

Language Disorders.

* Language abilities comprise the following 5 areas: phonology (sound system), morphology (word-level grammar), syntax (sentence-level grammar), semantics (meaning) and pragmatics (social communication). Generally, "language disorders" refers to impairments in morphology, syntax and semantics, though difficulties in the other areas may also be present. Language delay, language impairment, and Specific Language Impairment are other terms. Language delay implies that the child will catch up to the expected developmental level with help. Specific Language Impairment is generally reserved for severe language disorder with average to above-average intelligence.

* A language disorder occurs when a child's language abilities develop later than they should, and along a different path than is expected. A receptive language disorder affects comprehension, an expressive language disorder affects production, and a mixed receptive-expressive language disorder affects both. The severity may be mild, moderate or severe, and each area may have different degrees of severity. A language disorder may co-occur with another learning or developmental disability.

* Oral language difficulties increase the risk of reading and writing difficulties.

* A child with receptive language impairment may have difficulty with: following directions (especially multi-step), answering WH-questions, answering yes/no questions, understanding stories, understanding new vocabulary, and learning in general.

* A child with expressive language impairment may: use short sentences, omit words, make grammatical errors (ex. verb tense, pronoun agreement, plurals), make errors with word order, use incorrect or vague vocabulary, tell stories that are poorly sequenced or hard to follow,

* MELS recognizes Specific Language Impairment as a handicap code 34. To qualify for the code, the student must demonstrate moderate-severe receptive language impairment and severe expressive language impairment. This impairment must persist beyond at least 6 months of intervention. They must also have a psychoeducational assessment that shows a significant discrepancy between their nonverbal performance (which should be in the average range) and verbal performance. We must also demonstrate that the child is experiencing significant difficulties in academic and social situations as a result of his or her language difficulties.

* Treatment for language disorders must be tailored to the nature of the impairment. Speech-Language Pathologists often follow developmental norms to determine what goals to select, and also consider functionality and areas where the child shows some emerging ability.

* We will be sending out many tips for teachers in the following weeks. The best general tips to remember for a child with language disorders are:

- * A child with a language disorder will require more repetitions of information to learn it.

- * Do not correct a child when he or she makes a language mistake! The best way to handle errors is to say what the child should have said, to model it for the child, and then continue the conversation.

- * Allow sufficient wait time for a child to formulate a response to a question.

- * Use multimodal instruction! Do not rely on spoken information alone.

* More information can be found here:

* <http://www.home-speech-home.com/language-disorder.htm>

