The book introduces readers to forming language and communication skills of children with special educational needs.
It emphasizes the language and speech difficulties which children with special educational needs have and their overcoming, and aims to organize educational process of language teaching in the classroom where there are children with special educational needs.
The first part addresses all the categories of children with special educational needs and their language and speech difficulties. The second part provides a glimpse into the forms, methods, tools and technologies of teaching a language in inclusive classroom. It provides evidence for the language lesson planning, illustrating the discussion of modern approaches with multiple examples from the most recent research.

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TEACHING LANGUAGE AND SPEECH SKILLS TO CHILDREN WITH SPECIAL NEEDS

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Introduction. Communicative activities of children with special educational needs and their forming

The Importance of Communication. Communication Approaches. Using Gestures and Signs. Using Objects. Using Pictures. The use of Choice Boards. PECS (Picture Exchange Communication System). The most common language difficulties and communicative problems of children with special educational needs.

What is specific language impairment?

Specific language impairment is a communication disorder that interferes with the development of language skills in children who have no hearing loss or intellectual disabilities. SLI can affect a child's speaking, listening, reading, and writing. SLI is also called developmental language disorder, language delay, or developmental dysphasia.

It is one of the most common developmental disorders, affecting approximately 7 to 8 percent of children in kindergarten.

The impact of SLI usually persists into adulthood.

Examples of primary speech and language disorders:

- Speech sound disorders
- Voice disorders
- Stuttering
- Expressive language disorder
- Receptive language disorder
- Combined receptive and expressive language disorder
- Social communication disorder

Secondary speech and language disorders: can be attributed to another condition

Examples of contributors to secondary speech and language disorders:

- Hard of hearing or deaf
- Intellectual disability

- Autism spectrum disorder
- Cleft palate
- Cerebral palsy

Clinical Definitions of Speech and Language Disorders

Speech: the production (pronunciation) of meaningful sounds from the complex coordinated movements of the oral mechanism

Speech disorders: deficits that may cause speech to sound abnormal or prevent it altogether

Examples of disordered speech:

Mild to moderate – speaking with a lisp, substituting or deleting sounds in words (e.g., saying "twee" for "three," saying "jo" for "joke")

Severe – making multiple pronunciation errors so that speech is largely or even totally unintelligible

Language: the code or system of symbols for representing ideas in various modalities, including understanding (comprehending) and speaking, reading, and writing

Language disorders: conditions that interfere with the ability to understand the code, to produce the code, or both

Examples of disordered language:

Mild to moderate – omitting word endings, using an incorrect pronoun

Severe – very low vocabulary, inability to comprehend, grossly inaccurate word order

What are the symptoms of SLI?

A child with SLI often has a history of being a late talker (reaching spoken language milestones later than peers).

Preschool-aged children with SLI may:

Be late to put words together into sentences.

Struggle to learn new words and make conversation.

Have difficulty following directions, not because they are stubborn, but because they do not fully understand the words spoken to them.

Make frequent grammatical errors when speaking.

Although some late talkers eventually catch up with peers, children with SLI have persistent language difficulties.

Symptoms common in older children and adults with SLI include:

- Limited use of complex sentences.
- Difficulty finding the right words.
- Difficulty understanding figurative language.
- Reading problems.
- Disorganized storytelling and writing.
- Frequent grammatical and spelling errors.

How is SLI diagnosed?

If a doctor, teacher, or parent suspects that a child has SLI, a speech-language pathologist (a professional trained to assess and treat people with speech or language problems) can evaluate the child's language skills. The type of evaluation depends on the child's age and the concerns that led to the evaluation. In general, an evaluation includes:

Direct observation of the child.

Interviews and questionnaires completed by parents and/or teachers.

Assessments of the child's learning ability.

Standardized tests of current language performance.

These tools allow the speech-language pathologist to compare the child's language skills to those of same-age peers, identify specific difficulties, and plan for potential treatment targets.

Is SLI the same thing as a learning disability?

SLI is not the same thing as a learning disability. Instead, SLI is a risk factor for learning disabilities, since problems with basic language skills affect classroom performance. This means that children with SLI are more likely to be diagnosed with a learning disability than children who do not have SLI.

They may struggle with translating letters into sounds for reading.

Their writing skills may be weakened by grammatical errors, limited vocabulary, and problems with comprehension and organizing thoughts into coherent sentences.

Difficulties with language comprehension can make mathematical word problems challenging.

Some children with SLI may show signs of dyslexia.

By the time they reach adulthood, people with SLI are six times more likely to be diagnosed with reading and spelling disabilities and four times more likely to be diagnosed with math disabilities than those who do not have SLI.

Definitions

There are many kinds of speech and language disorders that can affect children.

Articulation – speech impairments where the child produces sounds incorrectly (e.g., lisp, difficulty articulating certain sounds, such as "l" or "r")

When a child has an articulation disorder, he or she has difficulty making certain sounds. These sounds may be left off, added, changed, or distorted, which makes it hard for people to understand the child.

Leaving out or changing certain sounds is common when young children are learning to talk, of course. A good example of this is saying "wabbit" for "rabbit." The incorrect articulation isn't necessarily a cause for concern unless it continues past the age where children are expected to produce such sounds correctly.

Fluency – speech impairments where a child's flow of speech is disrupted by sounds, syllables, and words that are repeated, prolonged, or avoided and where there may be silent blocks or inappropriate inhalation, exhalation, or phonation patterns.

A fluency disorder means that something is disrupting the rhythmic and forward flow of speech – usually, a stutter.

As a result, the child's speech contains an "abnormal number of repetitions, hesitations, prolongations, or disturbances. Tension may also be seen in the face, neck, shoulders, or fists."

Voice – speech impairments where the child's voice has an abnormal quality to its pitch, resonance, or loudness

A voice disorder involves problems with the pitch, loudness, resonance, or quality of the voice. The voice may be hoarse, raspy, or harsh. For some, it may sound quite nasal; others might seem as if they are "stuffed up."

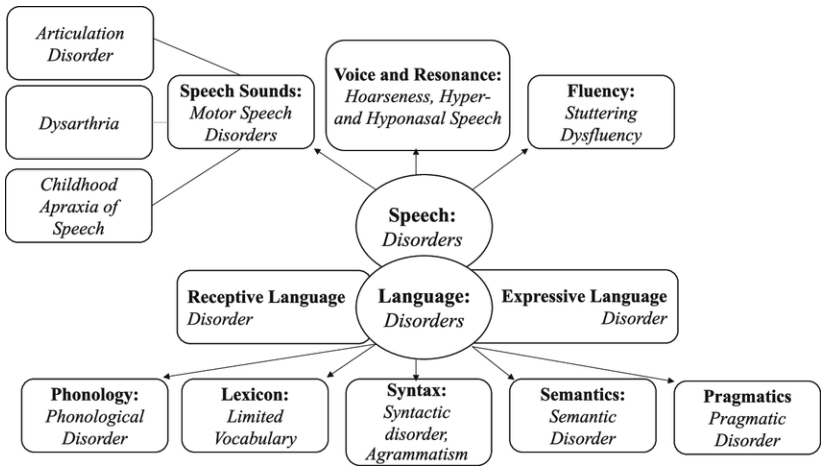
People with voice problems often notice changes in pitch, loss of voice, loss of endurance, and sometimes a sharp or dull pain associated with voice use.

Language

Language impairments where the child has problems expressing needs, ideas, or information, and / or in understanding what others say

Speech disorder is defined as disruption in the production of the phonetic aspects of words, phrases, and sentences so that communication is partially or, in severe cases, completely unintelligible to listeners. Stuttering is a form of speech disorder that involves disruptions in the rate and/or fluency of speaking due to hesitations and repetitions of speech sounds, words, and/or phrases.

Language disorder is defined as impairment of expression and comprehension because of a disruption in the acquisition of vocabulary (words), word endings, and sentence structure. In severe cases of language disorder, a child experiences extreme difficulty using correct words and proper grammar and may also have difficulty comprehending what others are saying.



Stammering

Stammering can also be called stuttering or dysfluency. It is not uncommon for young children to stammer while learning language and many will outgrow it without any intervention. The stammering may take the form of repetitions of parts of words, prolongations or stopping altogether before certain sounds. A speech and language therapist can help lessen the impact of stammering on a child's intelligibility and confidence.

Social Communication

• This is an area of communication which deals with the unspoken rules of conversation and interaction. Social communication means knowing how to use the skills of speech and language effectively with others.

• It can involve body language, reciprocity, recognizing verbal and non-verbal cues and humor.

• It is the area of language that typically an autistic person will find most difficult.

Attention and listening

• Talking is all very good but only effective if a child can listen too. Listening is a vital tool in learning.

• Attention and listening develop in young children in a recognized pattern, from single-channeled fixation to flexible and voluntary listening skills (integrated attention).

• When a child has difficulty sustaining and maintaining focus, their learning will suffer.

• A speech and language therapist can work on attention skills and listening tasks.

Useful strategies

Try to:

- Present good model of speech and language for your child to copy.
- Simplify instructions and be prepared to repeat them.
- Support speech with visual prompts, signs or gestures.

- Use pictures/symbols to aid understanding in the form of visual timetables or signing.
- Encourage good listening.
- Encourage regular, constant reinforcement of skills introduced at speech and language sessions.
- Make use of books, role play, drama, singing, social stories to support understanding of language.

Detecting problems with language or speech

- If a child has a problem with language or speech development, talk to a healthcare provider about an evaluation.
- An important first step is to find out if the child may have a hearing loss.
- Hearing loss may be difficult to notice particularly if a child has hearing loss only in one ear or has partial hearing loss, which means they can hear some sounds but not others.

Speech-language pathology services include

- Identification of children with speech or language impairments;
- Diagnosis and appraisal of specific speech or language impairments;
- Referral for medical or other professional attention necessary for the habilitation of speech or language impairments;
- Provision of speech and language services for the habilitation or prevention of communicative impairments; and
- Counseling and guidance of parents, children, and teachers regarding speech and language impairments.

In addition to diagnosing the nature of a child's speech-language difficulties, speech-language pathologists also provide:

- individual therapy for the child
- consult with the child's teacher about the most effective ways to facilitate the child's communication in the class setting
- work closely with the family to develop goals and techniques for effective therapy in class and at home

What treatments are available for SLI?

• Treatment services for SLI are typically provided or overseen by a licensed speech-language pathologist.

• Treatment may be provided in homes, schools, university programs for speech-language pathology, private clinics, or outpatient hospital settings.

Identifying and treating children with SLI early in life is ideal, but people can respond well to treatment regardless of when it begins. Treatment depends on the age and needs of the person. Starting treatment early can help young children to:

- Acquire missing elements of grammar.
- Expand their understanding and use of words.
- Develop social communication skills.

For school-age children, treatment may focus on understanding instruction in the classroom, including helping with issues such as:

- Following directions.
- Understanding the meaning of the words that teachers use.
- Organizing information.
- Improving speaking, reading, and writing skills.

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Chapter 1. Peculiarities of mastering language and speech skills by different categories of children with special educational needs

1.1. Teaching Languages to Blind and Visually Impaired Students

Challenges of teaching language to the visually impaired. Classroom tasks to avoid or adapt for VI learners. Useful communication skills to teach VI Learners. Tools and aids for VI learners. Teaching the meaning of words to children with visual impairments. Tips for teaching language to VI learners. Basic skills for communication with children with visual impairments.

Many children with a visual impairment develop normal speech and language skills.

A child with visual impairment can also use their other senses to support them to learn to communicate.

The verbal information you give to support what the child hears, touches, smells and tastes is essential to their learning.

How does vision impairment affect language development?

- Many children with a visual impairment **develop normal speech and language skills**.
- A child with visual impairment can also use their other senses to support them to learn to communicate.
- The verbal information you give to support what your child hears, touches, smells and tastes is essential to their learning.

What are the challenges faced by a visually impaired person?

The biggest challenge for a blind person, especially the one with the complete loss of vision, is to navigate around places.

Obviously, blind people roam easily around their house without any help because they know the position of everything in the house.

How does being visually impaired affect communication?

Visual impairments can also affect our ability to communicate effectively with others. **We observe our partners to see if they "get" what we are saying when we talk to them**.

Consider the visual clues that we look for during a conversation: Facial cues, which indicate mood or emotion.

What are the barriers of visual communication?

- **Environment distractions in the form of completing stimulus** also act as barriers to visual communication.
- No two human beings are alike.
- There are differences due to age, education background, experience, communication capacities and capabilities, intelligence etc.
- A child with a visual impairment can often hear a sound, but will need help from those around them to learn the source of the sound, or what has caused it.
- For example, a child might hear somebody ringing a bell, but not be able to see the person shaking the bell or where they are.

How can we help the child learn to communicate?

Children with visual impairment may be more tuned in to information coming from sound, touch, taste and smell.

Your voice and commentary about the world around them is a way that your child can increase their understanding.

As the child may not be able to see your facial expressions, it is important to use different tones of voice to convey emotion.

Remember to still keep your voice calm and gentle, as their hearing may be more sensitive.

When you communicate with the child, getting down to their level will help them develop an awareness of where you are and allow them to communicate directly to you.

Children with a visual impairment learn about the world around them by using their hands and touch.

Engaging with your child and letting them touch your face, as you name the parts of your face, helps your child develop an understanding of body parts, which are often some of children's first words.

Giving the child a chance to feel you speak, by placing their hand on the side of your face near your nose and lips, will help them to experience what happens when somebody speaks.

