**Lesson 18 : Treatment of Speech-Language Impairments**

**Pre-Referral Interventions of Speech-Language Impairments**

A major goal of the school-based pre-referral intervention team is to adequately address students’ academic and behavioral needs. The process recognizes many variables affecting

learning. Thus, rather than first assuming the difficulty lies within the child, team members and

the teacher should consider a variety of variables that may be at the root of the problem, including the curriculum, instructional materials, instructional practices, and teacher perceptions.

When school teams meet to determine intervention needs, there should be an outlined process that includes:

 documentation, using multiple sources of data, of difficulties and/or areas of concern;

 a problem-solving approach to address identified concerns

 documentation of interventions, accommodations, strategies to improve area(s) of

concern;

 intervention progress monitoring and fidelity;

 a team decision-making process for making intervention changes and referral recommendations based on the student’s possible need for more intensive services and/or accommodations; and

 examples of pre-referral interventions and accommodations.

**Parent Request for Referral and Evaluation:**

If a parent refers/requests their child for an evaluation, the school district must meet within a

reasonable time to consider the request following the above procedures for referral.

 If the district agrees that an initial evaluation is needed, the district must evaluate the child. The school team must then obtain informed parental consent of the assessment plan in a timely manner and provide written notice of the evaluation.

 If the district does not agree that the student is suspected of a disability, they must provide prior written notice to the parent of the refusal to evaluate. The notice must include the basis for the determination and an explanation of the process followed to reach that decision. If the district refuses to evaluate or if the parent refuses to give

consent to evaluate, the opposing party may request a due process hearing.[[1]](#footnote-2)

**Procedures and Activities:**

Procedures consist of all of the acts performed by the intervention agent that are expected to lead the child directly to the intervention goals. They make up what may be

hypothesized to be the “active ingredients” of the intervention and include a variety of acts, such as modeling the child’s target, giving the child structured practice with the target, reinforcement of the child’s use of target behaviors, systematic responses to child utterances or actions, and even explicit description of the target .

Activities create the social and physical conditions within which the intervention

agent may apply the procedures. They fall along a continuum that moves from a high level of adult intrusiveness toward less structure and greater similarity to the child’s life outside of treatment

The most intrusive activities tend to be

some form of drill. In the middle of the continuum, we include gamelike interactions that are selected or are structured to provide some emphasis on the child’s specific goals. The least intrusive activities are those that occur outside the context of conventional therapy, including play, bath time, and snack time for younger children and

art class, group writing assignments, or even reading group for school-age children.

Although the activity is virtually the same as the procedure in some cases, such as drill, it is fruitful to keep these constructs distinct. For example, a child may gain no special language or communication benefi t from dinnertime or play during the bath.

The same activity, however, may provide multiple opportunities for the intervention

agent to model the target, for the child to attempt it, and for the adult to respond to the child’s attempts. Language intervention takes place only when special procedures, designed to instruct and provide opportunities for use and mastery, are applied during the course of activities, which may in turn require the adult to intrude to varying degrees on the child’s agenda.

Activities are the most obvious aspect of treatment because they are the part that can easily be described by an observer with little knowledge of the intervention.

Lay observers, and at times even beginning clinicians, can sometimes confuse an activity with an intervention as a whole. That is, the observer recognizes the activity but fails to take note of the procedural steps taken by the interventionist.

Selecting or creating the appropriate activity, however, requires considerable skill. It is not easy

to create activities that are meaningful and motivating for the child yet provide many

opportunities for the application of intervention procedures directed toward specific goals. In fact, successful activity planning requires attention to many other elements of intervention, including the goals of the intervention (at all levels), the assumed mechanism by which learning will take place most effi ciently, and the availability of

particular agents and materials.[[2]](#footnote-3)

1. Speech or Language Impairment

Evaluation Guidance, Tennessee Department of Education | Revised November 2018, p22 , 23 [↑](#footnote-ref-2)
2. Second Edition : Treatment of Language Disorders in Children, **Rebecca J. McCauley, Ph.D., CCC-SLP,** University of Kansas Medical Center

Kansas City, 2017, p24 [↑](#footnote-ref-3)