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ROBERT CHAN

AN EVALUATION OF A LECTURE SERIES CONDUCTED TO
HELP PARENTS ALLEVIATE AND PREVENT SPEECH PROBLEMS
THROUGH A MENTAL HYGIENE APPROACH TO NORMAL SPEECH DEVELOPMENT

A Thesis
Presented to
The Faculty of the Department of Speech
University of the Pacific

In Partial Fulfillment
Of the Requirements for the Degree
Master of Arts

by
Fred James Vallier, Jr.
August, 1961

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CHAPTER I

INTRODUCTION AND STATEMENT OF THE PROBLEM

The thesis is an account of a lecture series to help parents alleviate and prevent speech problems through a mental hygiene approach to normal speech development.

The lecture series was conducted by Halvor P. Hansen, Ph.D., Assistant Professor of Speech at the University of the Pacific, Stockton, California. The lecture series were not, however, part of the University curriculum.

Statement of the Problem

The purpose of the study was to discover the extent the lecture series on speech and hearing succeeded in accomplishing its goals.¹ The results of the study is presented in Chapter VI of the thesis and were derived from the composite of two sources: 1) the writer's examination of the subject matter presented in fulfillment of the lecture series' objectives, and 2) the evaluations offered by participants of the lecture series.

Specifically, the objectives of the writer's study were thus:

1. To state the goals of the lecture series.

¹Refer to Chapter II, p.3 of the thesis.

2. To record the methods used in the organization of the series.
3. To discuss the problems encountered in instigating a lecture series on speech and hearing.
4. To evaluate the series in view of its goals.
5. To present the material covered by the lectures.
6. To list both positive and negative criticism of the series offered by its participants.
7. To provide a guide for others to follow in instigating a parent's lecture series similar to the one presented in the thesis.

CHAPTER II

OBJECTIVES OF THE LECTURE SERIES

The instructor and instigator of the lecture series observed that many of the parents he interviewed concerning their child with a speech and/or hearing problem remarked at the close of the conference that if they had only known more about speech development when the child was acquiring speech, the problem could have either been prevented or alleviated. The observation led the instructor to the conclusion that instruction for parents in regard to speech development prior to or during the child's early years of life would be most beneficial to both the child and the parents. The instructor's conclusion is supported by the following quotation:

"Need for services of a trained speech therapist is not always indicated by lack of normal speech. Baby talk or infantile speech, while defective as speech, is easily correctable, provided it is properly identified, by parents and teachers. Speech of this kind may be traceable to the parents or other members of the family who for one reason or another use baby talk in addressing a child. In this situation preventive measures should really start with the parents."¹

Berry and Eisenson further support the instructor's contention in their discussion on the causes of retarded onset

¹Winthrop M. Phelps, Thomas W. Hopkins, Robert Cousins, The Cerebral-Palsied Child, A Guide For Parents (New York: Simon and Schuster, Inc., 1958), p. 168.

and development of speech. Among the factors which are listed as conducive to abnormal development of speech are "inadequate or improper stimulation and motivation for speech and special environmental influences that make for unconventional characteristics in speech."²

Since speech is a learned skill and the parent is the teacher,³ it seemed a worthwhile project to conduct a lecture series on speech and hearing problems and provide parents with instruction in normal speech development. While working with parents of children with a typical speech, the instructor noticed that parents were anxious to know more about their child's speech problem and how corrective clinical measures for speech improvement could be carried over from the therapy session and employed at home. Van Riper advocates a home speech program in addition to therapy by a trained therapist and states that parents must not delegate all the responsibility for correcting the speech problem to the therapist in charge of the speech therapy: "Much home cooperation is needed if the treatment is to be efficient."⁴ Moreover, clinicians' observations of children

²Mildred F. Berry, Jon Eisenson. Speech Disorders, Principles and Practices of Therapy (New York: Appleton-Century-Crofts, Inc., 1956), p. 88.

³Ibid., p. 105-6.

⁴Charles Van Riper, Speech Correction, Principles and Methods (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1954), p. 538.

attending the University speech and hearing clinic showed that children receiving home help in addition to clinical therapy progressed more rapidly in speech improvement than those who did not receive additional speech help at home.

As a result of these observations a lecture series was begun that included both instruction geared to the process of speech development and instruction in the areas of speech and hearing problems useful to parents interested in helping to alleviate already existant speech abnormalities.

The objectives of the lecture series were as follows:

1. To inform parents of the normal speech development process in children.
2. To provide parents with basic guides in observing and helping their children to develop normal speech.
3. To acquaint parents with the real problems which do arise and can be classified in the category of a speech and hearing problem in need of professional advice and guidance.
4. To present parents with information they need in order to cooperate effectively with speech and hearing specialists.

CHAPTER III

MECHANICS OF THE LECTURE SERIES

Publicity

The instigation of a new lecture series proved to be a difficult task primarily because publicity posed a problem. Past experience with parents of children with speech and hearing problems assured the lecturer that there was a need for public instruction in speech development and speech and hearing problems and that a large enough number to make the series worth-while would attend if they knew of its existence. Maintaining the proper dignity in publicity that a lecture series of the nature described in this thesis deserves, and professional ethics advocated by the American Speech and Hearing Association placed numerous limitations upon the use of advertising media. Paid advertising by means of mass communicative media was decidedly not in character with the lectures and was avoided. One challenge, then, was how to reach individuals who would be interested in the program and inform them about it.

One means of reaching parents concerned with speech and hearing abnormalities seemed to be through public school speech therapists working with speech and/or hearing handicapped children. The school speech therapist especially would be in a position to offer valuable assistance in

distributing information about the lecture series to parents who could benefit from instruction in the area of speech and hearing.

In response to the problems encountered in promoting the lecture series, a number of methods of publicity were used. The first involved arranging speaking engagements, preferable at a National Congress of Parents and Teachers (PTA) meeting. The initial contact with the PTA was usually made through a parent who knew the lecturer. This arrangement proved satisfactory in that it both helped the PTA council fill its guest speaker list and provided an opportunity for the lecturer to make himself known to the community. During a speech, usually concerned with speech and hearing problems would be mentioned that a lecture series concerned with speech development, and speech and hard of hearing problems would be offered to the community in the near future. It could be concluded that these speaking engagements worked to the advantage of the lecturer. Of those attending the lectures who had responded to a questionnaire, 30 per cent indicated that they had heard the lecturer speak previous to the lecture series.

Gaining the support of the PTA was beneficial in soliciting the interest of other agencies of the school system. If the lecture series had been sanctioned by the PTA, the school was very cooperative in the distribution

of brochures. Some public school systems had policies prohibiting the distribution of such information through its facilities unless it in some way became supported by an agency of the public school. One PTA council took it upon itself to sponsor the lectures as a public service project for parents and did publicity on its own initiative.

In most cases the public school systems played an important part in the success of the lectures. Their contribution to publicity was ~~most~~ helpful. The questionnaire indicated that 66 per cent of those attending the lectures had heard about them through some service of the public school: i.e. speech therapist, teacher, principal, or PTA.

A group active in endorsing the lectures was the Tuolumne County Society for Crippled Children and Adults. The lectures were made known to the society by a parent who attended the lectures that were offered in Stockton, California.

The University's Public Relations Department submitted an article about the lecture series to the local newspaper of the community being host to the lectures. Consequently, the lecture series received notice in the newspaper without approaching direct advertising. It identified the instructor as a member of the University staff, gave a brief resume of his qualifications and previous experience, announced the commencement of the lecture series on speech and hearing, and outlined what those planning to attend could

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expect. The amount of registration fee was also indicated.

The questionnaires showed that 16 per cent of those attending the lectures listed the newspaper as their sole source of knowledge about the lectures prior to their beginning.

The brochure was the other medium of publicity. It constituted the printed matter that was distributed to schools and organizations interested in promoting the program. It was a mimeographed sheet which indicated the objectives of the instruction, when and where the lectures would be held, the fee, and the instructor's name and position. A reference listing was included for those desiring further information about the class.

Not all brochures used were alike. Although they followed a basic pattern, such changes as the date of class commencement, meeting location, and the classe's endorser were made.¹

Duration of Lecture Series

The decision to make the class a four or six week series was difficult. From the view-point of psychological appeal, a lecture series not obligating the adults for too long a period of time seemed desirable to encourage enrollment. It was thought from past experience with adult groups

¹See appendix, pp. 51, 52, 53.

that few people like to be obligated for too long a period of time as the obligation sometimes interfer with vacation plans, business trips, social participation with friends, and family responsibilities. Furthermore, if both parents attended the lectures, the expense of a baby sitter might exclude some families from attending if they found it necessary to employ the sitter more than a few times. Because a month seems a reasonable time for a commitment of this nature, as judged by the criteria just mentioned, it seemed reasonable to assume that a class of this duration meeting once a week for two hours would not discourage enrollment.

It was questionable whether four weeks would be a substantial time length to cover the subject matter. A six week session seemed more desirable from the standpoint of instruction, but then the class extended into half of a second month and, would perhaps, encourage some to drop from the program before its completion.

Both six week and four week sessions were conducted to determine which duration was more satisfactory. It is concluded at this time that the four week lecture series seemed to be the most satisfactory. The material offered was successfully condensed to present four well organized lectures, two hours long, with ample time for questions. Both the instructor and participants were thus only obligated for a four week period.

The beginning date was carefully chosen so that no

series extended into or over a holiday season when families are occupied with social interests that might divert their attention from the lecture series. The lectures were not held during the summer because of family activity while children are out of school; the months of November, December, and January were avoided because of the Thanksgiving and Christmas holidays.

Each series was planned to start at the beginning of the month in the hope that the beginning date would be easily remembered by those seeing a brochure. Also, most families are paid at the end of the month and would be in a better position at the first of the month to afford the required enrollment fee than at a later time.

Fees

The fee for all series was restricted to five dollars per enrollment or five dollars for both parents since many families would feel it a financial burden to pay two enrollment fees for both parents to attend. It was felt by the instructor to be a reasonable charge for professional instruction and consultation.

Both parents play a large part in the speech development of their child and every effort was made to encourage them to take advantage of the instruction offered by the lecture series. Returned questionnaires indicated that the "two for one" plan may have had some effect on class

attendance. Forty per cent of the participants were husband and wife teams.

All fees were payable upon the first meeting. An assistant to the instructor tended to the entrance and registered the adults as they entered. A receipt was made in duplicate for each enrollment fee collected. One was kept by the instructor and the other given the enrollee. An accurate account of enrollment numbers and fees collected was easily kept in this manner.

In communities at considerable distance from the instructor's residence where enrollment was small, the fees collected did little more than pay transportation costs.

The Questionnaire

Three questionnaires were used with the lecture series. They proved to be of help both to the writer of this thesis in an evaluation of the lecture series and to the instructor in acquiring criticism from those attending to assist him in improving the presentation of further lecture series. Two of the three questionnaires were designed to be used in sequence. The first questionnaire² was designed to be answered at the first meeting by all attending and the second³ was designed to be answered at the close of the series. The third questionnaire⁴ was used with lecture series conducted before work on the research project presented in this thesis was begun.

²See appendix, p. 54. ³Ibid., p. 55. ⁴Ibid., p. 56.

It was designed by the instructor to be used only at the final meeting of the series for a self evaluation of his presentation. Because the questionnaire was evaluative in nature and still available it was used in the final evaluation of the series to expand the number sampling.

The questionnaire composed by the author and used at the first lecture was intended to reveal personal facts about the participants which might prove helpful at a later date such as: sex, age, profession, and parental status, whether or not they were parents of a child with atypical speech, and if so what type of problem, the age of the child, if they were attending the lecture series with their spouse, where they learned of the lecture series, their reason for enrolling in the series, their particular area of interest in regard to speech and hearing, if they encountered children with speech or hearing problems in their professions, and if they had heard the lecture speak prior to the commencement of the lecture series. Five additional questions were included on the questionnaire to detect the occurrence of false concepts about speech problems. Only five were asked because the space available on the questionnaire was limited. The chosen questions were designed to detect the false concepts often held by those with whom the instructor came in contact in the University of the Pacific's speech and hearing clinic. All

but one of the five questions were worded so that either a "yes" or "no" answer indicated the respondent's belief about the subject in question. One question was carelessly worded and was not answerable by a "yes" or "no". The question was worded thus and required a numerical answer: At what age do you think children master all the speech sounds? Twenty seven per cent either did not answer the question or indicated confusion. The other four questions asked were:

1. Do you believe that, in most cases, the child is born with his speech problem?
2. Should the child, when under the guidance of the speech therapist, be helped at home with his speech?
3. When given the opportunity, do you ask the stuttering child to slow down and try again when a mistake occurs?
4. Judging from your past experience, does it seem likely to you that a child, once he is made aware of his speech error, can quickly eliminate it?