They will feel the vibrations through your cheek. This also gives your child an opportunity to feel the different lip shapes when making sounds such as 'm' and 'b'.

When speaking to a visually-impaired person, be specific.

Say "The chair is on your right", NOT "The chair is right here."

Identify yourself before speaking ("Hi John, it's Karen");

don't assume your voice is recognized or it could lead to confusion.

Similarly, in a group setting you should introduce every person so that the visually-impaired person is aware of how many people are in the room.

Visually-impaired persons cannot see expressions or gestures, so sighted persons must always use verbal cues to show interest and attention.

Try to keep the conversation going by asking questions and using fillers (such as “Uh huh”, “OK”, or “I see”).

Always spare a visually-impaired person the discomfort and awkwardness of an extended silence by giving her your full attention and saying what you are doing (for example, going to the kitchen to get something to drink).

By chatting to your child throughout the day, you are giving them an example of speech sounds.

Spending time talking to yourself while you go about your daily activities can give your baby more experience of hearing you make speech sounds correctly.

As you do activities around the house you can narrate what you are doing (e.g. ‘It’s time for a bath. I’m going to turn the water on. Splash! Wow, that is cold! Now to add some bubbles!’).

You can have fun and use made up sounds. The baby will like hearing you speak and connecting the words you say with the sounds they hear (the sound of water running and the word ‘water’).

Some ideas:

• Make your voice go up and down in pitch and volume.

• Make funny sounds (blow raspberries, smack your lips).

• Allow your child to feel you making these sounds as you make them, by placing their hand on your face.

Babble with a baby

When you hear baby make a sound, you can repeat the sound back to them. This lets your baby hear the sounds they are making and tune into their own speech sounds.

Let a baby feel your mouth moving with their hands, or on their skin. For example, blow a raspberry and let your baby touch your lips to feel the vibration.

Turn-taking

One of the first steps in learning about communication is beginning to take turns in conversation.

You can do this with your child by letting them make some sounds, then saying something, then pausing to allow your child to take their turn again.

Learning to listen

You can teach a child to tune in to the speech sounds and noises they hear. You will need to explain the sounds and noises that your child hears, as they will not have seen what made the noise.

You can do this by going on a listening walk and naming the sounds that you hear (e.g. birds in the tree, dog parking, bus beeping).

When you are at home, you can direct their attention to sounds like the telephone or the vacuum cleaner.

You can ask, 'What's that noise?' then let them touch the item that made the noise.

You can do the same if there is a smell in the environment, for example 'Can you smell this flower?'

Change the sound of your voice

When you make sounds, change the pitch and tune in your voice so that your baby can listen and copy. You can make this fun by doing this in play.

For example, when you swing or bounce your baby up and down, vary the tune in your voice to match the word, so your voice goes up when you say 'up' and down with 'down'.

Starting talking

Encourage a baby to make sounds. Babies at an early age usually won't be able to copy sounds perfectly.

It is more important for you to provide a clear example of the sound and this will encourage a baby to join in.

Teach new sounds

Encourage early speech sounds, particularly gentle lip sounds such as "muh, buh, puh". Use words like "peep-o", "pop!" and "mummy", or imitate animal sounds, for example, "moo", "baa" and "miaow".

You can also make up nonsense strings of sounds, for example ‘mumumum’ or ‘boobooboo’. If you make the sounds, your baby will want to join in. Pop bubbles while saying ‘pop, pop, pop’ and play hiding games, saying ‘peep-o’.

Activity ideas

Naming movements and actions

When a child is doing a movement, gently place your hand on theirs and talk through what they are doing.

For example, when a child is having a drink, guide your child’s actions and tell them they are having a drink

Vibrations

Children with a visual impairment tune into resonance and vibration, such as the vibration from a drum or a beach ball.

Taking turns to use the drum or beach ball (with your hand guiding your child’s hand) will help your child learn about taking turns, which is an important skill to learn when having conversations.

Mealtime

At mealtimes, talk with your child about the food they are eating, the texture, smell and taste (‘this is hot, it feels soft and lumpy’).

This way you are helping your child learn new words and also to understand what they are eating when they are unable to see it.

Let your child start the conversation

Giving a child a chance to start a conversation is a positive way for them to learn to be active in their discovery. Give a child options (e.g. a choice between two toys), so they can think and choose.

If a child starts an interaction (e.g. reaches for a toy) encourage them and talk to them about what they are doing.

Looking for talking

Encourage your child to turn their head towards you when they are communicating. This will help your child to develop social interaction skills. Over time, this will become a habit and will help them to interact with others.

Encourage awareness of facial expressions

Encourage a child to be aware of facial expressions and that these have meaning attached to them. You can do this by letting a child touch your face when you smile or frown.

Encourage a child to smile. If you smile when talking a child will hear the smile in your voice. By telling a child that it is nice to smile, you are encouraging their development of social skills and giving them a way of communicating their feelings using facial expression.

Sharing books

Sharing books together is a useful way of giving a child a chance to hear language. Choosing books with textures relating to the story can help your child link the book to the words that you are saying.

Organizations such as 'Booktouch' provide books for blind and partially-sighted children. For more information, visit ***www.bookstart.org.uk.***

There are some simple things you can do when talking to someone who has visual impairments

Identify yourself when going to visit. "Hi Grandma. It's me, Mary."

Describe what you mean with words in addition to hand gestures. "The fish was two feet long."

Sit in a well-lit area, but avoid sitting directly in front of bright windows or standing in doorways. This "backlighting" causes a silhouette effect and people cannot see your face clearly.

Eliminate distracting background noise. When someone has poor vision, he may rely more on his sense of hearing to make up for the loss.

Use bright table or floor lamps whenever possible and ensure cords are out of the way to avoid falls. Overhead fluorescent lighting causes glare on linoleum and hardwood floors.

Install nightlights in hallways, the bedroom and bathrooms.

Offer your arm for support when you are out together and tell him or her about upcoming curbs or stairs.

How to Teach Blind or Visually Impaired Child to Talk

Children who are blind may have more problems with speech and language than sighted children. They do not have the same visual stimuli as sighted children, but they use their other senses fully to help them understand the world around them.

Help them build skills from infancy onward by spending extra time with them using repeated touch and exploration.

Teach words through reading books, talking about feelings, and speaking throughout the day to your child.

If you're concerned about child's speech abilities, get a speech evaluation from a speech therapist. If you'd like to increase child's communication, use sign language to help bridge their communication with spoken words.

Learning Vocabulary

Teach labeling through touch

Young children learn to speak through identifying objects. Start with objects that are easy to identify and your child enjoys, like a ball. Allow your child to touch it and feel it.

Say the word as they feel it. Have them touch it and feel it as long as they are interested in the object.

For example, say, "Do you want your ball? That's a ball. You're touching a ball".

Read together

Reading can help your child learn new words and concepts. Listening to stories over and over again can help build vocabulary skills and can help your child learn to anticipate new words. It can also help them understand the structure of stories, which will help them with reading and writing in the future. Use tactile

books that provide interesting textures and activities for your child to explore. This might include things to pull, put together, or move.

Find books and stories that interest your child and keep their attention. Don't be afraid to re-read books again and again, as this can help them develop better language skills.

Give your child words for feelings

Start to introduce feelings words when your child is frustrated, mad, happy, sad, etc. if your child is frustrated, label their feeling and let them know that you see that they're upset. Let them know what they can do when they have these feelings, too. Say, "You feel angry. Yes, I can tell because you are yelling and shaking your fists."

Teach your child words to get your attention when they need help. For example, they can say, "Help" or "Sad."

Talk about color

It can be difficult to teach a blind child about color. You don't have to make color a taboo subject, yet don't over-emphasize it either. It's important to teach your child colors of objects, especially their own things. If your child loses their backpack, for example, the first question someone might ask is, "What color is it?"

Teach color to your child by making comparisons to high and low tones in music. For example, say, "There are lots of colors, just like there are lots of notes on a piano. Some colors are soft while others are loud. Just like you can play the same note in a different octave, different colors can have different shades."

Helping Improve Their Speech

Use language in all experiences

Speak to your child as much as possible. Talk to your child throughout the day and tell them what is going on and what they are going to do next. Narrate simple activities like changing a diaper or eating a meal.

For example, say, "Now we are changing your diaper. Up you go on the changing pad. Ok, let's take off your pants and get rid of your stinky diaper. Off it

goes! Now we are wiping your bum so it's nice and clean. On with the new diaper and we're just about done! Here are your pants and you're all set."

Address echolalia

Some blind children may repeat things that were just said or say things you've heard previously in relation to a familiar topic.

Echolalia is a common phase for babies, and especially for blind babies. To help build their skills, use concrete experiences to help solidify words and meaning for your child. While echolalia does pass, you can help your child respond better.

For example, if you ask a question and your child repeats it, model how to respond. If you ask, "Would you like to read a book?" and your child repeats it, follow up by saying, "Yes, I would like a book, please."

Help with pronouns

It can be hard for a blind child to understand the words you, me, he, she, etc. If the child is struggling, make some changes to your own speech.

For example, instead of saying, "I'm going to make breakfast" say, "Daddy is going to make breakfast." This simplified speech can help your child recognize who is talking and who is involved.

Use child's name instead of saying 'you.' Say, "Did Ariel put on her jacket?" or, "Can Rafael come to the dinner table, please?" This helps them visualize objects and people better rather than trying to relate to vague commands or concepts.

Curb excessive questioning

Blind children often ask excessive questions as a way to stay engaged or make sure someone is still nearby. However, excessive questioning is often socially inappropriate.

If your child asks excessive questions, gently know that it's not appropriate.

If your child wants assurance that you are there, have them express their feelings instead of asking questions.

For example, they can say, "I want to make sure you haven't left," or, "Please don't leave without saying goodbye."

Accept your child's learning

Some toddlers gain language in spurts while others show slow and steady gains. Some children learn words one by one while others put phrases together more quickly.

Whatever your child's abilities, recognize that differences are normal and okay. Some blind children may experience some speech delays.

Keep watch for things that make your child very different from their peers.

Address speech delays

If you're wondering if your child is delayed in speech, get an evaluation. Your child may qualify for speech therapy services.

If your child isn't speaking or is speaking minimally by age three, you may want to see a speech expert. Some problems to look out for include confusing gender, mispronouncing vowels, and only speaking in one-word answers.

Talk to your child's pediatrician if you have concerns. If your child is in school, talk with their teacher or school psychologist.

Using Sign Language

Recognize the benefits of sign language

Many sighted children learn and express multiple signs before speaking. If your child is struggling to communicate, signing can help them communicate what they want. It can help facilitate language skills and connect sign to spoken word.

For blind children, sign can help with body awareness. It can also help teach your child that gestures and body language are a part of communication.

Simplify signs

You don't need to teach a child proper sign language. A baby has tiny hands and is still learning fine motor coordination. If the sign is difficult, find a way to simplify it.

If a child modifies a sign, let them do it their way. If your child is trying to sign something, pay close attention as they may not sign it exactly.

Praise when they start to sign on their own, even if it's an approximation.

Use repetition.

Your child will likely not start using or understanding the signs at first. Make sure you repeat the spoken word and the sign each time your child comes in contact with an object and use *lots* of repetition.

Each time your baby comes in contact with the item, say and sign the word for them. When signing an item for your child, make the sign for them and repeat it.

Repetition will help reinforce the connection between a sign and an object.

Start with items your child loves

When choosing what signs to teach your child, think about what is important and meaningful to them. You want your child to sign what their wants or needs are.

Don't focus on teaching manners (like "please" and "thank you") at first, just focus on helping your child express their needs and feelings. For example, if you child loves crackers, teach them the sign for cracker. If a child loves their toy ball, teach the sign for ball.

You can also teach simple signs like "more" or "all done."

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1.2. Teaching Language to Hearing Impaired Learners

Challenges of teaching language to the hearing impaired. Useful communication skills to teach the hearing impaired. Assistive devices for the hearing impaired. Setting up an appropriate learning environment. Additional tips for teaching hearing impaired learners. Language activities for children with hearing loss of any age at any language level.

People with hearing loss and their families often need special skills to be able to learn language and communicate. These skills can be used together with hearing aids, cochlear implants, and other devices that help people hear.

There are several approaches that can help, each emphasizing different language learning skills.

Category the degrees of hearing loss

Normal hearing

- Up to 20 dB
- Loudness example: Rustling leaves, the clock ticking
- Very few hearing related problems

Minimal / mild hearing loss

- 20-45 dB
- Loudness example: Quit / whispered speech, clicking fingers
- May have difficulty hearing quiet voices. Depending on where children fall in this range, he/she may benefit from amplification or may require extra support in school

Moderate

- 45-60 dB
- Loudness example: Quite/normal conversational speech
- Should understand conversational speech when facing the speaker and up close. Will need to use hearing instruments. May require extra support in school.

Moderately-severe hearing loss

- 60-70 dB
- Loudness example: Normal / loud speech, the doorbell
- Conversation must be loud. With correctly programmed hearing instruments, will hear normal conversational voices

Severe hearing loss

- 75-90 dB
- Loudness example: Telephone ringing, thunder, baby crying
- May hear loud voices up close. Will need to use hearing instruments in order to hear conversational speech

Profound hearing loss

- 90 dB or more
- Loudness example: Truck, chainsaw
- Will need to wear appropriate amplification technology in order to hear conversational speech.

American Sign Language

American Sign Language (ASL) is a language itself.

