate adjectives or nouns.
- **Limit use of irony, non-literal words, ambiguous statements and slang.** Use clear, literal and concise sentences to increase comprehension.
- **Check progress in the first few minutes after an instruction has been given.** Rather than asking 'Do you know what to do?', say, 'Tell me what you are going to do'. Check that instructions have been understood. Clarify understanding by asking for repetition of instruction or rehearsal of activity.
- **When the child is presenting to the class, allow them** to present in a way that highlights their strengths, for example, through use of pictures with supporting text, PowerPoint, animation, video or film.

Build social communication

- **Assist the child to tell a story or recall an event,** focussing on the topic, who was involved, and where the event took place. Teach the child the meaning of different question forms, for example that 'who' refers to people, 'what' refers to things, 'when' refers to time, and 'where' refers to place. Encourage the child to explain who or what their story is about, what action occurred, and who or what was involved in the action. Use pictures, drawings or photos to tell a story, remaining on topic by recounting what happened at the beginning, middle and end.
- **Discuss social cues** such as facial expressions, body language, social distance, voice quality and tone of voice through the use of role-plays, film, television or video segments, social media, photos, pictures and comic strips.
- **Explicitly teach the child the basics of social communication required in the classroom.** This can be taught through modelling but may also need to be specifically taught. The child may need to be explicitly taught basic social concepts such as how to share take turns, end or begin a conversation, put their hand up in class and deal with teasing.
- **Teach social skills across a range of situations and contexts.** The child will tend to have difficulty generalising a newly acquired skill to other areas. It is helpful to focus on the development of one specific skill at a time, such as 'making eye contact'. It will prove beneficial if the child's parents and specialist teachers reinforce the same skill, to ensure they are generalised across settings.
- **Be positive whenever the child attempts to communicate** appropriately with you or others, using examples such as 'Good try, (name). Knowing the first line of the school pledge is fantastic!' or 'I like the way you use your words in this opening sentence.'



- **Encourage the child to use gesture** when communicating with others, as a means of clarifying their message, for example, pointing to an object, or using a hand signal or gesture to indicate what they want.
- **Do not anticipate the child's communication.** Wait for them to communicate first, rather than guessing their needs. Set up situations that require the child to ask for help to get what they want or, in everyday work, insist that they ask for the assistance they need to complete a task.
- **The school may develop a social skills program** for a child who needs extra assistance to learn the specifics of social communication. Brainstorm skills that will benefit the child and incorporate several into the ILP.

Use multi-sensory approaches and technology with literacy intervention

Targeted literacy intervention, assistive technology and multisensory approaches can assist the reading, spelling and writing development of a child with a severe language disorder. For a detailed approach and suggestions for each of these areas of literacy, see the Psych4Schools ebooklet 'Working with children with dyslexia'. In addition, use the following literacy strategies:

- **Use visual aids to encourage and prompt creative writing.** The child may benefit from creating their narrative as a series of visuals first, and using the images to assist in writing the story. To assist, you could try some of the following:
 - **Use comic strips or ask the child to draw** what they might write about.
 - **Allow the child to take photos** that can form the basis of story writing using a digital camera.
 - **Teach the child to use storyboards** to support film-making and story writing.
 - **Use graphic organisers and writing templates** to provide a structure and visual support, such as concept maps, mind maps and organisational charts for writing.
 - **Use computer presentation software** such as PowerPoint, Movie Maker or Photo Story as an alternative to writing an extended text.
 - **Provide a list of steps for making or building something**, then show the child how to rewrite the list as a procedural text.
- **Reduce the number of spelling words the child is expected to learn.** If giving a whole-class spelling test, allow a child with a severe language disorder more time than their peers to write each word. The child may need to be given the test at a different time to other students, or have the test administered by a teacher's aide or parent-helper. It may also be useful to provide pictures or prompts of the words to assist them with learning and recalling spelling words.
- **Use flash cards or visual aids to assist with learning key words.** Children with language disorders are typically better at rote-learning words. It can be helpful to have them learn the common onsets and rhymes, such as b/uck, d/uck, l/uck, and learn about word building, as well as reading and writing the 100 most common words, followed by subsequent common terms listed in resources such as the [307 word Oxford List](#).
- **Focus the child's learning on phonological, orthographic and syllabification skills;** predictable and less predictable orthographic patterns and, later, more frequent irregular words.
- **Have the child create subject-specific word lists or dictionaries.** These may be created using cards or visual aides that will assist with writing and oral presentations in a given subject area.