The answers to the five questions are discussed in the following chapter.

The questionnaire composed by the writer of the thesis for use at the final lecture contained eleven questions.⁵

⁵A complete listing of the questions can be found on the questionnaire included in the appendix, p. 54.

Question one:

"If you are the parent of a child with a speech problem, please indicate the kind of problem."

It was felt by the evaluator that knowledge of the type of problem with which a parent was concerned would help explain why other questions on the final questionnaire were answered as they were.

Question two:

"If there was any phase of speech development in which you were particularly interested and feel was not adequately covered by the instructor, please note."

The question was included to give indication of portions of the lecture series unsatisfactorily presented according to the participants' judgement.

Question three:

"What area of speech development (of hearing) most interested you?"

The purpose for the question was that it would serve as a means of indication what areas were being the most favorably received by the audience; thereby indicating the area most successfully presented. The value of the question is uncertain. Some would be interested in an area of speech or hearing solely because their child was involved with the problem. The question would possibly offer valid results if those answering it were not personally involved with speech problems; however, 66 per cent of those attending the lectures had a child with atypical speech. The responses to

the third question were given little value in this study for the aforementioned reasons.

Question four:

"Do you feel your questions were adequately answered?"

The intention here was to determine if the lecturer satisfactorily answered those questions directed to him.

Question five:

"In your opinion do you think the class should give more time to question and answer periods?"

Questions were encouraged during the course of the lectures as a means of imparting information that would be directly meaningful to those attending. It was not known at the time of the series how efficacious the question periods were.

Question five helped determine if too much or too little time was spent in response to questions.

The sixth, seventh, and eighth questions are self explanatory:

"Was the presentation of the material easy to understand?"

"Do you feel the use of recordings and visual aids were effective?"

"Do you feel the class justified the fee charged at the first meeting?"

Question nine:

"If you were unable to attend all of the lectures, please circle the night, or nights you were unable to come: 1st, 2nd, 3rd, 4th."

The question was included for the following reason. If a respondent noted on a questionnaire that more time should have been offered in the lectures about a particular area of speech or hearing and question number nine indicated that the participant was absent from the meeting concerned with the topic, the criticism was considered invalid and disregarded.

Questions number ten and eleven were highly subjective in nature. They offered a further opportunity for the respondents to express their feelings about the lecture series.

Question ten:

"Many people after enrolling in a class of this nature feel at its completion that new ideas and attitudes have replaced some of those held at the time of enrollment. If this class has brought about a new understanding of some phase of speech development for you, please note the change in the following space."

Question eleven:

"Any further comments you may have concerning the class will be greatly appreciated (complimentary or otherwise)!"

The third questionnaire to be discussed here is one of the instructor's invention used by him prior to the writer's interest in the series and existence of the first two questionnaires previously mentioned. The questionnaire was used at the completion of the series. Because it required essay type answers, it is highly subjective in character. Instruction to the respondent was thus:

"As a means of improving the Children's Speech Development program which has been offered, you are asked to comment on the various areas mentioned below. Do not feel limited by the space allotted each area. If you wish to comment upon any aspect of the program not covered, such comments will be appreciated."

The areas mentioned and seeking response were: personal background (such as sex, age, profession) reason for enrollment, comments about course content, comments about distributed material, specific recommendations for improvement of program, and additional comments.

Three questionnaires were used, then, for evaluative purposes. Two were designed by the writer, one to be used at the beginning of the series, and the other to be used at the close of lectures series. The third questionnaire used was the one answered at the close of the lecture series conducted before research for this thesis began.

CHAPTER IV

SUBJECT MATTER CONTENT

Four Week Lecture Series

The four week lecture series on speech development and speech and hearing problems commenced by asking each individual enrolled in the series to answer a questionnaire¹ which was administered to the participants at registration. The completed questionnaires, which were analyzed before instruction began, indicated the areas of speech and hearing about which the participants most wanted to learn. The area respondents desired to know more about were emphasized in the lecture. Areas receiving few or no requests were mentioned only briefly for general knowledge.

With the aid of the registration questionnaires, all but one area of speech and hearing tentatively planned to be included in the lectures were treated in the manner mentioned above. The one exception was the area of speech development. It was thought by the instructor to be important in the understanding of all speech abnormalities and was included in every first lecture of a series. Development of speech was traced through such phases as: undifferential crying, differential crying, babbling, lalling, echolallia,

¹Refer to appendix, p. 55.

and finally, "true" speech. It was at this lecture that parents were made aware of proper speech stimulation for good speech development.

The subject of mental retardation was included in the initial lecture because of its marked effect upon the normal development of speech. Delayed speech was also included since it is a result of atypical speech development.

The following four sets of mimeographed material pertaining to speech development and speech problems were distributed to the participants during the course of the series:

1. A Chronological Language Development Chart²
2. "Help Your Child To Good Speech"³
3. "Does Your Child Talk Baby Talk"⁴
4. "Materials for Home Speech Practice"⁵

The chronological language development chart and "Help Your Child to Good Speech" were distributed at the first meeting.

The chart of normal language development illustrated the child's chronological age for the appearance of individual sounds, numerical size of vocabulary, the grammatical word type, sentence length in words, the percentage of intelligibility of a child's speech.

²Refer to appendix, p. 57.

³Ibid., p. 58.

⁴Ibid., p. 63.

⁵Ibid., p. 68.

The material "Help Your Child to Good Speech" included a plan for a home speech program. It listed such suggestions as: talk to your child when he's still at "crib age", provide good speech models for your child, use a simple vocabulary when talking to your child, encourage your child to ask for what he wants, give your child a chance to talk, play rhythmic games with the child, tell him stories, and provide your child with stimulating play. It also included the basic needs of children which require satisfaction to insure normal speech development.

Included in the initial lecture following the discussion about speech development was general information pertaining to speech correction; the incidence of speech problems found among school children, the varieties of speech problems encountered, the role of the speech therapist, and the role of the parent in the speech therapy program.

Sixty six per cent of those attending the lectures were parents of children with speech problems. Therefore, the first lecture was so designed as to briefly introduce all common types of speech problems and induce the parent, no matter what the area of concern to feel that the instructor was interested in speech and hearing problems and had something to offer. The remaining 34 per cent of the class members, who were not parents of children with atypical

speech, were adults interested in speech and hearing or teachers concerned about the speech of their students and eager to help those who could benefit from speech stimulation in the classroom. The instructor, realizing that teachers can have an important influence on the speech of their students, designed his lectures so that the teachers received helpful hints for classroom use. Designing instruction to meet both the demands of parents and teachers worked to the advantage of both groups. Teachers understood what could be done at home for the child with atypical speech and parents knew how the teacher could help in the classroom.

Lecture number two in the four week series concerned itself with articulation problems. The questionnaires used in the study showed about 55 per cent of the participants were primarily interested in learning about articulatory speech problems. Because the majority were particularly interested in the area of articulation problems, many questions were directed to the instructor during the lecture and occupied much of the meeting time. For this reason the instructor confined the discussion of the second lecture only to the one subject area, that of articulation.

The second lecture commenced with a description of the four basic types of articulation errors: omissions, additions, substitutions, and distortions. The causes of these misarticulations followed and were related to the

previous week's instruction to show possible cause and effect relationships. The instruction helped each parent to determine if their child's speech difficulty was articulatory in nature, the type of articulation problem, and what may have attributed to its development. The instructor found from experience with parents that once they sought professional advice and understood why their child was having speech difficulty and the nature of the disorder, the problem was easier for them to accept and constructive measures were willingly begun in the home. For this reason the types of articulation problems and their most common causes were given importance in the lecture.

The latter half of the second lecture was concerned with the methods used in helping children with articulatory speech difficulties at home and in the classroom. Games for making speech training fun were suggested. Two selections written by the instructor entitled "Does Your Child Talk Baby Talk" and "Materials for Home Speech Practice" were distributed. They contained helpful ideas for home speech stimulation with a child making articulatory errors. It was made clear to those attending the lectures that although much could be done at home and in the classroom to help a child overcome his speech difficulty, a trained speech therapist should supervise the corrective measures. The participants were advised how to cooperate effectively with

a trained correctionist. It was not the aim of the instructor to make speech therapists out of those attending his lectures.

The third lecture of a four week series included both speech problems associated with impaired hearing and stuttering. The portion of the lecture dealing with hearing employed the use of a film. One of two films was used, depending on the childrens ability: "Reaching Into Silence" and "That the Deaf May Speak."⁶ They helped involve the learners in the problems of the hard of hearing and deaf and gave them insight into the reasons for speech difficulties in those with impaired hearing. The film was particularly helpful in that it stimulated interest in those who were not personally involved with a hard of hearing child or adult.

By counseling new hearing aid wearers and their families the instructor found that few people realize that a hearing aid does not restore one's hearing to normal and that auditory training with the aid is necessary for satisfactory results in most cases. He also found that few knew how to go about selecting an aid. To correct erroneous ideas some of his audience may have had about hearing aids and their selection, the instructor outlined the correct procedure for insuring a reliable fitting and the required steps a new hearing aid wearer should take to become used to the new sounds and learn to discriminate between

⁶A list of films with the lecture series is contained in the appendix, p. 50.

them. Hearing aids were demonstrated to the participants to illustrate the aid's limitations and rehabilitation potential. Each participant was offered the opportunity to inspect the instrument closely and listened to the aids distortion of the sound entering its microphone. The instructor encouraged those who would be purchasing an aid in the future to go to a non-profit speech and hearing center for a hearing aid evaluation by qualified persons before making the final selection.

The types of aids available, their expectations and limitations, care of the aid, who can benefit from an aid, price, and charitable organizations who supply aids to those not able to afford the instruments were discussed. The importance of auditory training for the hard of hearing was emphasized in the lecture. Also included was mention of the types of hearing loss, their etiology and prognosis. The completion of the first hour dealing with hearing problems made way for the beginning of the subject of stuttering.

The theory of stuttering presented to the class closely followed the one offered by Wendell Johnson.⁷ The instructor began the section of the lecture on stuttering by stating that stuttering begins as a problem -- "in the

⁷Wendell Johnson, (ed.), Stuttering in Children and Adults, (Minneapolis: University of Minnesota Press, 1955).

listener's ear." This was an unusual approach to stuttering and immediately captured the participant's interest.

Various theories of stuttering were briefly summarized for general interest and concluded with the fact that no one theory of stuttering is accepted by all authorities.

Tape recordings of stutterers aided the instructor in his presentation and clearly illustrated the various kinds of speech patterns included in the category of stuttering. A stutterer who was receiving speech therapy from the lecturer volunteered his time to talk to the group about his concepts of stuttering and answered questions directed by participants.

The fourth lecture of the four week lecture series opened with a discussion concerning cleft palate. The four principal types of cleft were discussed: cleft of the soft palate only, cleft of the soft and hard palate, cleft of the soft and hard palate and one side of the premaxilla, and cleft of the soft and hard palate and both sides of the premaxilla. A film, "Children With Cleft Palate,"⁸ was used to augment what had been presented in the lecture. The clinical approach to speech correction with cleft palate children following complete surgical repair was included in the lecture. Home helps to aid the speech therapist in

⁸Refer to appendix, p.50.

her program for the cleft palate child were suggested.

The later part of the fourth lecture of the four week series was devoted to questioning of the instructor by class participants about personal problems concerning speech or hearing disorders in their children or students.

Before the class dissolved at the end of a session each class participant was again asked to complete a questionnaire. Designed primarily for use in this thesis, the questionnaire also offered the instructor an objective evaluation of the lectures from the standpoint of those attending them.

Six Week Lecture Series

The six week series presented the same subject matter as did the four week series, but in more detail. More time was allotted for the instructor to present his material and thus more illustrations, more time for questions, and more details were included in the presentation. Since the only major difference between a four week and six week session was the duration and amount of material covered by the individual lectures, the six week series will not be discussed as was the four week series. An outline showing the subject breakdown for the four and six week series can be found in the appendix of this thesis.⁹

⁹Ibid., p. 50.

