

Getting Comfortable with Language Therapy

- 1) Check the deficits on the present levels and goals/objectives – They should be the same as from the most recent evaluation minus goals achieved since that evaluation.
- 2) Keep referring to those deficits/goals – Make a list to put at the top of each data page, or the inside of speech folder – IEP goals can be copied, but make sure they reflect the PLEP
- 3) Take good notes – good notes help *you* as much as anyone else
- 4) Be objective not subjective with your notes – Objective language data **must** have 3 things:
 - a. Level of words – There are big time differences developmentally within classes of words. You may work on basic words or later developing words, but not at the same time with the same kid. For example, for a kid working on conjunctions, *and* and *or* should not be worked on at the same time as *although* and *unless*. You probably need a comprehensive list.
 - b. Task type – Some tasks are easier; some are harder. To differentiate tasks, I use ID/Label/Use (ID is easiest, Use is hardest).
 - b.i. **ID tasks** – Often involve pictures or objects and/or choices with foils – Easier tasks have fewer foils generally, with more foils making it harder with IDing objects in environment or in scenes being the most difficult, as they have tons of possible incorrect answers. Other tasks: “Wrong or Right,” and “Find It”
 - b.ii. **Label** – Can be spontaneous labeling (The kid just labels something as soon as he sees it); direct elicitation (What is ____?); choices (Is this a ____ or ____?); or fill in the blank (The giraffe is ____.), labeling from attributes, labeling category members
 - b.iii. **Use** – Can be using in a sentence (Use the word “fell” in a sentence); repair (Fix this sentence: “He are running.”), finishing sentence (Finish this sentence with the word “not.” “He did ____.”); describing; sentence repetition
 - c. Cueing – Be consistent. This system seems prevalent: **min** (cueing required some of the time, generally less than 25%); **mod** (cueing required approximately half of the time or about 25 to 75%); and **max** (cueing required most or all of the time or greater than about 75%).

5) Tons of great activities combine task types. Tons of great activities can't be measured – Books, play activities, theme based activities, crafts, etc. These are all great to do, especially considering the tremendous motivational value from varying teaching techniques. However, you can't perform objective measurements with combined tasks. Not all therapy should be objective, though – we know that best practice is to do baselines, and criterion referenced short “quizzes” to measure progress, and then devote much of therapy time to teaching, or activities that reinforce or integrate different skills.

Examples of notes that are missing information – These represent notes that can't be objective because they are missing one of the following: Level of word, Task type, or Required Cueing.

<u>Incomplete Data Example</u>	<u>What's Missing</u>	<u>Completed Example</u>
Identified pronouns without cueing with 80% accuracy.	What kind of pronouns?	Identified basic pronouns without cueing with 80% accuracy.
Practiced basic quantity concepts – 40% with max cueing.	Practiced quantity concepts doing what?	Labeled basic quantity concepts with choices, max cues, 40%.
Used age approp irr past tense verbs in sentences, 70%	Cueing?	Used age approp irr past tense verbs in sentences mod cues, 70%.
he's doing better with adjectives than at the beginning of the year	Everything! This statement is completely subjective.	He's using age appropriate adjectives in sentences, and only requires minimal cues.

Generally Use a Cycles Approach – The main thing is to try to not go long periods without working on specific skills. Kids with lots of deficits should probably have more time. We may need to be more proactive, especially with kids with deficits in areas dependent upon their foundational language skills. Sometimes we really need to think about why we may have a severe language kid 30 minutes or 60 minutes weekly, while they're getting 150 or 300 minutes weekly in reading and/or written expression. If we really can't increase their minutes, we may consider having resource teachers work on foundational oral language, while emphasizing it's still not as good as the SLPs working on oral language.

Early Childhood and Low Functioning goals are different – These kids often have completely different goals unique to that group – such as imitation, initiation, following basic classroom directions, identifying body parts, etc. There can be overlap though, and skills that use this organization, such as “Joe will

identify 20 new basic objects in the environment with moderate cues,” for example if Joe needs maximum cues right now just to identify one or two objects in his environment.

Two Overall Impacts

1) Others will know what you’re doing. You’ll be able to explain it better. For example, when explaining why you’re still working on the same skill after one year you can explain that a student has improved by requiring fewer cues, or completing more difficult tasks, or is working on more difficult words.

2) You’ll be able to keep track better. If a student is not progressing, you’ll know how to make it easier. If a student has done well, you’ll know how to make it more challenging. You’ll know when a goal has been achieved and exactly what has to be done to achieve that goal.

These things aren’t all necessary for language therapy. But they are necessary to objectively figure out where you’re at and where you need to go. And it’s not easy to just start doing it. Mistakes are likely, but these are things that after the initial learning hump will end up making therapy easier – and more comfortable.