ASL is a complete language. People communicate using hand shapes, direction and motion of the hands, body language, and facial expressions. ASL has its own grammar, word order, and sentence structure. People can share feelings, jokes, and complete ideas using ASL.

Like any other language, ASL must be learned. People can take ASL classes and start teaching their baby even while they are still learning it. A baby can learn ASL as a first language. Also, experts in ASL can work with families to help them learn ASL.

Children can use many other skills with ASL. Finger spelling is one skill that is almost always used with ASL. Finger spelling is used to spell out words that don't have a sign – such as names of people and places.

Manually Coded English (MCE)

Manually Coded English (MCE) is made up of signs that are a visual code for spoken English. MCE is a code for a language – the English language. Many of the signs (hand shapes and hand motions) in MCE are borrowed from American Sign Language (ASL). But unlike ASL, the grammar, word order, and sentence structure of MCE are similar to the English language.

Children and adults can use many other communication tools along with MCE. One that is commonly used is finger spelling, which is used to spell out words that don't have a sign in MCE – such as names of people and places.

Conceptually Accurate Signed English (CASE)

Conceptually Accurate Signed English (CASE) (sometimes called Pidgin Signed English (PSE)) has developed between people who use American Sign Language (ASL), and people who use Manually Coded English (MCE), using signs based on ASL and MCE. This helps them understand each other better. CASE is flexible, and can be changed depending on the people using it.

Other communication tools can be used with CASE. Often, finger spelling is used in combination with CASE. Finger spelling is used to spell out words that don't have a sign, such as names of people and places.

Cued Speech

Cued Speech helps people who are deaf or hard-of-hearing better understand spoken languages.

When watching a person's mouth, many speech sounds look the same on the face even though the sounds heard are not the same. For instance, the words "mat," "bat," and "pat," look the same on the face even though they sound very different. When "cueing" English, the person communicating uses eight hand shapes and four places near the mouth to help the person looking tell the difference between speech sounds. Cued Speech allows the person to make out sounds and words

when they are using other building blocks, such as speech reading (lip reading) or auditory training (listening).

Finger Spelling

With Finger Spelling the person uses hands and fingers to spell out words. Hand shapes represent the letters in the alphabet. Finger Spelling is used with many other communication methods; it is almost never used by itself.

It is most often used with American Sign Language (ASL), Conceptually Accurate Signed English (CASE), and Manually Coded English (MCE) to spell out words that don't have a sign, such as the names of places or people.

Natural Gestures

"Natural Gestures" – or body language – are actions that people normally do to help others understand a message. For example, if a parent wants to ask a toddler if he or she wants to be picked up, the parent might stretch out her arms and ask, "Up?" For an older child, the parent might motion with her arms as she calls the child to come inside. Or, the parent might put a first finger over her mouth and nose to show that the child needs to be quiet.

Babies will begin to use this building block naturally if they can see what others are doing. This building block is not taught, it just comes naturally. It is always used with other building blocks.

Listening / Auditory Training

Most people who are deaf or hard-of-hearing have some hearing. This is called "residual hearing." Some people rely or learn how to maximize their residual hearing (auditory training). This building block is often used in combination with other building blocks (such as hearing aids, cochlear implants, and other assistive devices).

Listening might seem easy to a person with hearing. But for a person with hearing loss, Listening is often hard without proper training. Like all other tools, the skill of Listening must be learned. Often a speech-language pathologist (a professional trained to teach people how to use speech and language) will work with the person with hearing loss and the family.

Spoken Speech

People can use speech to express themselves. Speech is a skill that many people take for granted. Learning to speak is a skill that can help build language.

Speech or learning to speak is often used in combination with hearing aids, cochlear implants, and other assistive devices that help people maximize their residual hearing. A person with some residual hearing may find it easier to learn speech than a person with no residual hearing. Since speech can only be used by a person to express him or herself other building blocks, such as hearing with a hearing aid, must be added in order to help the person understands what is being said so they can communicate with others.

Speaking may seem easy to a person with hearing. But for a person with hearing loss, speaking is often hard without proper training. Like all other communication tools, the skill of speaking must be learned.

Often a speech-language pathologist (a professional trained to teach people how to use speech and language) will work with the person with hearing loss and the family.

Speech Reading

Speech Reading (or lip reading) helps a person with hearing loss understand speech. The person watches the movements of a speaker's mouth and face, and understands what the speaker is saying.

About 40% of the sounds in the English language can be seen on the lips of a speaker in good conditions, such as a well-lit room where the child can see the speaker's face. But some words can't be read.

For example: "bop," "mop," and "pop," look exactly alike when spoken. (You can see this for yourself in a mirror). A good speech reader might be able to see only 4 to 5 words in a 12-word sentence.

Children often use speech reading in combination with other tools, such as auditory training (listening), cued speech, and others. But it can't be successful alone. Babies will naturally begin using this building block if they can see the

speaker's mouth and face. But as a child gets older, he or she will still need some training.

Sometimes, when talking with a person who is deaf or hard-of-hearing, people will exaggerate their mouth movements or talk very loudly. Exaggerated mouth movements and a loud voice can make speech reading very hard. It is important to talk in a normal way and look directly at your child's face and make sure he or she is watching you.

Communication Considerations

Look directly at the student and face him or her when communicating or teaching.

Say the student's name or signal their attention in some way before speaking.

Assign the student a desk near the front of the classroom, or where you plan to deliver most of your lectures.

Speak naturally and clearly. Remember speaking louder won't help.

Do not exaggerate your lip movements, but slowing down a little may help some students.

Use facial expressions, gestures and body language to help convey your message, but don't overdo it.

Some communication may be difficult for the hard of hearing student to understand. Explicitly teach idioms and explain jokes and sarcasm.

Young hearing impaired children often lag in the development of social graces. Consider teaching specific social skills such as joining in to games or conversation, maintaining conversations, and staying on topic.

Male teachers should keep moustaches well groomed.

Assistive devices for the hearing impaired

personal FM system

closed caption decoder

videos with closed captioning

amplifier

mobile devices for texting

overhead projector / whiteboard

alert systems with lights or vibration

real objects

videos with subtitles

table lamps

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1.3. Strategies for Teaching Language to Students with Intellectual Disabilities

Language development in children with mental retardation. Generalized language learning by children with mild and severe mental retardation: effects of peers' expressive modeling. Linguistic and prelinguistic development in moderate and severe mental retardation. Coping with challenges in teaching languages to

children with mild intellectual disabilities. Teaching students with intellectual disability to use language through pragmatics.

Language development in individuals with intellectual disability is not uniform and is related to the etiology, severity, and coexisting common diseases, disorders and environmental factors.

A characteristic symptom (very generally described) seems to be the delayed speech development and the acquisition of language skills.

This approach allows the presentation of speech and language development as one of the elements characteristic for intellectual disability.

Degrees of Severity

Mild Mental Retardation IQ: 50-55 to approximately 70

Moderate Mental Retardation IQ: 35-40 to 50-55

Severe Mental Retardation IQ: 20-25 to 35-40

Profound Mental Retardation IQ: Less than 20-25

Mild Mental Retardation

Previously referred to as "educable"

Largest segment of those with MR (85%)

Typically develop social/communication skills during preschool years, minimal impairment in sensorimotor areas.

By late teens acquire skills up to approximately the 6th grade level

Moderate Mental Retardation

Previously referred to as "trainable"

About 10% of those with MR

Most acquire communication skills during early childhood years

Generally benefit from social/vocational training and with moderate supervision can attend to personal care

Difficulties recognizing social conventions which interferes with peer relations in adolescence

Unlikely to progress beyond the 2nd grade academically

Often adapt well to life in the community in supervised settings (performing unskilled or semiskilled work)

Severe Mental Retardation

3 – 4% of those with MR

Acquire little or no communicative speech in childhood; may learn to talk by school age and be trained in elementary self-care skills

Able to perform simple tasks as adults in closely supervised settings

Most adapt well to life in the community, living in group homes or with families

Profound Mental Retardation

1 – 2% of those with MR

Most have an identifiable neurological condition that accounts for their MR

Considerable impairments in sensorimotor functioning; ability to plan and organize motor functions; sequencing movements to complete a task

Optimal development may occur in a highly structured environment with constant aid

Communication Characteristics

The majority of individuals with ID are able to develop functional communication skills, though they will often exhibit delays in reaching the milestones of communication development and have some specific difficulties within the different components of language.

Literacy Characteristics

With the proper support, most individuals with ID will learn how to read and write and will make progress in their literacy skills throughout elementary and secondary school.

Thus, it is important to understand the characteristics of their literacy development.

Strengths:

Orthographic processing, or the ability to recognize the correct and incorrect use of writing conventions, which includes word spellings

Rapid automatized naming, or the ability to automatically label items on a page such as numbers, letters, objects, and colors

Weaknesses:

Foundations of literacy, particularly phonological awareness and letter knowledge

This has a domino-like effect on other areas of literacy development, such as

vocabulary

word decoding

word recognition

automaticity

reading comprehension

writing skills

Because individuals with ID struggle with phonological awareness, this hampers the ability to decode unknown words. This then impacts their ability to read with automaticity, and if they are unable to read with automaticity, it is difficult for them to have a high level of reading comprehension.

What is communication in intellectual disability?

People with intellectual disabilities have different communication abilities, using a range of different styles as a group, as well as on an individual basis.

They may use speech, augmentative and alternative communication strategies, or visual or behavioural cues to indicate their wants, needs or feelings.

Jacek Błeszyńsk "The Language of People with Mild Intellectual Disability – the research written tasks"

The task of picture description

Analyzing the use of parts of speech in written assignments, it is important to pinpoint that the use of parts of speech within the rules of grammar system varied.

Verbs and nouns were most commonly used. Out of 641 words, 215 were nouns, 116 verbs, 100 prepositions.

The most rarely used parts of speech were participles and numerals.

The next task was an assignment involving writing a story with a dialogue. In this task, verbs and nouns were also most commonly used.

The students used 191 nouns, 149 verbs and 132 pronouns. The most rarely used parts of speech were numerals and participles.

The last task - writing a letter to someone close to students

The most widely used parts of speech were nouns and verbs. Out of 916 words, 241 were nouns and 209 verbs. The students also used prepositions (157) and pronouns(128). The most rarely used were grammatical particles (15) and numerals (12).

In all the analyzed writing tasks most parts of speech were used but the use varied especially in:

• the use of a higher number of pronouns used in the letter than in other statements;

• lack of grammatical particles in the story;

• lack of participles in the picture description.

The most proportional use of parts of speech in the three tasks is observed in the employment of nouns, conjunctions and numerals

The most distorted use of parts of speech in the tasks is observed in the employment of participles, adverbs, pronouns and prepositions. This can result from the form of written assignment, vocabulary range and language competence of the authors.

The length and complexity of written statements

Written assignments created by the subjects vary in length and the complexity of sentence construction.

It is possible to infer that irrespective of the form of writing, there is a steady proportion between the use of simple and complex sentences.

The vast majority of sentences used by the subjects (60%) are complex sentences. It has consequences in the use of punctuation and the logic of the text

The analysis of mistakes appearing in the written statements

Written statements allow for the analysis of mistakes and their characteristics. The mistakes (apart from the spelling ones) are similar to those in the spoken language.

The mistakes in the analyzed written statements were divided in relation to the type of mistake

Mistakes appear in all the statements but they vary in type.

The most common type of mistakes are spelling, punctuation, linguistic errors and the rarest mistakes are connected with style.

The research showed that intellectually disabled children are able to use a wide variety of parts of speech.

During the research, the analysts observed huge discrepancies in the ability to use language including its rules and system.

The discrepancies are a result of individual abilities and social impact.

During the research five children refused to do the task (despite receiving motivational support). This may be a consequence of their limited psychophysical capabilities or the reluctance to do the task.

As in every group, in this group there were individuals who did not undertake any of the tasks.

It is necessary to highlight the preference to use certain parts of speech. The most popular ones are nouns and verbs, which ontogenetically are primary tools allowing for describing the surroundings.

The most difficult and rarest parts of speech are participles and numerals.

This distribution of parts of speech in written assignments limits the range of word combinations and structures which at the same time limits the productivity of a statement.

This results in the length of sentences.

The subjects tended to use complex or compound-complex sentences. Therefore, their statement are characterized by wrong sentence structure and illogicality of the whole text.

The overuse of nouns is caused by the compound-complex sentences, which are often just an enumeration of elements.

Thus, the whole logical structure of an utterance is distorted, incoherent.

Another problem observed in the statements is repetition of vocabulary items. The statements are short – the longest one consisted of 10 sentences.

The average length was of 3-4 sentences.

Mistakes in written statements are a reflection of those made in speech.

Mistakes connected with pronunciation, palatal sounds, devoicing in a series of sounds were observed in written assignments.

The largest number of mistakes appeared in the letter, the smallest in the picture description.

The most common mistakes are spelling mistakes. These are the most difficult problem when it comes to creating a written statement.

There are less punctuation, language and stylistic mistakes.

The most common are spelling and punctuation mistakes – characteristic of written language.

More commonly used verbal communication is constantly corrected; therefore the number of language and stylistic mistakes is smaller.

Concerning the development of language skills in people with intellectual disabilities, it is clear that they have language competence.

The acquisition of this competence is associated with a delay, as well as the difficulties in its application.

Increasing the amount of review, as well as varying forms of exercise allows for the improvement of performance.

The interesting finding is the conclusion that language competence of intellectually disabled individuals, in particular those with mild mental retardation, cannot described as uniform.