CHAPTER V

EVALUATION OF LECTURE SERIES

An evaluation of the lecture series will be based on two methods of study:

1. The subject matter presented in the lectures will be examined to determine if they satisfied the objectives of the lecture series.
2. The responses found on the questionnaires used at the final lecture will be compiled into favorable and unfavorable reactions to the lecture series and will be noted and examined by the writer to draw a conclusion for use in the evaluation.

The former method will be discussed first.

In the initial method of evaluation each objective will be noted and followed by a summary of the subject matter the series presented in fulfillment of it. The method employed in evaluating the lecture series will be to examine the subject matter presented to determine if it fulfilled the objectives.

First objective:

"To inform parents of the normal speech development process in children."

The first meeting of all series devoted the full two hours of lecture to the subject of speech development. Speech starting with the birth cry, undifferential crying, differential crying, babbling, lalation, echolalia, and true speech to the speech of the seven year old child was discussed by the instructor to show the development of speech. The sequence of sound development after "true" speech begins was included in the lecture. It seems safe to conclude from an examination of the lecture's content that the first objective was well fulfilled.

Second objective:

"To provide parents with basic guides in observing and helping their children to develop normal speech."

The material offered in fulfillment of the objective was in the form of home helps. The first lecture, having to do with speech development, was accompanied by a four page mimeographed pamphlet¹ prepared by the instructor which listed numerous suggestions for helping the child develop good speech. At the time when the pamphlet was distributed the instructor discussed each suggestion offered in it and answered any questions about home helps for speech development that his audience asked.

¹Ibid., p. 58.

The second lecture of all series dealt with articulation problems and two mimeographed hand-out sheets entitled "Does Your Child Talk Baby Talk?" and "Materials for Home Speech Practice"² suggested further home helps for children having articulation problems.

Home helps to aid the hard of hearing child in auditory training were included in the instructor's presentation. He suggested types of activities that the parents could easily do with their hard of hearing youngster that would help the child become familiar with everyday sounds. Sound guessing games and recorded music were mentioned as good means of teaching those with impaired hearing to learn to listen. Parents attending the lecture were advised to talk a great deal to their hard of hearing child to strengthen the child's ability to speech read.

During the discussion on stuttering the instructor advised parents who have children under seven years old that stutter to avoid making an issue about the child's repetitious speech and drawing the child's attention to his difficulty. Suggested helpful home measures for parents of stutterers over seven years old centered around lessening of emotional pressures. The suggestions for stutterer's parents offered the adults a guide to follow at home to help improve their child's speech.

Because cleft palate problems can be treated

²See appendix, pp. 63, 68.

similarly to articulatory problems the home helps offered during the lecture on abnormal articulation applied equally well to the topic of cleft palate.

The final lecture of the series was planned so that the last hour would be a time when participants could feel free to ask further questions about speech or hearing which they wished answered. When parents requested further suggestions usable in the home corrective program, the instructor provided ideas that might prove helpful for the particular incident cited by the parent.

It would seem from the available data presented in the past five paragraphs that the second objective -- to provide parents with basic guides in observing and helping their children to develop normal speech -- was well met by the lecture series. Suggestions that might be used in the home were offered with each area of speech and hearing discussed.

Third objective:

"To acquaint parents with the real problems which do arise and can be classified in the category of a speech and hearing problem in need of professional advice and guidance."

A review of Chapter IV reveals that delayed speech, articulation problems, impaired hearing, stuttering and cleft palate speech were discussed. It seems that the lecture series fell short of fulfilling the third objective, however, by not including voice disorders and speech problems resulting

from aphasia and cerebral palsy.

Fourth objective:

"To present parents with the information they need in order to cooperate effectively with speech and hearing specialists."

The objective was intended to be fulfilled by the instruction presented over the four and six week periods. A general knowledge of the various areas of speech and hearing would prepare a parent or interested adult to cooperate with a specialist helping a child with any of the areas covered by the lectures. Those attending the lectures were told that they were not receiving instruction that would qualify them to be therapists but rather instruction that would prepare them to understand speech and hearing problems and accelerate the progress of a child with atypical speech.

Home helps were included in the presentations for the purpose of helping a speech and hearing specialist. A mental review of the subject matter presented in this thesis gives evidence that the fourth objective was also satisfactorily met.

The second method used to afford an evaluation of the lecture series will be taken from two sources. One source will be the questionnaire the author composed which were answered at the end of the series and the other source will be the questionnaires belonging to the instructor which were used at the close of lecture series conducted before research

began for the thesis. The questionnaire composed for the author's purposes will be discussed first.

The questionnaires provided an opportunity for those who had attended the lectures to express their feelings about the series at its completion. The respondents were requested by the instructor not to write their names on the returned questionnaire in the hope that a more valid indication of feelings about the series would result if the participants knew they would not be associated with the criticism they offered in writing.

Because questions on the questionnaire required an essay type answer and all responses were different they were difficult to categorize and compile into a final concrete criticism. To minimize the difficulty in tabulating answers to such questions, the responses were grouped into "favorable," and "unfavorable," and "no indication" categories. The answers to the remaining questions were categorized into affirmative or negative groupings.

The questions and responses from the author's questionnaire used at the closing lecture follow. Only the questions and answers pertinent to the evaluation have been considered here. The question found on the questionnaire is quoted and the response to it indicated. The numbers in parenthesis are the chronological numbers accompanying the question on the questionnaire.

- I. "If there was a phase of speech development in which you were particularly interested and feel was not adequately covered by the instructor, please note." (2)

A. Eighty-nine per cent of the participants indicated that they felt all areas of speech and hearing were adequately covered. The remaining 11 per cent gave the following three criticisms:

1. "--not enough detail."
2. "--too much time devoted to stuttering."
3. "--not enough about brain damaged children."

- II. "Do you feel your questions were adequately answered?" (4)

A. All but one respondent replied favorably.

One respondent failed to answer the question.

- III. "In your opinion do you think the class should devote more time to question and answer periods?" (5)

A. Eighty-nine per cent of the participants offered a negative answer to the above question. The remaining 11 per cent were in favor of extending the time spent on question and answer periods.

- IV. "Was the presentation of the material easy to understand?" (6)

A. There was an unanimous "yes" reply to the question.

- V. "Do you feel the use of recordings and visual aids were effective?" (7)

A. Eighty-three per cent of the respondents offered a positive reply. Seven per cent suggested that in the future more aids to instruction be used.

VI. "Do you feel the class justified the fee charged at the first meeting?" (8)

A. Like question number six, question eight also received an unanimous "yes" vote.

VII. "Any further comments concerning the lectures you may have will be greatly appreciated (complimentary or otherwise)!" (11)

A. It was desired that the answers to the question would give indication of the participants' overall reaction to the lectures. Fifty-one per cent wrote favorable comments and offered no suggestions for improvement. Ten per cent offered a favorable reaction to the series with the following reservations:

1. More films and recordings were needed.
 2. The instructor appeared to think some questions asked of him were foolish.
 3. A greater effort should be made to reach parents and teachers.
- B. Six per cent offered no comment other than more movies on speech development would be beneficial. The remaining 33 per cent of the questionnaires were void of comment.

Favorable comments greatly outnumbered negative criticisms. Typical favorable remarks were:

1. "Information supplied in this course would be excellent for all parents and teachers."
2. "I thoroughly enjoyed the class and the understanding shown by the instructor, also the demonstrations and movies."
3. "Thank you for a most informative and stimulating class!"
4. "I have enjoyed the course and feel stimulated. I have become aware of problems I knew little about."
5. "Thanks to Dr. Hansen -- I think my child will go happily off to kindergarten next fall ---- because Name has relaxed about the lack of "s" and "k"."
6. "I think this class has been very valuable and very interesting. If we ever have children I think we will be more capable of helping our children to develop good speech habits."
7. "I have found the course most interesting and stimulating. This parent has gained a great deal of understanding of her six year old, and I look forward to having him evaluated and helped."
8. "Excellent! -- wish more people felt 'an ounce of prevention is worth a pound of cure'!"

The set of thirty six questionnaires belonging to the instructor and answered prior to the beginning of research for the thesis was subjective in nature and was suited as a device to be used at the completion of the series for measuring favorable and unfavorable reactions to the lectures. The over-all responses noted on the questionnaires were categorized under the headings of "favorable," "no definite indication," and "unfavorable." Seventy-eight

per cent of those questioned responded with very favorable comments. Twenty-two per cent gave neither a favorable or unfavorable response -- no definite indication was given. There were no questionnaires indicating an over-all unfavorable response to the lecture series.

The favorable comments were very similar to those found on the author's final questionnaire previously mentioned. A greater variety of suggestions for improvement of the series was noted on the instructor's questionnaires, however. The suggestions were:

1. Of thirty-six respondents, six felt the lectures were too general in approach. They would have liked to hear more detail about all areas of speech and hearing, especially delayed speech.
2. Three respondents were concerned about the lack of class participation and thought that either the audience could have been smaller or a different method of questionning used to get the timid members to respond.
3. One respondent wanted to see less dependence on questions from the audience.
4. Two participants thought a greater effort should be made to publicize the lectures so that more people would attend.

5. One was in favor of earlier publicity.
6. One respondent wanted more audio-visual aids.
7. One participant would have liked to see an individual who had received therapy and showed improvement.
8. One participant suggested the inclusion of more information about lip reading.
9. One respondent felt a large speech development chart at the front of the room would have been helpful.

CHAPTER VI

SUMMARY AND CONCLUSION

Lecture series were planned and conducted for adults interested in speech development and speech and hearing problems. The procedures and difficulties encountered were recorded and subject matter content was examined to determine if the series' goals were fulfilled. In addition to a set of final questionnaires used with series conducted before work on the thesis began, two sets of questionnaires were constructed by the writer and distributed to each participant; one was answered at the first meeting of the series and the other answered at the last meeting. The responses found on the questionnaires were compiled and converted into usable numerical terms for use in the evaluation of the lecture series.

An examination of the subject matter seems to show that all the goals of the lecture series but one were well fulfilled. The third objective -- to acquaint parents with the real problems which do arise and can be classified in the category of a speech and hearing problem in need of professional advice and guidance -- fell short of being fulfilled by the absence of instruction about voice disorders and speech problems associated with aphasia and cerebral palsy.

The negative criticisms offered by participants of the series follow:

1. The instructor did not make enough use of films and recordings.
2. The instructor appeared to think some questions asked of him were foolish.
3. The lectures were too general in approach.
4. The instructor should have made a greater effort to induce the timid participants to talk.
5. There was too much dependence on questions from the audience.
6. The lecture series did not include enough information about lip reading.
7. There were not enough "live models."

It should be noted that no criticism presented above was offered more than three times by the participants except for criticism number four. Six respondents felt the lectures were too general and wanted more detail.

The typical positive comments offered by the participants about the series were as follows:

1. "Information supplied in the lectures would be excellent for all parents and teachers."
2. "I thoroughly enjoyed the class and the understanding shown by the instructor."
3. "Thank you for a most informative and stimulating class."

4. "I have gained a great deal of understanding about my six year old's speech problem."
5. "Excellent! -- Wish more people felt 'an ounce of prevention is worth a pound of cure'!"
6. "I have relaxed about my child's lack of 's' and 'K' in her speech."
7. "I have enjoyed the course and feel stimulated . . . have become aware of problems I knew little about."

A review of the study leads the writer to conclude that the lecture series were successful in regard to the fulfillment of their objectives with the exception that three types of speech problems were excluded from the lectures. The series appears to have gained the approval of the majority of participants. Except for minor negative criticisms for improvement of the lectures, the lecture series appear to have been a success both from the judgement of the evaluator and the participants of the lectures.

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APPENDIX

SUBJECT MATTER OUTLINE

The following is a subject matter outline of a lecture series of four weeks duration and a series of six weeks duration.

