Speech and Language Services

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Speech-Language Pathologists (SLPs) are healthcare professionals who support people of all ages with communication challenges. In the school setting, SLPs work with children who have a wide range of communication difficulties. This can include:

- Speech – how we say sounds and put sounds together into words.
- Language – the understanding of what we hear or read and how we use words to express our thoughts, feelings, and needs.
- Early literacy – how well we can recognize and manipulate the sounds of words. This includes skills like rhyming, segmenting, and blending.
- Social communication – such as understanding how to have a conversation, understanding other people's perspectives, and our understanding and use of nonverbal social cues like tone of voice and gestures.
- Fluency – how well our speech flows. Someone who stutters often has difficulties with speaking fluently. They may repeat sounds, use "um" or "uh", get stuck on a sound, or pause often when talking.
- Augmentative and Alternative Communication – communication methods used to supplement or replace speech or writing. These methods may include sign language, gestures, vocalizations, or an augmentative communication device such as a communication program on an iPad.
- Voice quality – how our voice sounds. We may sound hoarse, lose our voice easily, talk loudly, talk through our nose, or be unable to vocalize at all.

Signs that a child may benefit from speech and language services

- Speech
    - It is difficult for other people to understand what the child is saying.
    - A child is getting frustrated by how they talk or frustrated when they have to repeat themself often.
    - A child is being teased about how they talk.
- Language
    - A child has difficulty understanding or remembering instructions.
    - A child has a limited vocabulary (doesn't use many words and/or doesn't appear to understand many words)
    - It may be difficult for a child to tell a cohesive story or express their thoughts and ideas.
    - When they speak, you hear grammar errors.
- Social Communication
    - A child is having difficulty understanding other people's facial expressions and gestures.
    - A child has difficulty with conversation skills such as turn taking or topic maintenance.

In older grades, communication difficulties may look different. An older elementary student may have difficulties with learning new concepts, managing classroom demands, difficulties with peer relationships, and solving problems.

Referral Process

Caregivers may access speech and language services by discussing their concerns with their child's classroom teacher. Following the discussion, the child's name can be brought to the School Based Team or directly to the school's SLP. If it is determined that speech and language services are warranted, a referral form will be completed by the school and sent home to be signed by a primary caregiver.

Once a referral is received, a child will be added to the caseload. If the referral was for an assessment, the student will be added to the assessment waitlist. If the referral was for intervention/treatment, they will be triaged. This means that the severity/impact of each child's communication needs are considered when determining their priority for direct services. When services can be offered, the consent of a primary caregiver will be requested through a letter to be signed or through an in-person meeting.

What does a Speech-Language assessment look like?

Depending on the areas of communication being investigated, an assessment can vary in length of time to complete. An assessment may include a variety of informal (e.g., observation, checklists) and/or formal (e.g., standardized assessment) measures. When the assessment is complete, a meeting with their caregiver is arranged to discuss the results.

What does Speech-Language support look like?

When services can be offered, how they look will vary depending on the child's communication needs and what can be offered at the time.

In general, there are 3 treatment blocks during the year for which regular direct sessions can be offered.

1. The first block is from mid-October to December (approximately 7-8 weeks).
2. The second block is January to March break (approximately 8 weeks).
3. The third block is from April to the first week of June (approximately 9 weeks).

Speech and language services are carried out on a schedule. During a treatment block students' sessions are scheduled in collaboration with the classroom teacher for a set day and time. At the end of every treatment block a progress report is sent home to explain the progress your child has made. It also explains if they will receive treatment during the following block and if the target of treatment is going to be changed.

Services may be carried out by the school's SLP or by the school's speech-language assistant (SLA). The SLA works under the direction and guidance of the SLP. The letter of consent will specify who your child is scheduled to be working with primarily.

Different types of service methods could be offered, and the recommended method will be included in the letter of consent. The most common service delivery methods are:

- Direct individual therapy – sessions where the child works one-on-one with the SLP or SLA. The child will likely be pulled out of the classroom, with sessions taking place in a sperate setting. This may be the speech-language room or a table in the hallway.
- Direct small group therapy – sessions where the child and 1-3 same age peers, work with the SLP or SLA. The children will likely be pulled out of the classroom, with sessions taking place in a sperate, and more private setting.

- Direct co-intervention/therapy – sessions where the child works with the SLP or SLA alongside another educator or professional, such as a learning services teacher, education assistant, occupational therapist, etc.
- Direct classroom-based therapy – sessions occur in the classroom. This type of service delivery varies depending on whether services are intended for the whole class, a small group, or an individual. While this method is less private, it can allow for more naturalistic and child-led interventions to be utilized.
- Direct maintenance sessions – session occur less frequently during the treatment block. They typically are one-on-one with the SLP or SLA, and their purpose is for maintaining the students' skills once a therapy/intervention goal has been achieved.
- Consultation – the SLP supports a child indirectly. The SLP provides support, education, and strategies to the school team and/or caregiver to implement with a child.
- Monitoring – the SLP and SLA periodically review a student's speech and/or language development during the school year. This is often because skills are borderline, they have previously been worked on, or there is a limiting factor (such as missing teeth) to a therapy's possible outcome.
- Home programming – the SLP provides home programming to the caregiver to complete with their child.

******There is currently a waitlist for services*****

Because of large caseload sizes, unfortunately services cannot be offered to all the children who may benefit from them. When a student is on the waitlist, it is likely their communication will be monitored/reviewed a couple times during the school year.