It is a mistake to claim that mentally retarded individuals lack this competence or to describe it as dependant on the level of retardation.

There are huge discrepancies between individuals' ability to use the language system within the group of mildly retarded

It would be wrong to conclude about the level of intellectual development or define its further stages.

It is important to widely describe the ability to acquire language competence and use it when planning further education or therapeutic programmes.

Within this approach, it is vital to attempt recreating the assumptions for the diagnosis of developmental disorders with respect to IQ and instead relying on language competence.

In diagnosing dyslexia or SLI, the assumptions do not take into account mental retardation. It seems to be more appropriate to draw conclusions connected with acquiring communicative competence and language competence in particular.

Employing this would help to make diagnosis of developmental disorders more accurate and allow for an in-depth analysis of the concept of intellectual disability

Another problem is the tendency to describe mental retardation as a state in which a child finds itself in as resulting from lack of stimulus, improper interaction with the surrounding care and educational environment.

Consequently, a large discrepancy in development, acquiring communicative competence vital for proper functioning in society, is observed.

How would you communicate with those who have learning mental disabilities?

- Ask questions that can be answered “yes” or “no” if possible.
- Try to allow enough time to communicate with your patient as they may speak more slowly.
- Don't interrupt or finish your patient's sentences. Wait for them to finish.

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1.4. Supporting children with speech disorders in their learning language

Characteristics of speech or language impairments. Expressive language difficulties. Receptive language difficulties. What causes speech and language disorders. Some specific challenges that children with speech and language disorders may have in virtual settings and tips for improving their success. How do speech, language, and hearing disorders affect learning Why are speech and language skills so critical for literacy. Teaching and learning strategies. Modifying the physical environment. Modifying the task. Teaching resilience in children with speech and language disorders. How can speech-language pathology services help children with speech and language disorders.

Recommendations for teachers: Context/Setting, Curriculum and classroom activities, General Strategies, Strategies for Improving Semantics (meaning of

words and word relationships), Strategies for Improving Syntax (rules of forming sentences), Strategies for Improving Articulation, Strategies for Improving Stuttering.

Speech impairments include difficulties with

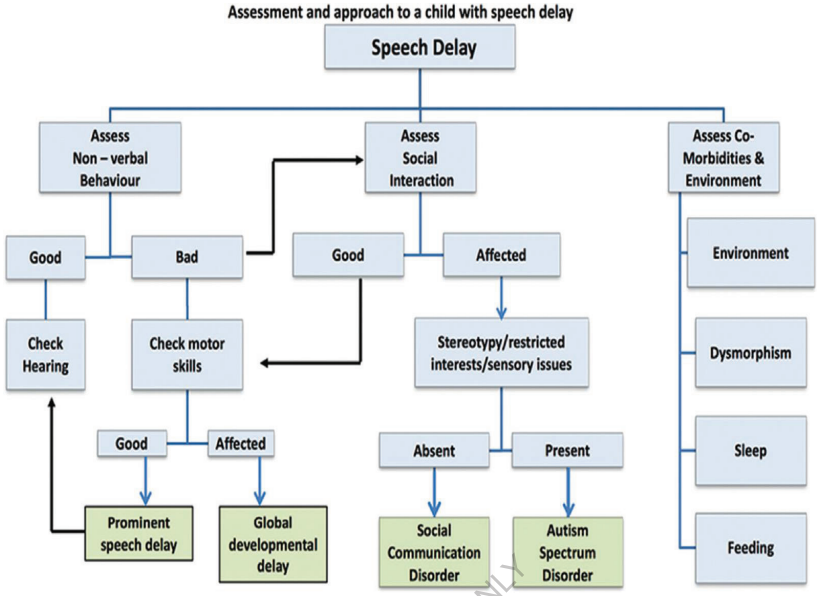
- Articulation
- Voice strength
- The complete inability to produce speech
- Stuttering
- Stammering
- Disfluency
- Hoarseness
- Breathiness, or breaks in volume or pitch

Speech impairments can be caused

- by cleft lip or palate
- by cerebral palsy
- autism
- learning disabilities
- intellectual disabilities
- or have no known cause

Problems with speaking and listening

- seems unable to follow verbal instructions
- reluctant to speak
- talkative, but talk contains little real substance
- tells stories badly
- more grammatical errors than peers
- stereotypes - clichés and overuse of certain words and phrases. May use a lot of slang and swear words - vernacular language
- problems explaining the whys and wherefores of things - can't put the complex grammar together



Students with speech impairments may be difficult to understand and experience problems expressing ideas.

These students may be reluctant to answer questions in class, and in particular, give presentations individually or in a group

Educators must be patient and encourage the student to participate in classroom activities, giving her adequate time to speak.

Teachers should speak to the student as they would any other student. Do not interrupt or try to complete her thoughts.

Ask to repeat message when necessary; do not feign understanding.

Problems with speaking and listening

• seems unable to follow verbal instructions

• reluctant to speak

• talkative, but talk contains little real substance

• tells stories badly

• more grammatical errors than peers

• stereotypes - clichés and overuse of certain words and phrases. May use a lot of slang and swear words - vernacular language

• problems explaining the whys and wherefores of things - can't put the complex grammar together

• only deals well with concrete and here-and-now matters. Abstract language and ideas are very problematic

• taking a long time to respond; problems processing the information

• shows word finding difficulties; uses lots of 'ums' searching for words, lots of fillers e.g. 'you know', 'its the, oh the, that, um', and non-specific words, e.g. 'thing', 'that', 'stuff'.

• doesn't follow jokes, puns, sarcasm, metaphors. Takes ambiguous language seriously

• says the wrong thing at the wrong time in the wrong tone of voice; can't hold a conversation following normal expectations

• doesn't pick up non-verbal cues, such as facial expressions or gestures - doesn't know when people want to end a conversation or doesn't recognize the emotional content of people's talk.

Symptoms of language disorders

Expressive language disorders

Has a limited vocabulary.

Frequently says “um”.

Substitutes general words like “stuff” and “things” for more precise words.

Has trouble learning new vocabulary words.

Leaves out key words and confuses verb tense.

May not talk much or often, but understands what other people say.

Uses a limited variety of sentence structures when speaking.

Red flags for receptive language delay

At 15 months, does not look or point at people or objects when they are named by a parent or caregiver.

At 18 months, does not follow simple directions, such as “get your coat”.

At 24 months, is not able to point to a picture or a part of the body when it is named.

At 30 months, does not respond out loud or by nodding or shaking the head and asking questions.

At 36 months, does not follow two-step directions, and does not understand action words.

Red flags of expressive language delay

At 15 months, is not using three words.

At 18 months, is not saying, "Mama," "Dada," or other names.

At 24 months, is not using at least 25 words.

At 30 months, is not using two-word phrases, including phrases with both a noun and a verb.

At 36 months, does not have at least a 200-word vocabulary, is not asking for items by name, repeats exactly questions asked by others, seems to have lost some language skills, or is not using complete sentences.

At 48 months, often uses words incorrectly or uses a similar or related word instead of the correct word.

What conditions often come with to language disorders?

Reading issues – Dyslexia is common among kids with mixed receptive-expressive language issues.

ADHD – Research has shown a link between language disorders and ADHD. They may also have anxiety disorders, and oppositional defiant disorder (ODD) & conduct disorder.

Educators should create an environment of acceptance and understanding in the classroom, and encourage peers to accept the student with speech impairment.

Practice and maintain easy and effective communication skills by modeling good listening skills and by facilitating participation of all students in classroom discussions and activities.

If a student requires a sign language interpreter or the use of augmentative communication, provide adequate space and time to accommodate these forms of communication.

Some students with severe communication disorders will have deficits with the analytical skills required to read and write.

Individual instruction may be necessary to remediate these deficits, but should be provided discreetly to avoid embarrassment and possible resistance.

Teachers should constantly model the correct production of sound.

Maintain eye contact with the student, then tell to watch the movements of your mouth when providing direct instruction. Ask to copy these movements when the child produces the sounds.

When introducing new vocabulary, help a student with speech impairment practice difficult words.

Dividing words into syllables and pronouncing each syllable will improve speech, reading and writing.

Using many different listening activities will also aid the student in comprehending and determining his / her own production of sounds.

Ask if the child hears the individual sounds in words by having her answer "yes" or "no."

More specific teaching strategies for students with communication disorders include

Allowing more time for a student to complete activities, assignments and tests.

Having a student sit near you to easily meet her learning needs.

Discussing possible areas of difficulty and working with the student to implement accommodations.

Always asking before providing assistance, and using positive reinforcement when the student completes an activity independently.

Using peer assistance when appropriate.

Modifying activities or exercises so assignments can be completed by the student, but providing the same or similar academic objectives.

Creating tests that are appropriate for the student with speech impairment (for example, written instead of oral or vice versa.)

Providing scribes for test taking if a student needs assistance.

Making sure the student understands test instructions completely and providing additional assistance if needed.

What does it feel like to have dyslexia? Read the following passage

Eech berson wth dsylexia expeereunses it bifrently. Homever, thair ar sum comun difikultees wth reeding aud riting. Sumtimes leters ar erversed or tnrned over, or the leters in a mord ar mixt ud or omitid. Swall wrds can be cnofused toher swall wrds, and okayshunly wurds ar felt out comdletely. Peepl wit dyslexia ofn try to spel unfamiliar wirds fonetically and the saym wird cau de spled sevral difrunt awys ou oue bage. Ofn they hav brodlems maching leters to the sonuds thay erpresent witch meens wurd recognishun dose uot decowe antomatic.

- What strategies did you use to decode the reading?
- What impact could this type of reading difficulty have on learning?

Classroom activities and dyslexia

There are some common classroom activities and exercises that can be a cause of anxiety for students with dyslexia because they focus on their difficulties rather than their strengths.

Decide if you think the activities below might be challenging for students with dyslexia, and in what ways.

Reading aloud

Reading aloud does not give students with dyslexia the opportunity to understand texts. When non-native students read aloud, they concentrate on pronunciation, intonation, and sentence structure, and may struggle to understand what they have just read.

To help students with dyslexia, teachers should read the text out slowly first, and then let students re-read it silently.

Dictation

Generally, students with dyslexia have trouble with spelling, so dictation can become extremely frustrating for them, and should therefore be avoided.

Dictation can be useful to test how well students have previously memorized the orthography of some words, but for students with dyslexia this means being tested on the one thing they cannot do best due to their learning difference.

Copying from the board

Copying from the board can be frustrating for students with dyslexia as they are forced to focus all their attention on decoding what the teacher is writing and reproducing it in their notebooks.

The result is sometimes incomprehensible. Instead of using the board, refer to the textbook or use multimedia resources and handouts.

Open speaking activities

Replying orally to questions, improvising dialogues, and giving short monologues can be stressful for students with dyslexia because they demand automatic language responses.

Structured exercises which offer a step-by-step approach and provide examples of the language to use (e.g. words and phrases) will be more helpful to students with dyslexia.

Gapfill

Although gapfill activities are a useful structured activity to use with students with dyslexia, with the minimum of writing required, students still have to think about the spelling of the words, which can be difficult.

Retrieving / remembering the written form of words is not something they can do fast, but you can support them by providing multiple-choice or picture-cloze options.

Leave plenty of space for students to write in their answers.

Mind mapping

Mind maps are helpful tools for learners with dyslexia as they utilize the visual and creative skills that these students often have.

An image with clear relationships between connected items can act as a good visual reminder for them.

Note taking

Taking notes can make students feel overloaded as they have to manage many thinking processes at once.

If taking notes is not a learning objective for your lessons, follow the same suggestions mentioned in copying from the board.

If developing note-taking skills is a learning objective for your class, you'll need to provide extra support; for example, allow students to record the lesson so they can revise their notes and / or take notes after the class with no time pressure.

Recommended references

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1.5. Teaching language to children with autism spectrum disorder

Language development in autistic children. Language differences in children with ASD. The challenges of teaching languages to students with ASD. Benefits of learning foreign languages for neurodivergent students. Strategies for teachers dealing with students on the spectrum. How expanding language through play helps with ASD. Helping verbal children with ASD grow their language skills.

Speech-Related Signs of Autism

In addition to late speech, there are a number of other communication-related issues that could be signs of autism. In general, children with autism are more likely to:

Fail or be slow to respond to their name or other verbal attempts to gain their attention

Fail or be slow to develop gestures, such as pointing and showing things to others

Coo and babble in the first year of life, but then stop doing so

Develop language at a delayed pace

Learn to communicate using pictures or their own sign language

Speak only in single words or repeat certain phrases over and over, seeming unable to combine words into meaningful sentences

Repeat words or phrases that they hear, a condition called echolalia

Use words that seem odd, out of place, or have a special meaning known only to those familiar with the child's way of communicating

Language differences in children with ASD

Autistic children can find it hard to relate to and communicate with other people.

They might be slower to develop language, have no language at all, or have significant problems with understanding or using spoken language.

They might not use gestures to make up for the problems they have with words.

Autistic children tend to communicate mostly to ask for something or to protest. They're less likely to communicate for social reasons, like sharing information.

They also often have difficulty knowing when and how to communicate with people in socially appropriate ways. For example, they might not make eye contact or let another person take a turn in a conversation.

Speech and communication challenges kids on the spectrum face

1. may seem inappropriately louder or quieter than expected.

2. may repeat part of or complete sentences from TV shows, movies and videos.

3. may speak in a monotone voice or an unusually high pitch.