I. Four Week Lecture Series

A. Lecture One

1. Introduction to the lecture series
2. Speech Development
 - a. undifferential crying
 - b. differential crying
 - c. babbling
 - d. lalling
 - e. echolalia
 - f. "true" speech
3. Mental retardation and its effect on speech development
4. Delayed Speech
5. General information about speech correction
 - a. incidence of speech problems found among school children.
 - b. varieties of speech problems found among school children
 - 1) stuttering
 - 2) articulation
 - 3) voice problems
 - 4) delayed speech development
 - 5) cleft palate speech
 - 6) speech defects associated with defective hearing
 - c. role of the speech therapist
 - d. parental help and understanding

B. Lecture Two**1. Articulation Problems****a. four types of articulation problems**

- 1) omissions
- 2) additions
- 3) substitutions
- 4) distortions

b. causes of articulation problems**c. methods used by therapists in correcting articulatory problems****d. printed material for use at home**

- 1) "Help Your Child to Good Speech"
- 2) "Does Your Child Talk Baby Talk"
- 3) "Materials for Home Speech Practice"

C. Lecture Three**1. Hearing Problems****a. film: "Reaching Into Silence" or "That The Deaf May Speak"****b. types of hearing loss****c. the selection of a hearing aid****d. auditory training****2. Stuttering****a. theories and therapies of stuttering****b. tape recordings of stutterers****D. Lecture Four****1. Cleft Palate**

- a. four types of cleft palate
 - 1) cleft of the soft palate only
 - 2) cleft of the soft and hard palates
 - 3) cleft of the soft and hard palates and one side of the premaxilla
 - 4) cleft of the soft and hard palate and of both sides of the premaxilla
- b. film: "Children with Cleft Palate"
- c. clinical approach to speech therapy for the cleft palate child.
- d. home helps to aid the therapist

2. Conclusion of the lecture series

II. Six Week Lecture Series

A. Lecture One

1. Introduction to the lecture series

2. Speech development

- a. undifferential crying
- b. differential crying
- c. babbling
- d. lalling
- e. echolalia
- f. "true" speech

3. Mental retardation and its effect on speech development

4. Delayed speech

5. General information about speech correction

- a. incidence of speech problems found among school children
- b. varieties of speech problems found among school children
 - 1) stuttering
 - 2) articulation
 - 3) voice problems
 - 4) delayed speech development
 - 5) cleft palate speech
 - 6) speech defects associated with defective hearing
- c. role of the speech therapist
- d. parental help and understanding

B. Lecture Two

1. Articulation Problems

- a. four types of articulation problems
 - 1) omissions
 - 2) additions
 - 3) substitutions
 - 4) distortions
- b. causes of articulation problems
- c. methods used by therapists in correcting articulatory problems
- d. printed material for use at home
 - 1) "Help Your Child To Good Speech"
 - 2) "Does Your Child Talk Baby Talk"
 - 3) "Materials For Home Speech Practice"

C. Lecture Three

1. Hearing problems

- a. film: "Reaching Into Silence" or "That The Deaf May Speak"
- b. Kinds of hearing loss
- c. the selection of a hearing aid
- d. auditory training

D. Lecture Four

1. Stuttering

- a. theories and therapies of stuttering
- b. tape recordings of stutterers

E. Lecture Five

1. Cleft Palate

- a. four types of cleft palate
 - 1) cleft of the soft palate only
 - 2) cleft of the soft and hard palate
 - 3) cleft of the soft and hard palate and of one side of the premaxilla
 - 4) cleft of the soft and hard palate and of both sides of the premaxilla
- b. film: "Children With Cleft Palate"
- c. clinical approach to speech therapy for the cleft palate child
- d. home helps to aid the therapist

F. Lecture Six

1. General Review
2. Evaluation of the lecture series
3. Concluding remarks

MOTION PICTURE FILM LIST

The following three films were used in connection with the lecture series:

I. "That The Deaf May Speak"

Ideal Pictures, 1952 42 minutes color

Sponsored by the Lexington School for the Deaf,
Produced by Campus Film Productions.

II. "Children With Cleft Palates"

Michigan University, 1956 29 minutes color

III. "Reach Into Silence"

University of Southern California, 1957

14 minutes color

Sponsored by the John Tracy Clinic and Beltone
Hearing Aid Company

AN UNDERSTANDING PARENT MAKES THE DIFFERENCE

"Look at my new wed dwess," says a blue-eyed girl. "Where is my g-g-gun?" struggles a young cowboy. "I'm see a book," a 6-year-old remarks. And many mothers find themselves asking what can be done to help their children's speech.

The Tracy P.T.A. Council will feature a new and rewarding experience for parents in the field of children's speech development. Designed to help parents PREVENT speech problems as well as to AID parents of all speech and/or hearing handicapped children. The six-week series is open to all parents, teachers, nurses, and other interested people.

- OBJECTIVES:**
- A. To inform parents of the speech development in children during infancy and childhood.
 - B. To provide parents with an understanding of basic home helps for improving the child's speech.
 - C. To acquaint parents with children's speech and/or hearing problems, delayed speech, baby talk, stuttering, hard of hearing, cleft palate, and mental retardation.
 - D. To present parents with the information they need in order to cooperate effectively with speech and hearing specialists.

INSTRUCTIONS:

Classes-stimulated by tape recordings, films, filmstrips and other media. Special prepared pamphlets will be distributed to participants.

WHEN:

Beginning Wednesday, February 1, 1961, at 7:30 p.m. Parents will meet six consecutive Wednesdays; one two-hour meeting each period.

WHERE:

Central Elementary School, Tracy, California

FEES:

A fee of \$1000 covers the expense of the six-week series for one or both parents. Fee will be payable at the first meeting.

INSTRUCTOR:

Dr. Halver P. Hansen, Associate Professor

Further Information
Available:

Speech & Hearing Clinic
University of California Pacific

Mrs. Arthur Reutt

TE 5-2945

SPEECH DEVELOPMENT PROGRAM

The Speech and Hearing Clinic, University of the Pacific, will feature a new and rewarding experience for parents in the field of children's speech development.

- OBJECTIVES:**

 - A. To inform parents of the speech development in children during infancy and childhood.
 - B. To acquaint parents with children's speech and/or hearing problems (delayed speech, baby talk, stuttering, and hard of hearing).
 - C. To provide parents with an understanding of basic home helps for improving the child's speech.
 - D. To present parents with the information they need in order to cooperate effectively with speech and hearing specialists.

INSTRUCTIONS: Classes-stimulated by special prepared pamphlets, tape recordings, films, filmstrips, and other media.

WHEN: Beginning Wednesday, October 5, 1960, 7:30 pm. The program will run for a period of six weeks; one two-hour meeting each week.

FEE: A fee of \$5.00 covers the expense of the program for one or both parents. Fee will be payable at the first meeting.

INSTRUCTOR: Dr. Halver P. Hansen, Associate Director
Speech & Hearing Clinic
University of the Pacific

WHERE: University of the Pacific, Bannister Hall
Room 109

Detach here and mail

SPEECH AND HEARING CLINIC

UNIVERSITY OF THE PACIFIC

I am interested in the speech development program at the University of the Pacific and wish to enroll in the class.

Name _____ Address _____

City _____ **Telephone** _____

AN UNDERSTANDING PARENT MAKES THE DIFFERENCE

"Look at my new wed dwess," says a blue eyed girl. "Where is my g-g-gun?" struggles a young cowboy. "I'm see a book," a 6-year-old remarks. And many mothers find themselves asking what can be done to help their children's speech.

Rio Vista will feature a new and rewarding experience for parents in the field of children's speech development. Designed to help parents PREVENT speech problems as well as to AID parents of speech and/or hearing handicapped children. The four-week series is open to all parents, teachers, nurses, and other professional people.

OBJECTIVES: A. To inform parents of the speech development in children during infancy and childhood.

B. To provide parents with an understanding of basic home helps for improving the child's speech.

C. To acquaint parents with children's speech and/or hearing problems, delayed speech, baby talk, stuttering, hard of hearing, cleft palate, and mental retardation.

D. To present parents with the information they need in order to cooperate effectively with speech and hearing specialists.

INSTRUCTIONS:

Classes - stimulated by tape recordings, films, filmstrips and other media. Special prepared pamphlets will be distributed to participants.

WHEN:

Beginning December 1, 1960 at 7:30 p.m. Parents will meet four consecutive Thursdays; one two-hour meeting each period.

WHERE:

Riverview Cafeteria, 520 South Second St., Rio Vista, California.

FEES:

A fee of \$5.00 covers the expense of the four-week series for one or both parents. Fee will be payable at the first meeting.

INSTRUCTOR:

Dr. Halver P. Hansen, Associate Director,
Speech & Hearing Clinic
University of the Pacific

QUESTIONNAIRE

Sex _____

Age _____

Profession _____

Are you a parent? _____

Age of children (or child) _____

Does your child have a speech problem? _____

If so, what kind of problem? _____

Are you attending this class with your spouse? _____

From whom, or what, did you hear about this course? (Newspaper,
teacher, school speech therapist, brochure, doctor)

What is your reason for enrolling in this class? _____

If there is any one phase of speech and hearing problems in
which you are particularly interested, please
note. _____

Please answer the following questions with "yes", or "no":

Do you encounter children with speech problems in
your profession? _____

Have you attended a lecture presented by this
instructor before enrolling in this class? _____

Do you believe that, in most cases, the child is
born with his speech problem? _____

Should the child, when under the guidance of the
speech therapist, be helped at home with his
speech? _____

When given the opportunity, do you ask the stut-
tering child to slow down and try again when a
mistake occurs? _____

At what age do you think children master all the
speech sounds? _____

Judging from your past experiences, does it seem
likely to you that a child, once he is made aware
of his speech error, can quickly eliminate it?

SPEECH DEVELOPMENT CLASS

The following questions are designed to help the instructor in further offerings of this class for adults. Your co-operation in answering them will be appreciated.

1. If you are the parent of a child with a speech problem, please indicate the kind of problem _____
2. If there was a phase of speech development in which you were particularly interested and feel was not adequately covered by the instructor, please note. _____
3. What area of speech development (or hearing) most interested you? _____
4. Do you feel your questions were adequately answered? _____
5. In your opinion, do you think the class should give more time to question and answer periods? _____
6. Was the presentation of the material easy to understand? _____
7. Do you feel the use of recordings and visual aids were effective? _____
8. Do you feel the class justified the fee charged at the first meeting? _____
9. If you were unable to attend all of the lectures, please circle the night, or nights you were unable to come:
1st, 2nd, 3rd, 4th. _____
10. Many people, after enrolling in a class of this nature, feel at its completion that new ideas and attitudes have replaced some of those held at the time of enrollment. If this class has brought about a new understanding of some phase of speech development for you, please note the change in the following space:
11. Any further comments you may have concerning the class will be greatly appreciated (complimentary or otherwise):

As a means of improving the Children's Speech Development program which has been offered, you are asked to comment on the various areas mentioned below. Do not feel limited by the space allotted each area. If you wish to comment upon any aspect of the program not covered, such comments will be appreciated.

PERSONAL BACKGROUND (Such as sex, age, profession)

REASON FOR ENROLLMENT

COMMENTS ABOUT COURSE CONTENT

COMMENTS ABOUT DISTRIBUTED MATERIAL

SPECIFIC RECOMMENDATIONS FOR IMPROVEMENT OF PROGRAM

ADDITIONAL COMMENTS

SPEECH AND HEARING CLINIC LANGUAGE DEVELOPMENT

Measure of Development	Age in Years										
	1	1½	2	3	3½	4	4½	5	5½	6½	7½
	Age in Months										
	12	18	24	36	42	48	54	60	66	78	90
Appearance of Individual Sounds	(The indicated age of appearance of the individual sounds represents the upper limit of normality. Any sound may-and frequently does-appear before the age indicated.)				(a)	(k)	(f)	(l)	(s)		
					(b)	(g)	(v)	(z)			
					(p)	(t)	(sh)(r)				
					(h)	(d)	(zh)(hw)				
					(w)	(n)	(th)(ch)				
					All vowels	(ng)	(vo)(th)				
						(y)	(j)				
Numerical Size of Vocabulary	First word to 100 words	20-300 words	200-words	900 words		1500 words					
Word Type (Each type appears with the most common on top.)	Neouns sense Verbs Other	Nouns Verbs Other	Neouns Verbs Other	Verbs Nouns Pre. Adj.		Verbs Pro. Nouns					
Sentence Length in Words	Single word	Two words	Three words								
Percentage of Intelligibility of Child's Speech	25%	66%	90%			100%					

UNIVERSITY OF THE PACIFIC

SPEECH AND HEARING CLINIC

HELP YOUR CHILD TO GOOD SPEECH

Five-year old Johnny Burton, an attractive and intelligent youngster, had come with his mother to Johnny's school for their first appointment with Miss Clark, the school's speech consultant. The red-cheeked little boy sat quietly and didn't seem to have a care in the world, but his mother looked worried, and she fidgeted with the clasp on her purse.