- **Teach multiple meanings of words** in context.
- **Have the child ‘make a picture in their mind’** or visualise what is happening in a story to facilitate comprehension.
- **Introduce inferential questions into comprehension exercises slowly.** These children tend to rote-learn, so slowly changing from factual comprehension questions to those of an inferential nature will help children to develop higher-order thinking about texts.

Build long-term memory through rehearsal and ‘chunking’

- **Teach the child how to use rehearsal and ‘information chunking’** to promote retention in long-term memory, and reduce the burden on verbal memory. Strategies include:
 - **saying and repeating**
 - **breaking a list of words or numbers into sequences** of two or three
 - **creating a picture in their mind** of what is to be done
 - **using mnemonics** (such as ‘the principal is your pal’, when spelling)
 - **creating or singing songs that contain information**, such as singing the alphabet
 - **drawing a simple picture or diagram** before writing
 - **using a checklist** to keep track of the steps required to complete a task.
- **Have the child learn key information**, using the above techniques, to help ‘activate’ verbal memory and promote long-term memory. For example, alphabet memorisation enables the child to use resources such as dictionaries, indexes, telephone and street directories, and atlases while memorisation of multiplication facts supports the solving of more complex problems.
- Ensure the child learns basic information used in everyday activities, such as days of the weeks and months of the year.
- **Encourage the child to memorise important personal and safety information**, such as their home address and date of birth, a parent’s phone number, emergency numbers, road safety reminders, fire safety messages, computer passwords, a four-sequence bicycle combination lock.
- **Teach and revise important number facts and concepts**, such as grouping to ten when adding and subtracting, multiplication facts, automatic recognition of units of measurement (mm, cm, mL, g, kg, etc.) and the recognition and use of notes and coins.
- **Use activities such as chanting, singing and reciting to ensure the child learns and memorises knowledge**, such as the alphabet, anthems such as ‘Advance Australia Fair’, the school pledge, nursery rhymes, playground chants, significant poetry verses, lines from plays, and songs for choir or the classroom.



Play games and have fun

- **Encourage interactive play with other children**, both in structured, rule-based games and in imaginative, pretend play. Where possible, teacher aides, support staff and/or older students should participate in order to support sustained play.
- **Sing songs and put words to music** as a fun way to encourage the learning of new words. Sing nursery rhymes, poetry and made up songs composed by students. Initially sing slowly, pause and wait, so the child can hear each word and join in.
- **Engage the child in regular, impromptu fun experiences** to relieve stress and worry.



Resources and further references

Websites

- **Speech Pathology Australia**
<http://www.speechpathologyaustralia.org.au/>
- **ACMI Storyboard Generator**
<http://generator.acmi.net.au/storyboard>
- **Kahootz**
<http://www.kahootz.com/>
- **Make Connections**
<http://www.opencourtresources.com/>

Books and articles

- Draper, D. (2010). Comprehension strategies: Visualising and visual literacy. North Adelaide, South Australia: Department for Education and Child Development (DECD). Retrieved from http://www.decd.sa.gov.au/northernadelaide/files/links/4_VisualisingBooklet.pdf
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Apps and software for speaking and listening

- **ABC Pocket Phonics**
[https://itunes.apple.com/au/app/abc-pocketphonics- lite/id302689971?mt=8](https://itunes.apple.com/au/app/abc-pocketphonics-lite/id302689971?mt=8)
- **Articulation Station**
Developed by Heidi Hanks, Speech Pathologist. It contains 22 sound programs targeting the sounds in the initial, medial, and final word position.
<http://itunes.apple.com/au/articulation-station/id467415882>
- **Artik Pic**
Flash card, watching sounds and pictures.
[https://itunes.apple.com/au/app/artikpix- full/id356720379?mt=8](https://itunes.apple.com/au/app/artikpix-full/id356720379?mt=8)
- **Phonological Awareness**
Research based app, created by Beata Klarowska, Speech Pathologist. Focuses on minimal pairs. Separate accounts can be created for use with multiple students.
[https://itunes.apple.com/au/app/phonological- processes/id609362183?mt=8&ign-mpt=uo=2](https://itunes.apple.com/au/app/phonological-processes/id609362183?mt=8&ign-mpt=uo=2)
- **Super Duper StoryMaker FREE**
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- **The Bag Game**
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- **Workshark**
Computer games to assist with reading and spelling, includes games based on blending sounds, and segmenting sounds.
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