4. may speak on a seemingly off-topic subject.

5. may dominate a conversation when they chance upon a subject/topic of interest.

6. They may repeat the same sentence, phrases or words over and over again. For example, someone may say "that's grand" in response to everything said to them repeatedly.

7. Children with ASD may not understand when they should be a part of a conversation and may leave before the discussion ends.

8. Most individuals with autism have poor understanding of sarcasm, idioms, and expressions, such as "a needle in a haystack".

9. They use language that may be considered inappropriate in a situation. For example, they say something informal in a formal situation or try to be silly in a serious situation.

10. It is common for children to ask rhetorical questions. They may ask questions only to share their own opinions or ideas.

11. Children with ASD may frequently face difficulty in engaging in small-talk that is considered a necessary part of social interactions.

Communication Difficulties in ASD

Language development is delayed in most children on the autistic spectrum. The children are dysphasic as well as autistic. Comprehension and pragmatics are invariably affected. Lower level mixed receptive/expressive disorders involve phonological and syntactical processing, whereas higher level processing disorders involve semantics and formulation of discourse.

In some children, lower level disorders may be so severe as to preclude speech, whereas in others phonology may be deficient in spontaneous production but not in repetition. Abnormal features of autistic language include aberrant prosody, immediate and delayed echolalia (scripts), and perseveration.

Electrophysiological studies indicate that brainstem-evoked potentials are normal. Even in fully verbal individuals with autism, early and late cortical components of auditory, but not visual, event-related potentials are abnormal.

Appropriate intervention must address language and behavioral issues. In children with severely defective auditory language, provision of visual language to supplement speech is essential.

Repetitive or rigid language

Often, children with ASD who can speak will say things that have no meaning or that do not relate to the conversations they are having with others. For example, a child may count from one to five repeatedly amid a conversation that is not related to numbers. Or a child may continuously repeat words he or she has heard – a condition called echolalia.

Immediate echolalia occurs when the child repeats words someone has just said. For example, the child may respond to a question by asking the same question. In delayed echolalia, the child repeats words heard at an earlier time. The child may say “Do you want something to drink?” whenever he or she asks for a drink. Some children with ASD speak in a high-pitched or sing-song voice or use robot-like speech.

Other children may use stock phrases to start a conversation. For example, a child may say, “My name is Tom,” even when he talks with friends or family. Still others may repeat what they hear on television programs or commercials.

Narrow interests and exceptional abilities

Some children may be able to deliver an in-depth monologue about a topic that holds their interest, even though they may not be able to carry on a two-way conversation about the same topic. Others may have musical talents or an advanced ability to count and do math calculations.

Approximately 10 percent of children with ASD show “savant” skills, or extremely high abilities in specific areas, such as memorization, calendar calculation, music, or math.

Uneven language development

Many children with ASD develop some speech and language skills, but not to a normal level of ability, and their progress is usually uneven. For example, they may develop a strong vocabulary in a particular area of interest very quickly. Many children have good memories for information just heard or seen.

Some may be able to read words before age five, but may not comprehend what they have read. They often do not respond to the speech of others and may not respond to their own names.

As a result, these children are sometimes mistakenly thought to have a hearing problem.

Poor nonverbal conversation skills

Children with ASD are often unable to use gestures—such as pointing to an object – to give meaning to their speech.

They often avoid eye contact, which can make them seem rude, uninterested, or inattentive. Without meaningful gestures or other nonverbal skills to enhance their oral language skills, many children with ASD become frustrated in their attempts to make their feelings, thoughts, and needs known.

They may act out their frustrations through vocal outbursts or other inappropriate behaviors.

Nonverbal communication

Autistic children might:

physically manipulate a person or object – for example, a child might take a person's hand and push it towards something they want

point, show and shift gaze – for example, a child might look at or point to something they want and then shift their gaze to another person, letting that person know they want the object

use objects – for example, a child might hand an object to another person to communicate.

Use of language

Autistic children might:

mimic or repeat other people's words or phrases, or words they've heard on TV, YouTube or videos. They repeat these words without meaning or in an unusual tone of voice. This is called echolalia

use made-up words

say the same word over and over

confuse pronouns, referring to themselves as 'you' and the person they're talking to as 'I'.

When autistic children use language in these ways, they might be trying to communicate. But it can be hard for other people to understand what children are trying to say.

For example, children with echolalia might learn to talk by repeating phrases they associate with situations or emotional states, learning the meanings of these phrases by finding out how they work. A child might say 'Do you want a lolly?' when they actually want one themselves. This is because when they've heard that question before, they've got a lolly.

Over time, many autistic children can build on these beginnings and learn to use language in more typical ways.

Making the most of autistic children's attempts to communicate

Use short sentences – for example, 'Shirt on. Hat on'.

Use less mature language – for example, ‘Play dough is yucky in your mouth’.

Exaggerate your tone of voice – for example, ‘Ouch, that water is VERY hot’.

Encourage and prompt your child to fill the gap when it’s your child’s turn in a conversation – for example, ‘Look at that dog. What colour is the dog?’

Ask questions that need a reply from your child – for example, ‘Do you want a sausage?’ If you know your child’s answer is yes, you can teach your child to nod their head in reply by modeling this for your child.

Give your child enough time to understand and respond to questions.

Practice communicating with your child on topics or things they’re interested in.

Supporting language development for autistic children

Creating reasons to use language

If autistic children have reasons to use language, they’re more likely to try using it.

You can create reasons for your autistic child to use language as part of your everyday activities together. For example, you could put your child’s favourite toy out of reach so your child needs to ask for it. Or you could take turns opening picture book flaps and talking about or showing each other what you’ve found. It’s important to pause long enough for your child to say what they’re thinking or feeling.

As your child learns, you can gradually make the activities harder. For example, you could start with your child just saying ‘ball’ when they want you to give them the ball. The next step might be saying ‘push the ball’.

Using play

Play is how children learn, including how they learn language. By playing games with your child, or just by making play part of your everyday activities, you can create opportunities for your child to develop language.

For example, if you're doing a jigsaw with your child, you could hand your child a piece of the puzzle when they ask for it with eye contact.

Modeling language

You can show your child how to respond or ask for something by using modeling. Modeling involves speaking and using facial expressions and gestures in front of your child. It also means giving your child examples of what you want your child to learn, at a level that's right for them.

For example, you could comment on what you're doing, like saying 'open' as you open the car door. You can also comment on what your child is doing, like saying 'stuck' as your child tries to open a zipper on a bag.

If your child is trying to say something, you can model the words that you think your child needs, like 'help' as your child holds up a packet of food that they can't open.

It's best to use phrases that contain 1-2 more words than your child is currently using in their own speech. For example, if your child isn't yet talking, model 1-2 word sentences. If your child is speaking in 2-3 word sentences, repeat what they say but add a couple more words to show your child how to build bigger sentences.

Building your child's skills

To develop language, your child needs regular, meaningful and motivating opportunities to practice particular language skills.

For example, you could work on a skill like greeting people. Your child could start with greeting Mum with eye contact when Mum gets home from work.

The next step could be eye contact and a cuddle, then eye contact, a cuddle and saying 'hi'. Then you could work on transferring the skill to saying 'hi' when Grandma comes to visit.

Rewarding language use

You can reward your child when they listen, understand or express themselves. You could do this by using a natural consequence like giving your

child the next piece of the puzzle when they make a request, or smiling and making a comment to let your child know you're interested when they show you a toy.

It doesn't mean giving your child rewards like sweets or stickers.

Emotional Ability Training Curriculum

QTrobot curriculum for emotions supports children with autism to practice emotions in a simplified and step by step manner and to develop skills that improve their mental health and ability to interact with others in society.

The topics covered by this curriculum are:

1 – Emotion imitation

2 – Emotion recognition

3 – Emotion generation

4 – Naming emotions

5 – Emotion understanding

6 – Emotion regulation

How are the speech and language problems of ASD treated?

If a doctor suspects a child has ASD or another developmental disability, he or she usually will refer the child to a variety of specialists, including a speech-language pathologist. This is a health professional trained to treat individuals with voice, speech, and language disorders.

The speech-language pathologist will perform a comprehensive evaluation of the child's ability to communicate, and will design an appropriate treatment program.

In addition, the speech-language pathologist might make a referral for a hearing test to make sure the child's hearing is normal.

Teaching children with ASD to improve their communication skills is essential for helping them reach their full potential.

There are many different approaches, but the best treatment program begins early, during the preschool years, and is tailored to the child's age and interests. It should address both the child's behavior and communication skills and offer regular reinforcement of positive actions.

Most children with ASD respond well to highly structured, specialized programs. Parents or primary caregivers, as well as other family members, should be involved in the treatment program so that it becomes part of the child's daily life.

For some younger children with ASD, improving speech and language skills is a realistic goal of treatment. Parents and caregivers can increase a child's chance of reaching this goal by paying attention to his or her language development early on.

Just as toddlers learn to crawl before they walk, children first develop pre-language skills before they begin to use words. These skills include using eye contact, gestures, body movements, imitation, and babbling and other vocalizations to help them communicate.

Children who lack these skills may be evaluated and treated by a speech-language pathologist to prevent further developmental delays.

For slightly older children with ASD, communication training teaches basic speech and language skills, such as single words and phrases.

Advanced training emphasizes the way language can serve a purpose, such as learning to hold a conversation with another person, which includes staying on topic and taking turns speaking.

Some children with ASD may never develop oral speech and language skills. For these children, the goal may be learning to communicate using gestures, such as sign language.

For others, the goal may be to communicate by means of a symbol system in which pictures are used to convey thoughts.

Symbol systems can range from picture boards or cards to sophisticated electronic devices that generate speech through the use of buttons to represent common items or actions.

10 Tips to Improve Expressive Language for Children with Autism Spectrum Disorder

1. Get ready to be silly

Kids with autism often need increased stimulation in order to respond.

Ideally we want them to verbally make requests, comment on what they see, and label items and objects independently - however, sometimes we need to start with the basics. This involves increasing your child's verbal imitation skills. The more your child copies or repeats what you do and say, the more likely they'll be able to do it themselves!

Another great activity to increase this verbal imitation is spending time in front of a mirror. While a child with autism may struggle with direct imitation or eye contact, they will more likely follow your lead in the mirror. Try to incorporate mirror time into the daily routines your child is already doing, like taking a bath or getting ready for bed.

In addition to helping with imitation, spending a few minutes every day making silly faces and sounds in the mirror will help engage your child and expand their attention and focus.

2. Go Low Tech

Let's face it, parents are really busy. And sometimes it can be hard to keep a child with autism content and occupied throughout the day.

Parents often remark how easily their toddler can navigate their device to find their favorite videos online. They may also really enjoy pushing buttons and activating the lights and sounds of a favorite toy. But does all this really promote language?

Studies have proven that reducing screen time and electronic toy play increases language acquisition. Often, a child with autism is not functionally using a device, rather they are "stimming" on it. This means they are scrolling and/or tapping in a cause-and-effect manner rather than completing a task.

3. Incorporate Simple Sign Language

In early intervention, and even when working with older children with autism, speech therapists often incorporate basic sign language as a method of communication. Why do we do that when our goal is to help children verbally express themselves? Because it's often easier to make a gesture than it is to plan the verbal production of that same word, especially for a toddler.

Using a gesture in conjunction with the verbal request serves to reinforce the word and, typically as the child begins to verbally request, these gestures fade out.

Start teaching gestures for basic words: more, open, all done, help. These are all easy to imitate. If your child allows, place your hand over theirs and guide them through the motions to reinforce these requests.

4. Increase Opportunities to Request

A child with autism can often appear self-sufficient. They may know where their favorite toys are or can go to the fridge and get their own snack. In short, sometimes they don't even need to use their words or language to get what they want.

This may sound odd, but one trick to encourage your child to use language is to get them a little frustrated. What parent wants a frustrated kid? Well, a little bit of frustration can actually motivate them to use words. While being self-sufficient is fantastic, being able to ask for an apple is even better.

To do this, try putting your child's toys slightly out of reach, or make sure they don't have easy access to the snack drawer. By making these simple tasks more challenging for a child with autism, you're providing them with opportunities to request, even if it simply means they pull you over to the fridge and point.

Another technique to increase language is giving your child choices. Parents are great at anticipating their child's needs - after all, who knows their child better than their family? That's why it can be incredibly helpful to give your child a choice of two.

For instance, let's say your child wants a snack and you know they want some crackers. Give them a choice between crackers and something else that they definitely do not want. Hold both up and say, “Do you want the crackers or the carrots?” This gets them in the habit of pointing to what they want, and you can quickly follow up with verbal confirmation: “You wanted the crackers!”

Eventually, as this skill becomes more established, trying holding out until they provide you with a verbal request. “Did you want the carrots or the crackers? Good pointing, but can you use your words? Carrot or crackers?”

Even if it doesn’t sound perfect, this is great progress! You can respond, “I heard you. You wanted the crackers! That was a great try! Thank you for using your words! Here you go!”

5. Language Expansions

If your child has begun using single words and gestures, how do we get to them to the next step in their language development?

We want to begin combining established words into simple phrases. For example, the words “more” and “drink” become “more drink.” Combining two established words and/or gestures, confirming the attempt, and providing praise will encourage a child to continue to use and develop more complex language skills to express their needs.

6. Putting it all Together

We discussed the importance of providing choices and increasing language opportunities throughout your child’s daily routines. Let’s try putting these two techniques together.