When Miss Clark asked Johnny his name, he mumbled something that sounded like, "Aw-woo" and, pointing to a toy truck on her desk, exclaimed, "Tika eh pun oo!" Then, forgetting the boy, Johnny reached for a stack of animal pictures and scattered them over the desk. Taking advantage of Johnny's interest, Miss Clark pointed to several of the pictures and asked him the names of the animals. "Aha... oata... ta" was his answer.

Mrs. Burton turned nervously to the speech consultant. "Is it possible that he can be tongue-tied?" she asked. "His grandfather didn't talk until the age of seven. Do you think that Johnny has inherited bad speech?"

Miss Clark not only reminded Mrs. Burton that a doctor's examination of Johnny had shown no physical defects; she also assured her that children do not inherit baby talk.

"Boys and girls are not born with an innate ability to speak," Miss Clark went on. "They must learn every step of the complicated speech process. Somehow or other Johnny did not get the help he needed in developing good speech, and now we will have to work patiently and understandingly with him until he overcomes his faulty speaking habits."

PLAN A HOME SPEECH

If you, like Mrs. Burton, have a child who can't talk clearly, take him first to your family doctor to find

out if any physical defects are causing the trouble. Then go to a qualified speech therapist--one who works, perhaps, in your public school system or at a nearby college or hospital--for a diagnosis of your child's trouble and for treatment recommendations.

The authors have found that baby talk in a healthy and mentally normal child is rarely heard in a home where there has been a planned speech program. The eight suggestions that follow can be used as the basis for such a program. It should begin when a boy or girl is tiny and should continue until the child has mastered the fundamentals of speech.

1. Talk to your child when he's still at crib age. Even though you are sure that your baby cannot understand you, you must realize that his babbling back is his first attempt at speech. And when your baby does coo and make strange noises, answer him and make noises with him.

As your child reaches the toddling age, give him plenty of speaking experiences. While he stands in his crib in his high chair, talk to him simply and slowly. Tell him about the food he is eating or about the objects in the room. Acquaint him with colors, textures, tastes, smells, and sounds that are new to him--and then with the words for them. Show him a toy dog, perhaps, and as he touches it and pets it, say, "This is a doggy, and a doggy says 'Bowwow!'" Keep repeating this association of object with sound until eventually your child begins to say something that sounds like "goggy," "doddy," or "bowbow."

Give your toddler plenty of time to babble just as he wishes without trying to make him pronounce words perfectly. Never silence him. Let him mouth and chew a new word in his own way. Proper pronunciation will come later.

When your child begins to use groups of words, talking to him is especially important. Parental chats open up new worlds to him and show that Mother and Father are interested in him. Take time to sit down quietly with your child for at least 15 to 20 minutes every day to talk to him and listen to him.

2. Provide good speech models for your child. Have you ever tried to understand a rapidly spoken foreign language in which you know only a few words? If so, you know how hard it is to make sense of what is being said. The child

who is learning to talk is in the same position; he, too, is groping for the meanings of sounds that are new to him.

Because learning a language is hard for any beginner, it is important that parents enunciate clearly at all times. When you talk to your child, make it a point to open your mouth so that the words come out distinctly. Speak slowly; give your youngster a chance to see as well as hear what you say. Sound each syllable; don't make his guess at your meanings. So that he understands, repeat what you have said, clarifying your ideas by using simple gestures or by pointing to objects.

3. Use a simple vocabulary when you talk to your child. Because a young child thinks in terms of uncomplicated actions and words, he can most easily understand simple brief sentences. If he asks for a ball and hears Mother reply, "Go downstairs and look for the ball in the box on top of the pile of papers that Daddy put under the stairway yesterday--and be careful of the stairs," the child will be utterly confused. But if Mother replies, "The ball is in the box under the stairway," he will easily understand.

In addition to using a simple vocabulary with your youngster, get his attention before talking to him. Thus forewarned, he can watch your lip movements at the same time that he hears your voice. Address him by name, then wait until he has turned to look at you before continuing to speak.

4. Encourage your child to ask for what he wants. Many cases of retarded speech result when oversolicitous parents give a youngster what he wants before he can ask for it. Don't anticipate your child's desires; rather, let him know that if he wants something, he must ask for it--even if he cannot say the words correctly. His pointing to the object is not sufficient.

5. Give your child a chance to talk. Whether Tommy is the only child or one of several in the family, his right to share in discussions should be recognized. If two children want to talk about an experience they had, the older child--because of his fluency in speaking--will usually dominate the conversation. If this continues, the younger child may soon stop trying to express himself and resignedly let others talk for him. To combat this, let one child tell part of a story; then ask the other youngster to add to it.

Be a good listener when your child talks about his experiences. Have you ever watched an adult when he realizes that no one is listening to him? He usually stops talking. When parents do not listen to a child, he, too, is likely to stop talking.

6. Play rhythmic games with your child. To a young baby a lullaby sung by his mother has the effect of a game that is being played with him, and its rhythmic pattern can aid a child's speech development. Later, rhythm games like pat-a-cake and pease-porridge-hot can be even more helpful, for as such games become familiar to most children. They themselves begin to say the verses.

Have you ever noticed young children stamping their feet or trying to dance to the well defined rhythm of radio music? By inventing little charades for a child to act out, such musical interest can be used as a basis for speech training.

Carefully chosen phonograph records, too, help stimulate speech. Recordings of animal noises, automobiles, telephones, and doorbells provide material for imitation and for training a child to listen to sounds in the world around him. The playing of recorded nursery rhymes, stories, and children's songs encourages a child to repeat over and over the parts that he particularly likes.

7. Tell your child stories. In most families story-time usually precedes the afternoon nap or bedtime. If children's stories sometimes bore you, take heart from the fact that they help your child learn better speech. A youngster loves to hear the same story again and again; through repetition he often learns the story well enough to retell parts of it to other children. To encourage this, choose stories with an oft-repeated refrain; "The Three Little Pigs," with its familiar "I'll huff and I'll puff and I'll blow your house in," is an example. Speech consultants find that read-to children are seldom retarded in speech.

8. Provide your child with speech stimulating play. Toy telephones, mamma dolls, construction toys, stuffed animals, and blackboards can be more than playthings; they can stimulate speech. Scrapbooks, filled with pictures chosen by a child, can also be used as practice material. As each new picture is casted in the book, it calls forth names and

experiences that are new to the youngster. A boy or girl may tell a surprising number of stories about a lion picture cut from a magazine, or a salmon picture torn from a can label.

Playmates who are near a child's own age will also stimulate his speech. With other boys and girls he can argue, tell stories, and play the rough-and-tumble games necessary for the development of the mental health that underlies good speech.

A CHILD'S OTHER NEEDS

A child has the best chance for developing normal speech when he gets the affection and attention that help him feel he is an important person. He needs to realize at all times that he is wanted--that he makes a real contribution to the family. He also needs consistent discipline so that he knows his rights as well as his prohibitions--that what is acceptable today will be equally acceptable tomorrow.

In addition to affection, attention, and consistent discipline, a child needs a home free from tension and unhappiness. Parents who bicker or quarrel often in front of their children invite childhood behavior maladjustments that may be accompanied by defective speech.

Parents should avoid saying things like "I know Jimmy should be talking by this time because Mary did. Something must be wrong with Jimmy." Each child needs to be allowed to develop in his own individual way. It may have been normal for Mary to have talked at the age of nine months; but it may be just as normal for Jimmy--equally healthy and intelligent--not to talk until he is two years old. Comparing one child with another is not only unfair to both youngsters; it may be harmful, too.

Parents who follow the suggestions outlined in this article will be giving a child a more-than-ever chance to develop normal speech. And they will also have the pleasure of knowing how much fun it is to teach a child to talk.

UNIVERSITY OF THE PACIFIC

SPECH AND HEARING CLINIC

DOES YOUR CHILD TALK BABY TALK?

"My child starts to school soon but still says 'Wabbit' and 'Punk You.' Will this hold him back in his school work? Will he have trouble learning to read? Will the other children make fun of him because of the way he talks?"

These and similar queries are not uncommon to speech specialists. Few modern parents, no matter how well versed they are in child care, know much about the fundamental tool-skill: talking. Certainly if your child's speech is not up to par with the children of his grade he may have difficulty learning to read and he may be teased about his way of talking. But what is par for the course of talking.

All of us have natural differences in our speech. Our speech usually reflects the part of the country from which we come or the way our parents talk. Men's voices are usually pitched lower than women's, but women in this country usually speak in a lower pitch than do women of the British Isles. The speech of children in the kindergarten and first grades usually is less accurate than that of children in the upper grades.

To constitute a problem, a person's speech must be noticeably different to the listener or cause the speaker himself to be concerned about it. If a child mumbles or distorts the sound of words, his speech is difficult to understand. If his voice is unusually harsh or high in pitch, the listener is distracted by the strange way the child talks. Your child may not be concerned yet about how he sounds to others. On the other hand, he may be so aware of his speech that he speaks only when it is absolutely necessary, and with increasingly disastrous self-consciousness.

It is also important that a young child speaks as well as the other children his own age. All of us learned to talk and we learned to walk. Just as we stumbled when first learning to walk, we naturally have to stumble some before becoming adept in our ability to talk. Out of the gurgles and coos we made as babies we gradually selected a few

noises and practiced them until they became familiar to us and recognizable English speech sounds to others. After more time we learned by imitation to string them together to form words.

Children normally learn to make the vowel sounds of our language by three years of age and they soon combine those with the easy to observe lip sounds. T, D, N, and M to make such familiar baby words as "papa," "mama," "bow-wow" and "baby". Soon after, the more complicated sounds appear - those made with the tongue tip T as in "top" and D and N as in "down". At about the same time the G and K sounds appear. These sounds are made with the back of the tongue raised. For example, K and G as in "cookie" and "go".

Soon a large vocabulary of words is built up using only the vowel sounds and a few easy consonants as material.

After the age of four and a half the other consonant sounds mature. These sounds require more delicate balances and intricate movements of the tongue - and still more finer discrimination of the very slight auditory differences in sounds. The difference between F and TH in the words "fire" and "thin" is quite audible to the adult ear - but to the young child this difference may seem too slight to call forth the effort of switching from one to the other.

Although these sounds gradually become more accurate as the child grows older, he may be inconsistent in the use of the sounds he is able to make. He may use a sound correctly but in the wrong word even though he uses the desired sound properly in other words. He may be able to say the K sound in "cake", but he may also say "can I have some candy?" This is not unusual and most children pass through this stage successfully without help. Some children don't, however, and they continue to say "can I have some Tandy" long after the other children his age are no longer talking this way.

Baby children start to learn to say Z at about the time they lose their baby teeth. Since the Z sound requires a narrow opening at the front of the mouth, some children attempt to fill the empty space left by the missing teeth by inserting their tongue tip in this space. Thus the TH sound appears in the place of the Z and the resulting lisp is heard as "Please tell me a thtory." This incorrect sound may continue long after the second teeth have made their appearance. These children can be helped if they are cautioned to pull their tongue back when attempting Z.

The H and L sounds are among the last sounds to stabilize in speech. Because the tongue is difficult to observe as this sound is made, children sometimes use the more easily observed Y sound which they learned at an earlier age. These children are heard to talk about "radio phogwana" and "gwandua" and "knocks" and "wadies" instead of "radio programs," "grandpa," "clocks," and "ladies."

Sometimes a child's need for speech or his opportunities to speak are limited. The child may have only a few words and what words he does use are like foreign words to everyone perhaps but his mother. One child at the age of five had a vocabulary limited to four words: "Yes," "no," and "Darn it." (Not a bad selection, we must admit if one had to be thus limited!)

Unless the child has a structural defect of the tongue, lips, or other parts of the mouth, or unless he is low in intelligence, or has a hearing loss, his speech and vocabulary can be improved easily by simple training, in a relatively short period of time.

Every child whose speech does not seem to measure up to the other children of the same age certainly should be examined by his family physician to see if some separable physical reason is accounting for his delayed speech. Rarely is the child's speech delay caused by tongue-tie. If your child is unable to lick milk off his upper lip, look under the tip of his tongue. If the main membrane extends to the tip of his tongue, his tongue may be restricted in its movement and may require alteration by your family doctor. Quite often the expression "Tongue-tied," when used by laymen, is really an erroneous attempt to describe the fact that the child's tongue seems to tangle and that he appears unable to perform the intricate gymnastics necessary for precise speech.

Consult a speech correctionist.

Many colleges and universities have speech clinics where your child may be examined free or for a nominal charge. These speech specialists will be able to tell you whether your child's speech is substandard and will be able to give you valuable advice as to how your child may learn better speech habits. Write to your school to find whether or not such services are available.

There are several things that will be considered by the speech specialists: Does your child have sufficient need to talk?

Speech acquisition requires effort and a desire to learn. If it is tacitly understood that grunts and gestures will suffice for "I want to go outside," or "May I have a cookie," speech will certainly be slow in coming.

A child should have several children of his own age to play with. Not too important a matter is the perfection of the speech of his playmates, because the desire to speak more and better will blossom through frequent contacts with children of his own age.

The quality of speech stimuli should be considered.

Radio and television have had far-reaching effects on the development of children's speech. But the time honored methods of teaching speech by the "look and say" routine are still effective. Looking through a magazine with baby and naming the pictures is still a rewarding method of teaching speech. The child often will prefer one special book or certain types of pictures and his choice should be given first consideration. Also, he often will try to name only the words he is ready to name and thus avoid the complication that parents introduce when they attempt the naming of pictures which contain sound combinations too difficult for the beginning speaker.

Because of this, alphabet books are not always helpful. They offer only a limited choice of words that are too complicated - and inappropriate - for the young child to learn too early. An alphabet book contains a picture for each of the 26 letters of the alphabet, but there are almost twice 26 speech sounds in the English language. Thus the child's practice vocabulary is severely restricted and the representation of sounds is almost certain to be inadequate.

Several helpful and inexpensive word books are available. On one page of these books may appear "the family" - mother, father, brother, sister, and grandparents and assorted relatives. On another page various articles of wearing apparel may be shown, on another, animals, or toys, or numbers. Some of these words, it is true, he will not be able to pronounce readily. But on every page will be one or two words that he will be able to say easily and others he can learn to say with just a little coaching. The words he is unable to say can be left for future practice. In this way the unfortunate practice of teaching "Hippopotamus," "Zylophone" and other relatively difficult and unessential words is avoided.

If you are unable to find such a book, a scrap book of similar words can be started by you for your child. A good general rule to follow is to start with the words your child knows and can say, and add words that he can repeat easily after you say them first. He may be able to name the pictures of a "man" and a "baby" without help. Put these pictures in the scrapbook. You may find that he can say "finger" and "teeth" only after you say them for him first. Add these pictures also.

Knowing how sounds are made is a help in teaching your child.

Fortunately most of the sounds of speech are relatively easy to make. Try this simple game with your child. Ask him to talk "Monkey Talk" with you. Ask him to say Puh-Puh-Puh then Muh-Muh-Muh and Tuh-Tuh-Tuh. Do the same with Thh-Thh-Thh and Duh-Duh-Duh and Kuh and Duh said in the same way - then try Nuh-Nuh. If he is four or five he should have little trouble with these sounds. Now have him growl like a good r-r-r-r. Have him lick the top of his mouth to say Luh-Luh-Luh.

Have him kiss n-n-n-n and buzz v-v-v-v. Have him bite his tongue while he blows th-th-th and bite his lip when he blows f-f-f-f or buzzes y-y-y. Add sh-sh-sh and choo-choo and you will soon have an idea of the sounds he can readily make and those sounds which require more practice.

By means of this simple game you may find that only one or two sounds are in error. Some of these errors can be handled easily by resorting to only five or ten minutes of practice each day. You and your child can learn to play together the delightful game of speech sounds, having real fun while practicing better speech. Five to ten minutes of coaching, if done every day, without fuss, but with patience and care, should show real gain in a period of a few weeks. If it doesn't, be sure to get in touch with your nearest speech specialist.

MATERIALS FOR HOME PRACTICE

Age Range 3-8

Purpose: Ear Training

In order to produce the sound correctly, the child needs to know how it sounds. For this reason the sound should be repeated over and over. The following suggestions are useful for this purpose:

Picture Cards.

Pictures which contain the sound on which the child is working are mounted on different colored cards approximately five by eight inches in size. These pictures should be interesting to the child and the words should be within his vocabulary. For instance, for the (k) sound suitable pictures would represent cow, cat, pony, duck, clock, cake, glow, chicken, cookie, corn, sun, car, truck, milk, goos, cup, christmas, etc. As the child looks at the pictures, repeat the name of the picture. The child enjoys looking at the pictures and usually likes to hold the cards. When the child is ready to say the words himself, the same cards may be used. Add new pictures from time to time.

Scrapbook.

A scrapbook can be made of pictures of objects whose names contain the sound. The name, with the difficult sound underlined or printed in red, is written below each picture.

Marble Game.

From a list of words or from a collection of pictures repeat the names of objects containing the sound being practiced plus a few words in which that sound does not occur. Each time the child hears the desired sound, he drops a marble into a box.

Stringing Beads.

Have a set of various colored beads and a long string. Repeat the names of pictures or objects which contain the

sound being practiced plus a few words in which that sound does not occur. As the child hears the correct sound, he may put a bead upon the string.

Guessing Game.

Use the picture cards for this game. Hold up three of the cards so that the child cannot see them. Name the cards for him. Lay one of the cards on the table. Ask the child to indicate which card it was by asking him, "Is it a cat?" "Is it a cow?" etc. The game can be reversed by letting the child hold the cards and the parent guessing which card was laid on the table.

Hide and Seek.

A hide-and-seek game may be played in which pictures or objects (doll, spoon, ball, pencil, fork, etc.) whose names contain the difficult sound are hidden in the room along with other pictures and objects whose names do not contain the sound. The child is to find as many of the objects as he can to place them in two piles -- one having the correct sound and one not having the correct sound. He is given points for each found and placed in the proper pile.

Collecting Points.

Simple speech games can be made more interesting by the use of different ways of scoring points. Picture cards or words written upon flash-cards may be used. Some of the pictures or words contain the sound on which the child is working, some do not. Each time the child picks out the sound on which he is working, he scores a point. The points may be scored in the following ways:

Poker Chips.

Have the same number of poker chips that you have pictures or word-card. Each time the child correctly picks out the sound on which he has been working he receives a poker chip. Count the chips at the end of the game. The child may want to keep track of his score from day to day, and thus chart his progress.

Tallys - Each time the child picks out the sound on which he has been working he may place a mark on a piece of paper. Count the marks at the end of the lesson.

THL 11

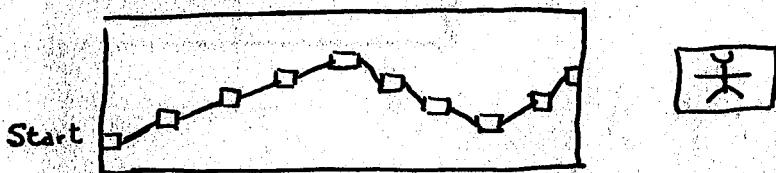
Drawing a Star - Each time the child picks out the sound on which he has been working he may draw a star. If the child is unable to draw the star, the parent may draw it for him and the child may color it. Count the stars at the end of the lesson.

Drawing a Stick Man - Each time the child picks out the sound on which he has been working he may draw part of the stick man. For instance, the first time he would draw the head, then the body, legs, arms, etc.



Building Dominos - Picture cards or words written upon flashcards may be used. Some of the pictures or words contain the sound on which the child is working, some do not. Each time the child picks out the sound on which he is working, he places a domino on end. He tries to see how long a row of dominos he can build. When he has built the row as long as he can, he will enjoy knocking the first domino over and watching the whole row collapse.

Treasure Hunt Game - On a piece of white paper draw a curved line to represent a path; place squares to represent stopping places. Use a toy car or truck or make a marker. Repeat words containing the sound being practiced plus a few words in which that sound does not occur. As the child hears the desired sound, he may advance on the treasure chart. This may also be used when the child is ready to pronounce the words.



Reading Stories.

Select a story which contains repeated words with the desired sound. Read the story to the child, making sure that he recognizes the sound. Some signal should be arranged so that the child will indicate that he recognizes the sound. The child will enjoy looking at the pictures which illustrate the story. Repeat the names of the pictures to the child. See if he can pick out the pictures whose names contain the correct sound. Wonder Books and Little Golden Books contain

the correct stories which are good for this purpose. The child may want to hear the story over and over.

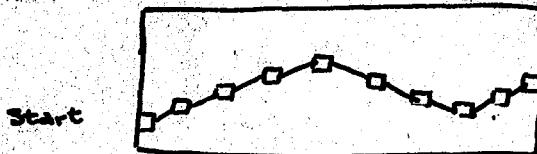
Ladder Game.

Draw a ladder on a piece of white paper. Repeat some of the words that have been used for ear training. Produce the sound correctly part of the time; part of the time say the sound as the student has done. Ask the student to tell you whether you are saying *bl* correctly or not. Whenever he makes a correct answer, he may go up and rung on the ladder.



Treasure Hunt Game.

Take a piece of white paper; draw a curved line to represent a path; place squares to represent stopping places. Use a toy car or truck, or make a marker. Produce the sound correctly part of the time; part of the time say the sound as the student has done it. Ask the student to tell you whether you are saying it right or not. Whenever he makes a correct response, he may advance in the Treasure Hunt Game.



Finding the Error.

The parent reads a story to the student in which five or six words which contain the sound on which the child has been working are used many times. The first time she reads the story, she imitates the student's errors, cupping her ear every time she does so. The student is asked to do the same thing. The second time, the teacher reads it correctly except for one word. The student is asked to cup his ear when he hears the one error.

Age Range 9-14

Purpose: Ear Training

In order to produce the sound correctly, the student needs to know how it sounds. For this reason the sound should be repeated over and over. The following suggestions are useful for this purpose.

Scrapbook.

A scrapbook can be made of pictures of objects whose names contain the sound. The name, with the difficult sound underlined or printed in red, is written below each picture.

Reading Stories.

Choose a story which will be interesting to the student; the story should contain words with the desired sound. Read the story to the student. Call the student's attention to the words which contain the desired sound. A signal may be arranged so that he may indicate when he hears the sound. After the story has been read, repeat the words with the desired sound. The student may wish to read the story himself, leaving out the sound on which he is working; the teacher then will supply the sound.

Example: (e sound)

Student: Thi.. can ..ertainly run fa...t.

Parent: ss ss ss

Word-List.

Lists of words are read by the teacher. Some contain the difficult sound and some do not. The student signals each time he hears a word containing the sound. Score may be kept by counting one for each correct recognition of a word containing the sound and subtracting one for each miss. Progress may thus be charted. Checkers, tooth picks, poker chips, tallies, or matches may also be used to keep score. Each time the student makes a direct response he receives a checker, match, or whatever article is used; each time he misses he puts the article back.

Sorting Pictures.

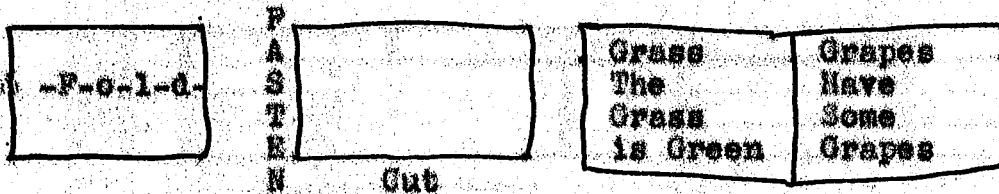
Have a pile of interesting pictures which contain objects having names with various sounds in them. Repeat the names of the objects; have the student pick out the pictures that contain the correct sound, repeat the sound for him.

Guessing Game.

Pictures which contain the desired sound should be mounted on different colored cards. Hold up three of the cards so that the student cannot see them. Name the cards for him. Lay one of the cards on the table. Ask the student to indicate which card it was by asking, "Is it a house?" "Is it a saw?" "Is it a desk?" etc. The game can be reversed by letting the student hold the cards and the teacher guess which card was laid on the table.

Word Booklet.

The student may make his own "word-booklet." A sheet of notebook paper can be taken, folded in fourths, cut along the edges and fastened together to make a booklet. The student may want to make his own list of words containing the desired sound. Sentences may be written in which the desired sound is underlined. Some students like to draw pictures of the sound. These words may be used later on when the student is actually saying the sound.



Naming the sound.

Both the error sound and the correct sound may be given names. Even with older children and adults, names seem to help the learning process, so that the (s) lisper may have his error named as the whistling (s) or the hissing (s), whereas, the correct sound is called a sharp, clear (s), etc. The main purpose of these names is to help the student gain a clear idea of how the sound is made and what it should sound like.