Let’s say you’re giving your child a choice of two activities: “Do you want the ball or bubbles? You want bubbles!”

Before giving your child the bubbles, make sure the lid is on tight. They may experience some temporary frustration trying to get it open, which should encourage them to hand it back to you. “You need me to open?”

Again, you're creating another opportunity for your child to request either verbally or with a simple gesture.

If your child is expecting you to blow the bubbles, don't do it immediately. Wait expectantly until they request it. "More bubbles?" Even a head nod can lead to a child saying "yes." Create as many opportunities as you can during an activity and throughout the day for your child to practice communicating.

7. Sing a Song

For children with autism, we want to increase opportunities to use their voice. Music is a great way for children to discover their voice and to experiment with sound.

Does your child have a favorite cartoon theme tune? Do they love "Head, Shoulders, Knees and Toes?" Children's songs often include gestures that are simple and repetitive.

If your child has difficulty staying in one place, incorporate some wiggles into the song. If your child is not singing the whole phrase, leave it open ended for them to complete. For example, you could say "Old MacDonald had a farm-" giving them the opportunity to complete the lyric.

Add some extra fun to singing! Grab some pots and pans and bang along to the song. This is an easy way to increase that expressive language and encourage your child to vocalize.

8. Visual cues

For some kids with autism, communicating verbally can be a big challenge. While we can encourage them to express themselves verbally, sometimes we need to think of other strategies to help them communicate their thoughts.

One helpful technique is by setting up a board that displays item they can request, such as foods, toys, and activities. It's also important to model these words as well. For example, you can say, "I want book" and put the picture of the book

on the board and then ask the child what they want. “You wanted to play trains! Good idea!”

9. Use Positive Reinforcement - You Did It!

We all respond to positive reinforcement. By encouraging your child to use their words in whatever form that takes, and praising them for their attempts, you’re creating a safe environment for them to experiment.

Whether it's pointing, using a picture board, or using a word or gesture, it's the attempt that matters. While the goal for your child is to better express themselves, your job is to encourage it!

10. Keep Track of What You're Working On

Putting a list of new words on the fridge helps a parent to keep track of all the new words a child is using. Not only will you be able to expand on this expressive language, but you’ll be able to determine what new words might be helpful to introduce.

Again, start with the fundamentals and build from there. If your child is telling you “no,” which for many toddlers is probably their favorite word, then work on “yes.” Keeping a list of all these new words not only helps expand vocabulary, but shows how much your child has accomplished.

Parents often worry about how many words their child is using and that is typically what initially leads them to seeking a diagnosis of autism. While it's easy to get stuck on that number, the goal should always be to have a happy, healthy child who is able to express themselves. Using these basic methods creates a safe environment for a child with autism to express themselves and build a strong foundation for a language-rich future.

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1.6. Language development for children with Down syndrome

How Down syndrome affects language learning. Gross motor difficulties. Problems in being understood. Word finding difficulties. Difficulties in following instructions. Limited understanding. Hearing and visual problems. Difficulties with phonics. Weak auditory memory. Short attention span. Specific structure of speech apparatus of a child with Down syndrome.

What skills are needed before learning to talk. Learning to communicate. Learning vocabulary. Learning sentences and grammar. Learning to speak clearly. Teaching language through reading. Teaching children with Down syndrome to use longer sentences. Teaching children with Down syndrome to read and write. Total Communication Approach. Early communication development. Activities to promote speech and language development at school and at home.

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1.7. Children with musculoskeletal disorders

Musculoskeletal disorders among children and young people: prevalence, risk factors, preventive measures. Playing-related musculoskeletal problems in children learning a language. Musculoskeletal problems in school children during the COVID-19 Pandemic. Modern practices of teaching children with musculoskeletal disorders and intelligence in the modernization of education. Developing articulation, fine motor skills. Teaching phonics, vocabulary and grammar skills. Teaching reading and writing.

Cerebral palsy (CP) is the result of a brain injury or a brain malformation that occurs while a child's brain is still developing. It is described by loss or impairment of motor function

It affects body movement, muscle control, and muscle coordination, which among other things, also affects a person's ability to speak clearly.

Cerebral Palsy often affects the language centers of the brain that control speech.

In mild cases of Cerebral Palsy, a child may have difficulty using the correct words, but in more severe cases, a child's ability to verbally express himself or herself might be seriously impeded.

The National Institute of Neurological Disorders and Stroke state that more than one-third of patients with cerebral palsy have difficulties with speech and language; in addition, about 20 percent of children cannot produce intelligible speech.

Students with this neurological disorder may have trouble when they form words or may have difficulty speaking clearly.

Due to trouble with fine motor control of the lips, patients may speak with a lisp or have flatness in their tone of voice. In addition to issues verbalizing themselves, patients may also have trouble with facial expressions and hand gestures.

One speech disorder that children with cerebral palsy may have is dysarthria, a motor speech disorder, in which the patient has either difficulty controlling the muscles that control speech or has a weakness of these muscles.

With dysarthria, patients may have slurred speech, monotone speech or an abnormal rhythm of speech.

A slow rate of speech, trouble speaking louder than a whisper, strained voice quality or an uneven volume of speech are also symptoms of dysarthria.

Children with Cerebral Palsy can struggle with:

- Communicating verbally with others due to associated hearing difficulties. They may need support to use a visual form of communication such as sign language or a communication board.
- Meeting developmental communication milestones at a typical age, if they have a concurrent learning disability.
- Making their speech understood due to difficulties controlling and coordinating all the muscles needed for clear speech.
- Development of gesture to communicate.
- Modulating their voice and breath production for speaking.

How can cerebral palsy affect a child's language development?

Children with cerebral palsy may experience difficulties with communication in areas such as speech, the development of gesture and facial expression, receptive and expressive language and voice production.

Why is it difficult for a child with cerebral palsy to communicate?

Often, children with Cerebral Palsy have motor skills challenges that make pointing to letters or symbols difficult, even with the aid of a head stick or mouth stick.

What type of CP affects speech?

Spastic - Children with spastic cerebral palsy usually struggle with slow, imprecise oral movements that require a lot of effort. Their speech often sounds slurred and their voice sounds tight or hoarse.

Athetoid - Those who have athetoid cerebral palsy often have a hard time controlling their face and tongue muscles.

How does cerebral palsy affect receptive language?

Cerebral palsy can affect the language centers in the brain that control speech, resulting in difficulty with using the correct words or an inability to express oneself.

Do people with cerebral palsy have trouble speaking?

Some children with cerebral palsy may not be able to produce any sounds, others may be able to produce sounds but have difficulty controlling their movement enough to produce speech that is clear and understood by others.

1 in 4 people with cerebral palsy cannot talk.

Does cerebral palsy cause speech delay?

Most children with cerebral palsy have problems controlling the muscles in their face, tongue, jaw and chest. This limits their ability to produce sounds and speak correctly.

Hearing loss can also cause speech delays and communication problems. About 75% of children with cerebral palsy have speech defects.

How does cerebral palsy affect voice?

Articulation disorders: Students with CP may experience poor oral-motor control and muscle weakness in the face and throat. These conditions affect a child's ability to make sounds and form syllables.

Fluency disorders: Interruptions, such as stuttering, break the flow of speech.

About 50% of children with cerebral palsy have communication disorders, and it's usually caused by dysarthria.

According to the American Speech-Language-Hearing Association, dysarthria is a motor speech disorder that affects the muscles of the mouth, face, and respiratory system to become weak, move slowly, or not move at all.

Children with dysarthria as a result of CP often have shallow, irregular breathing for speech, potentially affecting the rate at which they try to speak. Kids also may have a low-pitched, harsh-sounding voice, with little pitch variation

In the past few years, studies have been done on the effectiveness of treatment for children with cerebral palsy.

One study published in the Developmental Medicine & Child Neurology in 2010 investigated intensive speech and language therapy for older children with CP. They found that intensive therapy that focuses on stabilizing children's respiratory and phonatory effort and speech rate could increase the intelligibility of their single words and connected speech. There was no noticeable change in the 6 weeks before therapy, implying that the treatment, rather than maturation or natural change, increased intelligibility.

The results from intensive therapy were maintained 6 weeks after intervention.

Another study, conducted by the School of Psychology and Speech Pathology at Curtin University in 2012 evaluated the effectiveness of the motor speech treatment Prompts for Restructuring Oral and Muscular Phonetic Targets (PROMPT) in the management of motor-speech impairment in children with CP.

All participants in the study showed a significant improvement in performance level of motor speech movement patterns and continued to do so 12 weeks after treatment.

All participants showed improved perceptual accuracy and speech intelligibility as well.

Speech therapy can help with the following

- Articulation Pronunciation
- Fluency / stuttering
- Sound and word formation
- Listening
- Pitch
- Language and vocabulary development

- Speech volume
- Word comprehension
- Word-object association
- Breath support and control
- Chewing
- Swallowing
- Speech muscle coordination and strength

Different speech issues as they relate to each different type of cerebral palsy include

Spastic

Children with spastic cerebral palsy usually struggle with slow, imprecise oral movements that require a lot of effort.

Their speech often sounds slurred and their voice sounds tight or hoarse.

Athetoid

Those who have athetoid cerebral palsy often have a hard time controlling their face and tongue muscles.

They also have difficulty controlling their breathing and vocal chords and have problems with eating and drooling.

Ataxic

"Scanning" speech, which is speaking in a monotone voice with breathy sounds, is common among children with ataxic cerebral palsy.

Their speech is often marked by pauses and accelerations and they also have difficulty swallowing.

Exercises used in speech therapy

Articulation therapy

Using language cards to help focus on specific sounds; encouraging children to make sounds while looking in the mirror to help them understand how their mouth moves.

Blowing exercises

Blowing bubbles or a whistle to train the mouth muscles to produce certain sounds and strengthen abdominals for breath control.

Breathing exercises

Working on inhalation and exhalation to strengthen the diaphragm.

Jaw exercises

Eating foods that require extra chewing, like celery, apples and carrots, to strengthen jaw muscles; practicing opening and shutting their mouth using only the jaw muscles while someone else holds their chin.

Language and word association

Using flashcards with different words and sounds written on them; putting together puzzle pieces with words that go together, like "sock" and "shoe," "toothbrush" and "toothpaste," and "bat" and "ball."

Lip exercises

Squeezing their lips around a lollipop to increase strength; pursing their lips to improve lip extension

Tongue exercises

Strengthening the tongue by sticking it out and pushing it against a tongue depressor or spoon for seconds at a time

Here are some of the ways that good speech and language therapy can help children with Cerebral Palsy and their families:

Supporting the child to develop their use and understanding of language.

Teaching the team around the child strategies to support language and other learning.

Supporting the child to develop their speech clarity and voice quality when appropriate.

Supporting the child to use an alternative or supportive means of communication when necessary. For example, Sign language or a visual communication book.

Supporting the child to develop their listening and attention skills when appropriate.

Signposting families to appropriate and reliable sources of information and support.

Tips for parents on how to support children with Cerebral Palsy

While you play with your child, provide a commentary using simple language to comment on what they are doing rather than asking them what they are doing.

If it can be difficult for others to understand your child's speech, try making a poster or book with their favourite activities/ items/ foods/ people. Support them to use this to show others what they mean, if and when others don't understand.

If you'd like to learn some basic Signs to use with your child, watching 'Something Special' (Mr Tumble) on CBeebies is a great place to start – watch the programme together and practice your signs!

Copy sounds, words and signs back to your child when they attempt to communicate. Always model the correct pronunciation/ word/ sign even if your child has made a slight error in theirs, but don't make your child copy you.

Be responsive to any attempts your child makes to communicate – remembering that this might look like different behaviours as well as sounds, words and gestures.

Repetition is key! When we learn new words we need to hear them lots of times in context to understand their meaning. Try choosing one key word per day to focus on and repeat it lots of times.

Here are some of the many evidence-based therapy approaches and frameworks we are specially trained to use to help children with Cerebral Palsy develop their communication skills

- BSL, Makaton and Signalong Sign Language
- Intensive Interaction
- Colourful Semantics and Shape Coding
- Elklan
- Word Aware
- Total Communication and AAC systems

- Pragmatic Organization Dynamic Display (PODD)
- Picture Exchange Communication System (PECS)
- Caroline Bowen speech sound disorders and childhood apraxia of speech
- PROMPTS for Restructuring Oral Muscular Phonetic Targets

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Chapter 2. Organization of educational process of teaching language to children with special educational needs

2.1. Language lesson planning and teaching languages in inclusive classroom

Succeeding in the inclusive classroom. Using the planning pyramid. Structuring language lessons for an inclusive classroom. Things to consider when language lesson planning. Things to consider when choosing a book / material. Language lesson plans using universal design for learning. Lesson rules for students. Assessment of language and speech skills in inclusive classroom.

An inclusive classroom – a general education classroom where students with and without learning differences learn together.

Inclusive classrooms are welcoming and support the diverse academic, social, emotional, and communication needs of all students.

Inclusive classrooms are typically defined as classrooms designed so that students with specials needs, disabilities, or impairments can learn among peers (who may or may not have certain needs) in age-appropriate, general education environments.

What are the characteristics of an inclusive classroom?