Purpose: Saying the sound

After the child can recognize the correct sound and can tell the difference between the correct sound and the error sound, he is ready to try to say the sound. The new sound should be taught by itself. The method for teaching a new sound is somewhat as follows:

"All right, Betty, we're going to give you a chance to try to make the new sound. First, I will say it several times and you must watch me very closely and listen as carefully as you can. When I nod my head, you try it once. Remember, you aren't going to make the old 'slurly (a)' this time. You are going to try to get a sharp, clear (a). All right, here we go: ah, ah, ah, ah, ah."

The following suggestions may help to make the sound easier for the child to say. The (m) sound. Have the child press a forefinger against one nostril, then against the other as he hums "m m m m m m m." If there are several children working on the sound, they can pretend to be a band and play simple tunes using their noses as horns.

The (p) sound. Give the child a very thin strip of paper. Have him hold it vertically over his mouth with a finger pressed under his nose. Let him see if he can make it move as he says "pug pug pug." He can pretend to be a motor boat and move across the room as he blows the paper with little puffs of air and says "pug pug pug."

MATERIALS FOR HOME SPEECH PRACTICE

Purpose: Discrimination

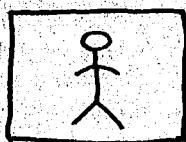
The child should learn to tell the difference between the correct sound and the sound that he has been using. The following suggestions should be helpful for this purpose.

Naming the sound.

Both the error sound and the correct sound may be given names. For the child the sound can be associated with animals or objects which make noises, so that the (z) may become the bussing bee sound, (B) may be the flat-tire sound, (r) may be the car-starting sound, etc. These names may be

Ladder Game.

Draw a ladder on a piece of white paper. Repeat some of the words that have been used for ear training. Produce the sound correctly part of the time; part of the time produce the sound as the child has done. Ask the child to tell you whether you are producing it correctly or incorrectly. Whenever he gives a correct answer, he may advance on the ladder. The Treasure Hunt Game may also be used in this manner.



Finding the Error.

The parent reads a story to the child in which four or five words which contain the sound on which the child is working are used many times. The first time she reads the story, she imitates the child's errors, cupping her ear everytime she does so. The child is asked to do the same thing. The second time, the parent reads it correctly except for one word. The child is asked to cup his ear when he hears the one error.

Using the Telephone.

A pair of toy telephones can be used with which the child makes a call to the parent across the room. If the child catches himself in error, he stops and says, "oh, oh". Then he corrects the error and goes on. If the parent hears an error that the child fails to catch, she hangs up.

MATERIALS FOR HOME SPEECH PRACTICE

Purpose: Saying the Sound.

After the child can recognize the correct sound and can tell the difference between the correct sound and the error sound, he is ready to try to say the sound. The new sound should be taught by itself. The method for teaching a new sound is somewhat as follows:

"All right, Betty, we're going to give you a chance to try to make the new sound. First, I will say it several times and you must watch me very closely and listen as carefully as you can. When I nod my head, you try it once. Remember, you aren't going to make the old 'slurry' (ə) this time. You are going to try to get a sharp, clear (ə). All right, here we go; see, see, see, see."

The following suggestions may help to make the sound easier for the child to say.

The (n) sound. Have the child press a forefinger against one nostril, then against the other as the sound "m m m m m m mee mee". If there are several children working on the sound, they can pretend to be a band and play simple tunes using their noses as horns.

The (p) sound. Give the child a very thin strip of paper. Have him hold it vertically over his mouth with a finger pressed under his nose. Let him see if he can make it move as he says "puh puh puh". He can pretend to be a motor boat and move across the room as he blows the paper with little puffs of air and says, "puh puh puh".

The (k) sound. Tell the child that he is a crow whose tongue got stuck under his bottom teeth so that he can only whisper "kuk kuk kuk". Show him how his tongue got stuck by anchoring your tongue tip below your front teeth and saying the sound. See if he can fly all around the room saying the crow whisper as he comes back and listen to the sound.

The (g) sound. The (g) sound is made just like the (k) sound, except that the child can feel his throat vibrate when he says the (g) sound, and he cannot when he says the (k) sound. Make a (g) sound and let the child feel your throat; make a (k) sound and let the child feel the difference. Let him try the sound. He may like to play the Indian Game in which "ugh-ugh" means yes and "oog-oog" means no. Ask him simple questions and have him answer you in Indian talk.

The (l) sound. Show the child that the sound is made by placing the tongue behind the upper front teeth. Have him say "la la la". Have the child sing "la la la". Sing with him.

The (f) sound. Tell him to wet the side of his forefinger and hold it crosswise on the chin. Tell him to blow "f f f f" until his finger feels cold.

The (v) sound. Have him hold his finger along the upper edge of his lower lip and make it buzz by prolonging the "v v v v" sound. Show him that it gives a sound just like the singing through the tissue paper over a comb.

The (s) sound. Have the child blow up his cheeks like automobile tires. As the parent gives the signal, the child goes "s s s s" until all the air is gone.

The (z) sound. Have the child make a sound like a bee.

The (sh) sound. Have the child round his lips and flatten his cheeks and "slush" the air out between his teeth. If there are several children present, a game may be played. Choose one child to be the teacher and give each of the others a certain sound to say over and over until a hedge-podge or numbo-jumbo of sound is produced. At the moment when the child-teacher puts her finger vertically to her lips and says "sh", all the others must do the same. The one who stops first is the teacher.

The (r) sound. Have the child make a sound like the rooster . . . "er er er er".

The Unvoiced (th) sound. Have the child cool off his tongue. Tell him to pretend to eat some hot soup and put his tongue just outside the door of his teeth and blow on it until it is cooled off. The sound should be demonstrated for the child. The sound is made as in the word "think".

Pictures of the way to make the sounds are found in the pamphlet, Your Child's Speech by Chapin and Landin (pages 18 to 27).

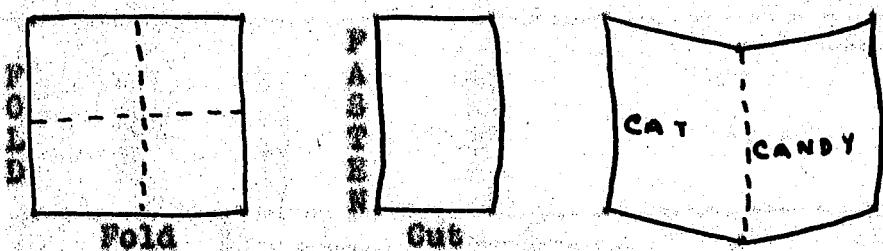
Age Range: 3-8

Purpose: Saying the Sound in Words

After the child is able to say the sound correctly by itself, he should try to say the sound in simple words. The following suggestions will be helpful for this purpose.

Word-booklet. The child may make his own "word-booklet". A sheet of notebook paper can be taken, folded in fourths, cut

along the edges, and fastened together to make a booklet. In the booklet can be written a simple words containing the sound on which the child has been working. Pictures can be cut out and pasted in the booklet; the child (or mother) can draw pictures of the words; later on, sentences can be made up for the words. The child will enjoy pronouncing the names of the words. He may want to suggest new words to be placed in the booklet.



Scrapbook. The child can paste pictures of objects containing the desired sound in a scrapbook. As he pastes, he can produce the words. The scrapbook can be used to review words that have been pronounced correctly in previous lessons.

The (k) sound. Tell the child that he is a crow whose tongue got stuck under his bottom teeth so that he can only whisper "kuh kuh kuh." Show him how his tongue got stuck by anchoring your tongue tip below your front teeth and saying the sound. See if he can fly all around the room saying the crow whisper as he comes back and listens to the sound.

The (g) sound. The (g) sound is made just like the (k) sound, except that the child can feel his throat vibrate when he says the (g) sound, and he cannot when he says the (k) sound. Make a (g) sound and let the child feel your throat; make a (k) sound and let the child feel the difference. Let him try the sound. It may like to play the Indian Game in which "ugh-ugh" means "yes" and "cog-cog" means no. Ask him simple questions and have him answer you in Indian talk.

The (l) sound. Show the child that the sound is made by placing the tongue behind the upper front teeth. Have him say "la la la." Have the child sing "la la la." Sing with him.

The (f) sound. Tell him to set the side of his forefinger and hold it crosswise on the chin. Tell him to blow "ff ff ff" until his finger feels cold.

The (v) sound. Have him hold his finger along the upper edge of his lower lip and make it buzz by prolonging the "vvvvvv" through the tissue paper over a comb.

The (s) sound. Have the child blow up his cheeks like automobile tires. As the parent gives the signal, the child goes "s s s" until all the air is gone.

The (z) sound. Have the child make a sound like a bee.

The (sh) sound. Have the child round his lips and flatten his cheeks and "blush" the air out between his teeth. If there are several children present, a game may be played. Choose one child to be the teacher and give each of the others a certain sound to say over and over until a hodge-podge or mumble-jumble of sound is produced. At the moment when the child-teacher puts her finger vertically to her lips and says "sh", all the others must do the same thing. The one who stops first is the teacher.

The (r) sound. Have the child make a sound like the rooster "er er er er."

The Unvoiced (th) sound. Have the child cool off his tongue. Tell him to pretend to eat some hot soup and put his tongue just outside the door of his teeth and blow it until it is cooled off. The sound should be demonstrated for the child. The sound is made as in the word "think."

The Voiced (th) sound. Have the child make his tongue buzz against his finger by holding his finger vertically against the lips. The sound is made as in the word "then".

Age Range: 9-14

Purpose: Saying the Sound in Words.

After the student is able to say the sound correctly by itself, he should try to say the sound in simple words. The following suggestions will be helpful for this purpose.

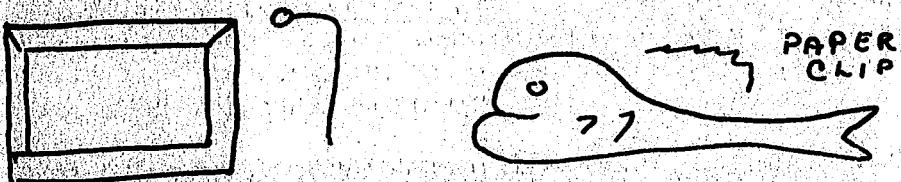
Word-booklet. Words which the student has placed in his word-booklet (see sheet #68) may be used to practice upon. The student will want to add new words from time to time.

Scrap-book. The student can paste pictures of objects which contain the sound on which the student has been working in a scrapbook. As he pastes, he can say the word. The scrap-book can be used to review words that have been pronounced correctly in previous lessons.

Fishing Game. Have pictures representing words which

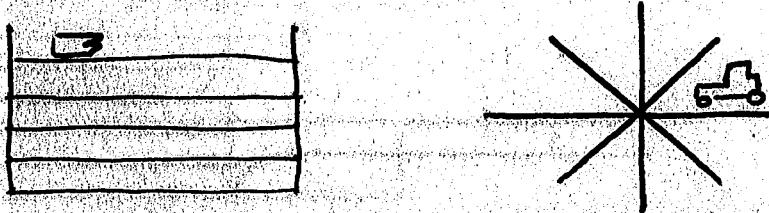


contain the sound you have been working on. Put paper clips on each picture; then put these pictures in a toy pail or box. Attach a magnet to a string hanging from a stick. To play the game, the student will fish for the pictures in the box by trying to have the magnet catch on to the paper clip. After lifting the picture out of the box, the student tries to say the name of the picture correctly. If he does, he may keep the picture; if he does not, he must put the picture back (after having practiced it a little) and try again. If so desired, different colored construction paper cut in the shape of fish with the practice words or pictures clipped to them may be used.



Speech Chinese Checkers. The Chinese checker game is used for this speech game. Use one color of marble to build a row on the Chinese checker board as the student says the sound correctly.

Pick-up Sticks. A game of pick-up sticks is used for this speech game. The sticks may be used to build ladder or cart wheels. Toy animals, trucks, cars, etc., may be used as markers. The student advances on the cart wheel or ladder as he says the sound correctly.

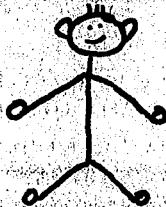


Spinning Game. You can make a cardboard spinner by taking a large piece of cardboard and fastening a movable arrow to the center by using a large clip. The arrow must be able to spin around. (A spinner purchased at the dime store may also be used). Place pictures around the cardboard in a circle. Then let the child spin the arrow. When the arrow stops at a picture have the child name the picture. If he says the name correctly, put the picture, in one pile, if he says it incorrectly, start another pile. Of course, the object is to have just one pile of correctly pronounced names.