- "INCLUSION" MEANS... ...all children are welcomed in a shared learning environment
- High Expectations for ALL students
- Multiple access points to grade-level content
- Full Participation in General Education Classrooms.
- Services delivered in classrooms
- Differentiated Instruction and Assessment
- Team Collaboration

The lesson plan should be planned based on some criteria

a) The methodology used in teaching language should be made appropriate for students with SEN

b) the teaching material should be catchy and attractive, but also appropriate

c) the teacher should plan extra working time with the child

d) the curriculum should be adapted for students with SEN (namely, the pressure to cover the entire curriculum should be excluded and the focus should be on developing a few skills)

e) the teacher along with the inclusive education specialist should draw up an individual study plan for students with SEN

f) The language lesson should be very interactive; emphasis must be placed on singing, playing, dancing, drawing.

Movement activities are useful for students with SEN as they hard to stay focus or sit down.

The atmosphere also should be pleasant as students feel uncomfortable working under pressure, in stressful situations or in a boring activity.

Abstract concept, rules, grammar rules should be avoided as they bring about tension.

It is better to avoid correcting mistakes too often because it can demotivate students.

Language is learnt by direct exposure to it, therefore students with SEN should be familiarized with language by listening and reading activities.

Planning lessons and units of work

- Knowledge and skills for designing lesson aims and objectives
- planning lesson stages and sequencing of activities
- Choosing language materials
- Planning the pace of the lesson
- The timing of activities etc.

Classroom management

- knowledge and capacities of in-service teachers for managing the physical environment in the classroom, for using different interaction patterns
- giving instructions
- correcting errors
- grading and assessment of learners, using appropriate classroom language
- establishing classroom routines and rules, etc.

During assessment, stay focused on your class goals

A multilingual student's paper might contain a variety of errors, which can range from minor ones that don't interfere with comprehension, to seemingly complete breakdowns in meaning.

When reading a student's paper with the aim of giving feedback, focus on what you are understanding instead of what seems to be missing. Write (or say)

back to them what it is you think they're saying instead of merely commenting, "I don't understand" or "unclear."

This offers a more constructive spin on the feedback and assessment process, and shows students that you're actively reading their work instead of judging them.

A paper laden with errors might feel troubling, but this is a moment to remember to return to your class's goals.

Is the student responding to the assignment?

Is the student critically analyzing the content?

Offer feedback on those larger issues as well as on their errors, as multilingual students are engaging with the content of your class just as much as they're engaging with the language.

When children make grammatical or semantic errors, a first strategy (to promote independence) is the use of other-initiated self-repairs in the form of a prompt.

Corrections can also be helpful but they need to be pitched in the learner's zone of next linguistic development and marked in such a way that the child notices the contrast between their error and the correction.

Heuristic scaffolding is particularly important because it develops students' awareness of their own approaches to solving a problem. Heuristic strategies include models, questions and prompts and they have relative strength to assist the learner.

Finally, for children with word finding difficulties, scaffolding strategies include prompting to offer the least assistance, hints to supply a mid level of support and finally, models of the word or phrase to give the child the answer when they are struggling and in need of most help.

When planning the flow of class discussion, you may want to start class by asking students to refer to some writing or reading that they did in preparation for the class, or to offer a question and have students write silently for a few minutes.

This way, you can ensure that all students start discussion with something concrete to refer to.

You can even ask students to just read what they've written out loud and ask students to respond.

When class discussions get intense, voices can speed up and multilingual students can feel like there's too much going on.

A discussion, after all, has multiple tasks: consulting a text, composing your own responses, taking in your classmates' and teacher's contributions, listening for a moment to jump in.

Don't be afraid to take a beat, even in the middle of discussion.

If you're offering a key question to the class, or if a student says something relevant to everyone in the discussion, offer the idea in multiple forms (e.g. say it out loud and write it on the board).

Create opportunities to improve

Projects, especially term papers, can feel incredibly fraught for multilingual students. When designing a semester project, consider breaking it up into phases where students can brainstorm, draft, solicit feedback, revise, and edit.

This is especially true for writing assignments where, especially as a new instructor, you might feel pushed to respond to both global and sentence-level issues in student writing.

If you notice that a student needs a lot of language support, this method allows you multiple moments to intervene in the students' process throughout the semester.

Development of learners' learning to learn skills

It is directly linked to the key competences for lifelong learning

learning to learn strategies and provides them with hands-on experiences on approaching them in class

Using ICT in the language lesson – knowledge on how multimedia and ICT technologies can help teachers supplement their regular face-to-face teaching

with on-line resources or develop their own teaching materials using computer programmes.

Methodological approaches common to all special needs education categories

a) cooperative learning – learners work in pairs or in small groups and help each other which leads to the development of interpersonal skills for communication and allows learners with different levels and abilities to benefit from learning together;

b) collaborative problem solving – teachers and learners negotiate classroom rules and values, topics of lessons and tasks;

c) mixed ability grouping of learners – this increases the level of cooperation among learners and demands from teachers a differentiated approach to language teaching;

d) individual planning – when teaching mixed-ability classes teachers need to plan their lessons in such a way that allows a different rate of progress and that is oriented towards all learners' needs (including the needs for additional support).

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2.2. Modern forms, methods, tools and techniques of presenting language and speech material to children with special educational needs in inclusive classroom

Braille ABC. Sign language. Alternative and support communication. Bibliotherapy and fairy-tale therapy. Global reading. Authors' reading techniques and methods (R.Avgustova, A.Tomatis and others).

Informational and communicational technologies, programs and apps for children with special educational needs: text-to-speech, FM hearing, screen-reading, voice recognition etc. Tomatis, Forbrain methods.

Assistive Technology for Reading. Assistive Technology for Writing. Dictation (Speech-to-Text) Technology. Responsibly Incorporating Technology. Accessible books for students.

DAISY (the Digital Accessible Information System) – the emerging world standard for digital talking books for people who are blind or have a print disability. This format has been under development for over ten years, with most of the world's talking book libraries now employing some form of the standard.

DAISY attempts to give the talking book reader the same flexibility that readers of standard print enjoy: navigation by chapter, section, subsection, and page. Readers can read or skip footnotes, sidebars, or information added specifically for users of the audio version.

There are three types of DAISY books

One is audio-only DAISY, which is the most common. This is the kind of book that the National Library Service in the US produces.

This format provides minimal text content and a set of recordings that the reader hears when the book is played.

Audio only is commonly used for recreational reading employing live human narration.

Text-only DAISY books have no audio recording but provide the text of the book itself. These books are read with either text-to-speech systems or Braille displays. Bookshare.org produces text-only DAISY books. Their chief advantage is their very small file size as compared to books with audio files.

The disadvantage is that these books require a text-to-speech system in the playback device, which means they cannot be played using the NLS player and that users must be willing and able to read tactilely or tolerate less than human-sounding speech.

The Cadillac in DAISY books is found in the full-text, full-audio DAISY book. In this kind of book both the text and the audio are present and can be synchronized so the reader can listen to human narration and hear the text-to-speech voice at will to determine spelling, punctuation, and other information that may not be clearly conveyed through the narrated audio.

These books work in players that do not support text-only books, and, while it is possible to have a human-narrated book, it is also possible to use quite human-

sounding voices that are generally not found in products available to the individual blind user but that are used by producers of materials for the blind.

A DAISY book can provide as much or as little navigation as the producer decides to incorporate. Minimal markup includes a marker at the start and the end of the book. A little more work on the part of the producer gives the reader the ability to move by page, section, and chapter.

It is even possible for DAISY books to include images because DAISY is designed to serve everyone from the blind Braille reader with no sight at all to a person who is dyslexic with perfect vision but a limited ability to read.

The amount of navigation is decided by the book's producer. Recreational reading may have limited navigation (by chapter or even by original tape side when the title was converted from tape), while textbooks require more complex navigation.

DAISY books that do not carry digital rights management can be played on a wide range of devices, from dedicated talking book players to devices such as the iPod.

The vision of DAISY's creators and those who work for its improvement and adoption is that the standard will be adopted worldwide and that everyone's books will play on everyone's devices.

DAISY marks a significant advancement in the production of talking books for people who are blind or have a print disability.

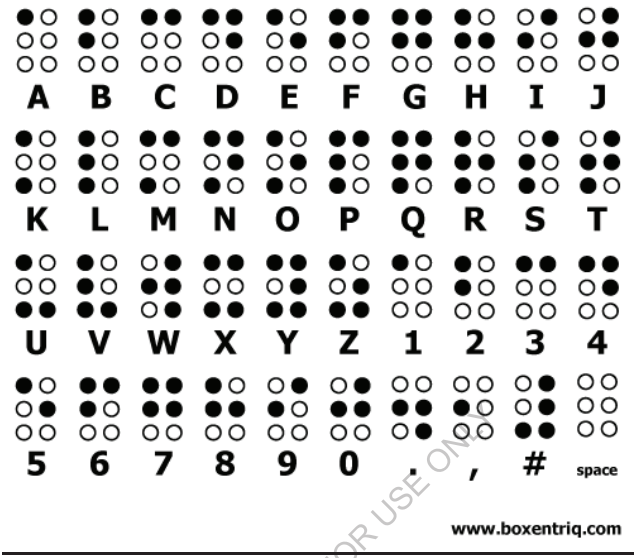
The standard and the new technology provide a better reading experience and have the potential to bring many more books to the ears and fingertips of the blind.

Braille

Who Was Louis Braille?

Blind from the age of four, he was only fifteen when in 1824 he invented a reading system that converted printed words into columns of raised dots.

Through touch, Braille opened the world of books to the sightless, and almost two hundred years later, no one has ever improved upon his simple, brilliant idea.



How do most blind people read?

Braille is not a language.

It is a tactile code enabling blind and visually impaired people to read and write by touch, with various combinations of raised dots representing the alphabet, words, punctuation and numbers.

Is Braille hard to read?

Similar to learning a second language as an adult, Braille can be more difficult to learn.

Developing the ability to distinguish Braille via touch can take a very long time for a person to learn.

PECS

What is the Picture Exchange Communication System?

The Picture Exchange Communication System (PECS) is a way for autistic people to communicate without relying on speech.

To communicate, people use cards with pictures, symbols, words or photographs to ask for things, comment on things or answer questions.

Why are pictures important in communication?

An image increases a message's memorability. Images are emotional, influential and persuasive. The human brain is wired to process images quickly.

People look for patterns in their environment to make sense of their surroundings, to help make choices, to understand concepts and to achieve knowledge.

Is PECS only for autism?

PECS is not only for people with Autism, but PECS is frequently recommended for children with Autism Spectrum Disorder due to deficits in expressive language and social communication.

Five easy steps for using images to communicate information

- Start with high-quality content
- Identify key information
- Define a purpose
- Choose the right type of visual
- Keep it simple

What are the disadvantages of PECS?

Also if it is left behind somewhere the child does not have their words with them to express themselves. Another disadvantage of PECS is that communication is limited. If a student does not have a specific card for a specific object, they are unable to request that object using the PECS system (Kluth, 2003).

Augmentative and Alternative Communication

describes multiple ways to communicate that can supplement or compensate (either temporarily or permanently) for the impairment and disability patterns of individuals with severe expressive communication disorders.

AAC means all of the ways that someone communicates besides talking.

People of all ages can use AAC if they have trouble with speech or language skills.

Augmentative means to add to someone's speech. Alternative means to be used instead of speech.

Augmentative and alternative communication systems can assist people who cannot speak to develop language skills and increase participation and inclusion in daily activities.

It's an important tool that can give people more communication control and decrease frustration.

What is the difference between alternative and augmentative?

Augmentative communication uses systems/devices to supplement natural speech.

For instance, a small portable amplifier can increase speech volume and help those with limited vocal capacity communicate effectively.

Alternative communication uses systems / devices to replace natural speech.

What is an augmentative form of communication?

Augmentative communication is when you add something to your speech (e.g. sign language, pictures, a letter board).

This can make your message clearer to your listener.

The second “A” in AAC stands for Alternative Communication. This is when you are not able to speak.

What is an Alternative Communication device?

An augmentative and alternative communication (AAC) device, is a tablet or laptop that helps someone with a speech or language impairment to communicate.

The term AAC device is often used interchangeably with terms like speech-generating device (SGD) or assistive communication device or simply communication device.

What are some examples of AAC devices?

- Pocket Go-Talk 5-Level Communication Device.
- The MegaBee Assisted Communication and Writing Tablet. Price: About

- Roloquo2Go. Price:
- Enabling Devices Tactile Symbol Communicator.
- GOTALK 9+
- FAB Frenchay Alphabet Board.
- Lightwriter SL40.
- Gooshy Step Talk Communicator.

AAC devices can be divided into two types: dedicated and non-dedicated.

Communication Books

A Communication Book provides pages of symbols, usually organized by topic.

Depending on the age, cognitive and physical abilities of the user, the page may have anything from one to many symbols on a page.

The topics depend on the age, ability and interest of the AAC speaker.

Communication books are guides that teach skills and strategies for having successful conversations in the workplace.

These references cover topics like body language, empathy, diplomacy, and listening.

The purpose of these books is to improve communication skills and teamwork.

Tomatis

The Tomatis method is a type of sound therapy, similar to Auditory Integration Training (AIT).

It claims to improve listening and communication skills.

A person doing the Tomatis method uses headphones to listen to electronically modified music as well as other sounds – for example, a mother's voice.

Listening training is prescribed to people:

- With a disturbance of the understanding of speech (motor, sensory, mixed aphasia), caused by a stroke or head injury

• With a disturbance of reading, writing (the consequences of a stroke or head injury)

• With impaired coordination and dizziness (consequences of stroke or traumatic brain injury)

• Studying foreign languages

The Tomatis also draws our attention to the fact that high-frequency sounds excite the brain, whereas low-frequency sounds, on the contrary, contribute to energy leakage.