Speech Dominoes. Dominoes are used for this game. Each player draws nine dominoes. The player uses a domino each time he uses the sound correctly; he draws if he misses. The parent, when it is her turn, says the sound correctly part of the time, incorrectly part of the time. If the student makes a correct response, the parent draws; if the student does not, the parent plays the domino. The object is to see who can get rid of the dominoes first. The list of words used for ear training may be used here. This game gives the student additional ear training and provides practice in saying the words.

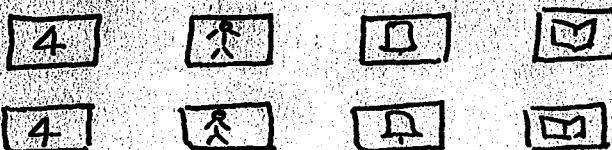
Building a Stick-man. This is a make believe man that grows as the child is able to say his practice words correctly. For example, when the child says the first word correctly, the head may be drawn; the body may be drawn for the next correct word, and then the legs, arms, ears, eyes, nose, mouth, etc. Let the child see how fast he can complete the man.



Nonsense Tree. This is a make-believe tree that grows as the child is able to say his practice words correctly. First simply draw the trunk of a tree. Then as the child is able to say his words right, add branches upon which hang tiny pictures of the objects which he can name.

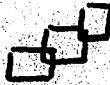
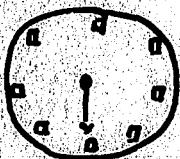


Matching Game. Have two identical sets of cards. Lay down one set face up on the table. Hold the other set in your hand face down and ask the child to choose a card. He takes the card, looks at it, and then tries to say its name correctly. If he does, he looks around to find which card on the table it matches. After he finds its partner he puts his card on top of the one on the table. If he has not said the name of the card correctly, it is set aside for practice.



Speech Checkers. A checker board and checkers are used for this game. Use one red checker and one black checker. The student places the checker in the right corner of the checker-board; the parent places the checker in the left corner. If the student succeeds in saying the sound correctly, he moves forward; if he misses the parent moves forward. The object is to see who can get to the other side first. The word cards may be used for this game.

Spinning Game. You can make a cardboard spinner by taking a large piece of cardboard and fastening a movable arrow to the center by using a large clip. The arrow must be able to spin around. (A spinner purchased at the dime store may be used.) Place pictures around the cardboard in a circle. Then let the child spin the arrow. When the arrow stops at a picture, have the child name the picture. If he says the name correctly, put the pictures in one pile; if he says it incorrectly, start another pile. Of course the object is to have just one pile of correctly pronounced names.



Speech Bingo. Use a set of Bingo Cards for this game. Either the numbered or plain side of the wooden markers may be used. The student and parent select a card. The student pronounces words from the list that he used in car bingo. If he says the sound correctly, he places a marker on his card; if not, the teacher places a marker on her card. The object is to see who fills the card first. The wordcards can also be used for this game.

Scrambled Anagrams. A set of anagrams is used for this game. Let the student see how many words he can make that contain the sound on which he is working. As he makes the word, he should say it. Score may be kept. The student receives a point for each word that he says correctly; a point is subtracted for each word that he does not say correctly.

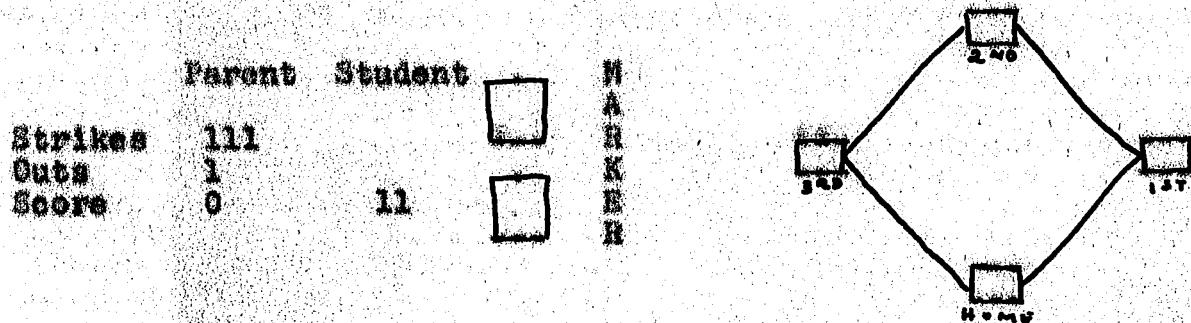
P I C

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Speech Baseball. Boys enjoy playing the speech baseball game. Draw a large diamond to represent a baseball diamond. Make a square for home plate and the three bases. Cut two markers

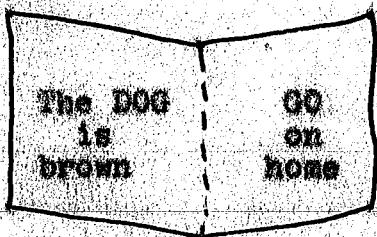
(to represent each side) out of colored paper. The parent goes "to bat" first. She repeats words containing the sound on which the student is working, sometimes correctly, sometimes incorrectly. If the student makes a correct response, the parent receives a strike; if he cannot pick out the error sound from the correct sound, the parent advances a base. Three strikes become an out. After three outs the parent and student change places and the student "comes to bat". He pronounces words from the list used for our training. If he makes an error, he receives a strike; if he says the word correctly, he advances a base. A score is made each time home plate is passed.



Age Range 9-14

Purpose: Practicing the Sound in Sentences

After the student is able to say the sound correctly in simple words most of the time, he should begin to use the practice words in simple sentences. He may want to make up sentences for the words that he used in his word-booklet. The word cards may also be used for this purpose. For instance, the card has the word "cat" on it. Ask the student to make up a sentence using the word "cat". It may be something like this, "I like the cat."



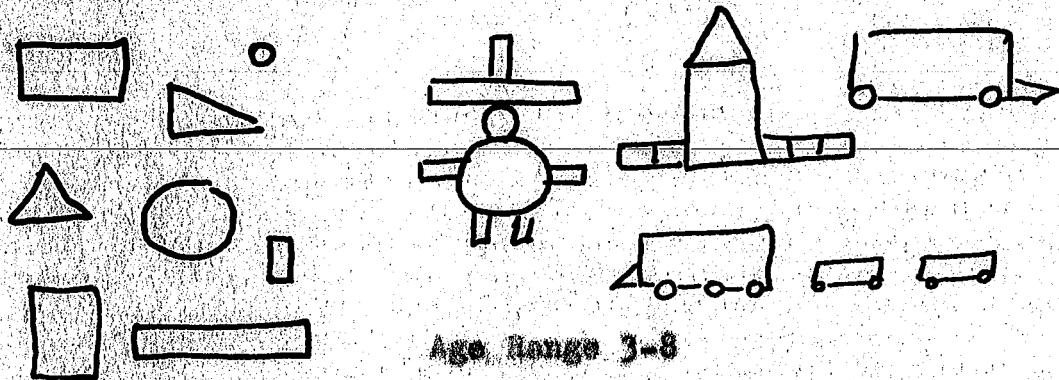
The girl has a new
dress

Speech Anagrams. Have a set of anagrams. You can start the game by using the anagrams to form words which contain the sound on which the child has been working. As the word is

completed, let the child say the word. It is best to start with simple words which are within his vocabulary. The words that were used for car training would be fine. The child will want to see how many words he can make, also. As he uses the anagrams to make the words, he should pronounce each word.



Building with Colored Paper. Cut different shapes (circles, triangles, squares, oblong pieces, etc.) of several different sizes out of colored construction paper. These pieces of paper may be used to build many different objects. As the child says the practice sound correctly, he may add a piece to the object which he is building. For instance, the child could build a house. He would place a large square to represent the front of the house, when he said his first correctly; he would place a triangle on top of the square to represent the roof when he said the second sound correctly. The door, window, chimney, etc. could be added in the same manner. See how many objects the child can build in this way.

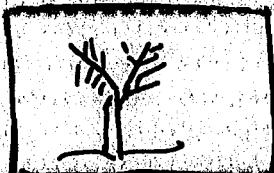


Purpose: Practicing the Sound in Sentences

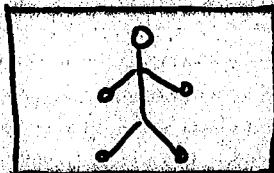
After the child is able to say the sound correctly in single words, he should begin to use the words in simple sentences. He may want to make up sentences for the words that he has placed in his word-booklet or for pictures in his scrapbook. The same sentence which contains the desired sound may be used for many different pictures. An example of a good sentence for the (s) sound would be "I see."



I see a boat



I see a tree



I see a boy

Guessing Game. Think of a word in the room that has in it the desired sound. (For instance, for (p); pencil, apple, picture, plant, cap, etc.) The child tries to guess the word by saying, "Is it a pen?" After the child guesses the object, he may think of an object in the room which contains the sound. The same procedure is followed. Be sure that he uses the word in a sentence each time. The game may be used by guessing which pictures is placed upon the table.

Carrier Sentences. The same sentence which contains the desired sound may be used for many different words. This is especially valuable in drilling upon the common words such as like, look, this, there, the, see, those, these, can, could, etc. An example of a good carrier sentence for the (l) sound would be, "Look at the _____."

boat

tree

train

Look at the boat

Look at the tree

Look at the train

Guessing Game. Think of an object in the room whose name contains the sound on which the student has been working. The student tries to guess the word by asking questions such as, "Is it scissors?", etc. Answer by saying, "No, it is not scissors." or "yes, it is scissors." After the student has guessed the object, he may think of an object in the room that contains the sound on which he has been working. The same procedure is followed. Be sure that he uses the word in a sentence each time.

Reading Aloud. Practice in using the difficult sound in sentences is provided by the student reading out loud. Choose a story which is not too difficult for the student and which contains words with the sound on which he has been working. It is sometimes helpful to list the words with which he has trouble; have him practice saying these words after he has completed his reading. The student can profit by reading in this manner for a short period each day.

Practice Sentences. Words and phrases which the student uses a great deal make good practice material. Decide upon a practice time when the student may practice saying, "hello" or "good morning" to a friend, teacher, or relative. The person chosen should be someone whom the student is not afraid to talk to. Perhaps the student could explain to him that he is practicing saying the (h) sound correctly, and that he wants to practice the sound by saying "Hello." This practice should not be done so often that it becomes annoying to the student. Examples of words and phrases that can be used in this way are the following:

Greetings: hello, good morning, good afternoon,
hi, how are you, etc.

Phrases used upon leave-taking: good-by, I had
a nice time, so long, I'll be seeing
you, come again, etc.

Words and phrases used as courtesies: thank you,
if you please, you are welcome, yes
please, excuse me, pardon me, etc.

Names of friends and associates containing the
difficult sound.

Pretend Situations. The student will enjoy making up situations in which he can practice the new sound. It is helpful to list the words which can be used in the situation. For instance, a grocery store situation (for the (g) sound) could require words such as grocery, grape, green beans, gum, big, eggs, hungry, sugar, cigar, magazines, etc. These words can be practiced first. Many times the "pretend situation" can be followed by a real situation. For instance, the grocery store situation could develop into a real trip to the grocery store where the student says the words on which he practised. Examples of "pretend situations":

Pretending to talk to the parent over the telephone. Use words on which the student has practised.

Pretending to order a meal at a restaurant. The menu contains food whose name was the sound on which the student is working.

Inviting guests to a party. The names of the guests contain the sound on which the student is working.

Other examples of "pretend situations" are as follows:

Telephone calls. Stand at opposite ends of the room. Let the child pretend to call you on the telephone to tell you about the cow or cat (if he is practicing on the (k) sound).

Working in a Garage. Use a chair to represent the car. Let the child pretend that his car has broken down and he has come to the "garage man" to fix it. Let him tell you what is wrong with the car. This situation is especially good for the (k) sound. Examples of words which can be used for this "pretend situation" are: car, truck, crash, brake, seat cover, make, etc. The child and parent can change places by letting the child be the "garage man" and the parent "drive the car."

The Good Speech Chair. Set aside a certain chair for the "good speech chair." When the child sits in that chair, he tries to use the sound correctly on which he has been working. The child should practice in this manner for short periods once or twice each day. Make these lessons as much fun and as interesting as possible. Do not scold the child when he makes an error, but praise him when he does it right.