The Tomatis notes that when our brain is "well-charged," we can achieve greater focusing and concentration; better organizing, remembering, learning and working for long periods of time with almost no tension.

A special device – Solisten® (the latest development of the company "Tomatis") allows modifying the sounds of music with the help of special filters.

High-frequency and low-frequency components are alternately "cut out" from the usual sound.

These changes are almost unnoticeable when listening to music. But when a person listens to such a record, the muscles of his middle ear are trained by alternating their tension and relaxation.

Forbrain

Forbrain is a headset with an electronic filter that blocks out environmental noise, enhancing certain patterns of your voice and delivering the sound waves to your brain directly via bone structure

To use Forbrain, place the headphones on and speak into the microphone with a normal volume as if you were talking to another person.

There's no need to make adjustments to the device because Forbrain suits all ages and head sizes.

Unlike other headphones, Forbrain® uses a patented electronic device that amplifies and patterns the user's voice.

By improving the perception of the voice, Forbrain® works simultaneously on all aspects of the audio-vocal loop.

FORBRAIN

- Uses bone conduction rather than air conduction.
- Consists of a headset with a dynamic filter and microphone.
- Has the dynamic filter that modulates your voice.
- It retrains the way the brain processes information.

Assistive Technologies

What are the 3 types of assistive technology?

- low-vision devices
- hearing aids
- augmentative and alternative communication systems, walking frames, wheelchairs and prostheses such as artificial legs.

What is assistive technology for reading?

- **Speech synthesizers/screen readers**
- **These systems can display and read aloud text on a computer screen, including text that has been typed by the user, scanned in from printed pages (e.g., books, letters), or text appearing on the Internet. This type of tool may benefit people who struggle with reading and writing.**

Which is an example of a high tech assistive technology for reading?

- **Reading Solutions**
- **With e-readers, embedded scanning allows printed text to be converted to digital text, which can then be read aloud, while the text is highlighted to provide both audio and visual input at the same time.**

What are the tools in reading?

7 Tools to Improve Reading Comprehension

- Reading Bear. Technique: Audio, self-listening and highlighting
- Whooo's Reading. Technique: Comprehension monitoring and gamification
- MindMeister
- Newsela
- Rewordify

- Rainbow Sentences
- Storia

What assistive technology is used for dyslexia?

Read & Write Gold is computer program that helps students with dyslexia by reading electronic text from e-books, websites, and documents created in word-processing programs.

It also helps writing by providing predictive spelling, word choice, dictionary, and thesaurus features.

Is Kindle good for dyslexics?

Kindle can make reading more comfortable and easier for readers with dyslexia.

Kindle also gives dyslexic children a range of tools to become better organized.

In combination, these are benefits that help make younger dyslexic children more enthusiastic about reading.

What technological tools would you use in class to help dyslexic students?

Students can turn their speech into text using apps like Dragon Dictation, Google's VoiceNote, Easy Dyslexia Aid or just speaking into the microphone of a phone, tablet or laptop.

Some speech-to-text devices are sensitive to different kinds of voices and will require some experimentation.

Types of assistive technology tools for writing

Handwriting tools

can help people who have trouble with motor skills.

For example, a pencil grip makes it easier to hold a pencil properly. A slant board raises the writing surface to give more leverage for handwriting. And lined or graph paper can help with writing in straight lines.

Keyboards and touchscreens

can also help people who struggle with handwriting.

let you input letters and words through typing or touching the screen, rather than by using a pen or pencil.

Dictation (speech-to-text)

allows you to write by using your voice. As you speak, the words appear on the screen.

Keep in mind that to use dictation, you have to be able to speak clearly.

You also need to learn verbal commands for things like punctuation.

Some dictation software can also be used to convert audio recordings into digital text.

Word prediction

suggests correct spellings of words after only a few letters are typed.

Word prediction sometimes uses "word banks" (commonly used words in a topic area) to help writers come up with words and complete their sentences.

Keep in mind that unlike dictation, word prediction requires using a keyboard.

Spellcheck and grammar check

are available on most word processors.

Some AT tools for writing take spellcheck and grammar check to the next level by checking for incorrect words that sound alike or that don't make sense in context.

Text-to-speech (TTS)

is typically thought of as a reading tool. But TTS can also help with writing. That's because it can read aloud what's written, so you can check for mistakes.

Some TTS tools can also read words aloud as they're typed.

Graphic organizers

are visual tools that help break down ideas and projects into smaller parts. You can use these tools to brainstorm and plan what you want to write.

Graphic organizers come in many forms, from mind maps to diagrams to flow charts. They can be digital or pen and paper.

Additional Tools for Writing and Brainstorming

- Canva. Create online mindmaps or concept maps
- Cram. Find pre-made flashcards or create your own
- Flashcard Machine. Create web-based study flashcards that can be shared with others
- Hypothes.is.
- Lino Sticky Notes
- Lucidchart
- Slack
- Vocabulary.com

Dictionaries and thesauri (print or digital)

Let you define a word or find the right one. There are different types of dictionaries and thesauri, too.

For example, a picture dictionary uses images to define words.

What types of assistive technologies can be used in a classroom?

- Audio players and recorders. It may help your child to be able to listen to the words while reading them on the page.
- Timers.
- Reading guides.
- Seat cushions.
- FM listening systems.
- Calculators.
- Writing supports.
- Graphic organizers.

Computer platforms

Desktop and laptop computers: Computers often have built-in AT tools, like TTS and dictation. You can also download software for writing to add more AT tools.

Mobile devices (like tablets and smartphones): Mobile devices also have built-in AT. You can add more writing tools to mobile devices with apps.

Chromebooks (and Chrome browsers on any device): These have built-in AT options, too. You can add Chrome apps and extensions for more ways to help with writing.

What is assistive technology for visually impaired?

- magnifying glasses
- a long cane
- glasses
- optoelectronic reading systems (i.e., video magnifier)
- large-print books
- audiobooks
- a touch watch
- a phone with enlarged buttons
- books in Braille
- walking aids

Is laptop an assistive technology?

For example, a laptop computer is information technology. However, if the laptop computer is purchased to help a student with a disability write because he cannot hold or manipulate a pen, it is assistive technology as well.

What is Makaton?

Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate.

It supports the development of essential communication skills such as attention and listening, comprehension, memory, recall and organisation of language and expression.

With Makaton, signs are used, with speech, in spoken word order. This helps provide extra clues about what someone is saying.

Using signs can help people who have no speech or whose speech is unclear.

Using symbols can help people who have limited speech and those who cannot, or prefer not to sign.

The complete Makaton Language Programme comprises two vocabularies:

a Core Vocabulary of essential words or concepts presented in stages of increasing complexity. The Core Vocabulary is taught first and is the foundation of the programme

a much larger, open-ended, topic-based resource vocabulary providing an enormous bank of further signs and symbols covering broader life experiences and used in association with the Core Vocabulary as required

Makaton symbols and signs are matched to all the concepts in the two vocabularies to be used with speech, the written word or on their own.

They provide a visual representation of language which increases understanding and makes expressive communication easier.

What are the benefits of using Makaton?

- Basic communication
- Helping understanding
- Developing language skills
- Facilitating social interaction
- Helping build relationships

Is Makaton different from Sign Language?

Makaton is designed to help hearing people with learning or communication difficulties. It uses signs and symbols, with speech, in spoken word order.

SL is the language of the deaf community.

Is Makaton easy to learn?

Makaton, or “key word signing”, is a simple and easy form of signed communication. It's not a formal sign language.

Makaton uses signs and symbols, in spoken word order, along with speech.

It's use develops communication, language and literacy skills.

What are the disadvantages of Makaton?

The main downfall of Makaton signing lies in the fact that the communication partner must also be a speaker of Makaton.

Its similarities to SL widen the number of people who will understand certain parts but Makaton is not an appropriate form of communication to use in everyday social situations.

How effective is Makaton?

Makaton is a really effective method of communication for any student who has difficulties with understanding.

Makaton provides people with extra clues as to what is being said by using signs or gestures.

Won't it prevent children speaking?

Signs, Symbols and Speech are used together.

Research shows that signing encourages speech and language development.

Gesturing is an important stage in typical language development i.e. children gesture before they say their first words.

Makaton is simply standardized gesture, all of us use the same gestures.

How many levels of Makaton are there?

8 stages

The entire Makaton Core Vocabulary (CV) comprises 8 stages plus an additional vocabulary list.

Bibliotherapy

What is meant by bibliotherapy?

Bibliotherapy is the use of reading materials for help in solving personal problems or for psychiatric therapy

Types of Bibliotherapy

Creative bibliotherapy, which often takes place in a group setting, with stories, poems, and fiction read and discussed by the group

Developmental bibliotherapy, which is used in educational settings as well as by parents to explain childhood and adolescent issues like puberty

Prescriptive bibliotherapy, which uses self-help books either in a clinical setting or at home to help modify thought patterns, feelings, and actions

Therapeutic bibliography, which is used in combination with other types of therapy to manage psychological issues

What is affective bibliotherapy?

Affective bibliotherapy uses fiction and other high-quality literature to help the reader connect to emotional experiences and human situations through the process of identification.

Is poetry considered bibliotherapy?

Poetry therapy is a subtype of bibliotherapy. In poetry therapy, the therapist incorporates poetry into the treatment to help a person better understand feelings – both their own and those of others.

What are the four stages of bibliotherapy?

During the bibliotherapy process, there are four stages that children must experience: identification, catharsis, insight and universalization (Stamps, 2003, Jackson, 2006).

What are the benefits of bibliotherapy?

Bibliotherapy is effective in promoting problem solving, increasing compassion, developing empathetic understanding and enhancing self-awareness.

Bibliotherapy encourages effective social behavior, clarifies values, and instills cultural identity and ethnic pride.

Bibliotherapy is applicable to individuals and groups.

How can bibliotherapy be used in the classroom?

Bibliotherapy is the practice of helping individuals grow and develop through books.

Reading, writing, and discussion can provide an opportunity to work through grief, cope with a difficult situation, or just explore developmentally-appropriate topics.

What is bibliotherapy in children's literature?

Bibliotherapy is the use of literature that addresses problems or issues current in the lives of children.

For some children, a favorite story, poem, or song can be a comfort in a trying time.

How do children use bibliotherapy?

Chose a method to involve a child or children with the literature. Read a story aloud to one child or to small or large groups of children.

Also, students may read assigned stories or books on their own. Those children with similar concerns could meet in small groups.

How does reading become a form of therapy?

Reading a book might sound so simple, but in reality it is an incredibly engaging and therapeutic activity that stimulates and calms the mind.

Whether you're into mystery, romance, non-fiction or self-help titles, make it a point to read every day.

Fairy-tale Therapy

What is fairytale therapy?

Fairytale Therapy is the directions of the practical psychology availing of the fairy tales resources for resolution of a number of tasks: upbringing, education, personality development and behavior correction.

What does a fairy tale teach?

Fairy Tales teaches the Basic of a Story

Fairy Tales are great tools for teaching kids about story development, conflict resolution, the development of characters, heroes and villains and simply broadening their imagination. Furthermore, it helps them differentiate fiction to non-fiction stories.

How do fairy tales teach life lessons?

Something they enjoy listening to, reading or watching. Instead of learning out of textbooks. Fairy tales and fables teach us about society, class, relationships, emotions, values, vices, and sure: good and evil.

Animated movies or live action remakes still draw many people to the big screen, and for good reason.

What is the importance of fairy tales?

Fairytales help children to understand the world around them. They come to know what virtue is and what vices are.

Preschool experts say that fairy tales are important because they allow children to experience things in their minds before they experience them in the real world.

How do fairy tales help a child's imagination?

Therefore, depicting the real world combined with fantastic phenomena in fairy tales compels the child to many reflections and conceptions.

Fairy tale-inspired fantasizing gives children an ability to present the effects of their own creation by inventing new stories or transforming the already familiar literary works.

Do fairy tales have morals?

The idea of morals, or life lessons, being present in fairy tales has been around as long as stories have been told. Today, fairy tales can offer readers a new perspective on life, love, relationships, society, and more.

What are the negative effects of fairy tales?

These negative implications of fairy tales, both young and old, appear in almost every story across the board.

- Low self esteem.
- Unrealistic ideas of love.
- An outdated sense of reality.
- An extreme misunderstanding of good and evil.

Do fairy tales have meaning?

One of the first lessons: Fairy tales are big on symbolism.

Different personality traits: A wicked old woman counting money might personify greed, for example, while a more good-hearted character may represent generosity. Objects carry meanings as well.

Typologies of the fairy tales

- Artistic (folk, author's)
- Didactic

- Psychocorrectional
- Psychotherapeutic
- Meditative

Elements of a Fairy Tale Story

- Opening and Ending Line. Fairy tales are usually presented as happening a long time ago.
- Hero / Heroine and Villain. Fairy tales have clearly defined heroes and heroines.
- Magic.
- Royalty.
- Problem and Solution.
- Universal Lesson.
- Learning Resources.

What are 7 elements of a fairy tale?

- Beginning/Ending. Once upon a time / They lived happily ever after.
- Good/Evil. Virtuous Protagonist/Malevolent Antagonist.
- Magic: talking animals, magical food, special objects, fairy godmothers.
- Conflict. Antagonist tries to thwart the protagonist.
- Resolution.
- Magic Numbers.
- Teaching Morals.

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