

New Indian Model School

Al Garhoud Dubai

NIMS Speech and Language Therapy Policy 2018-19

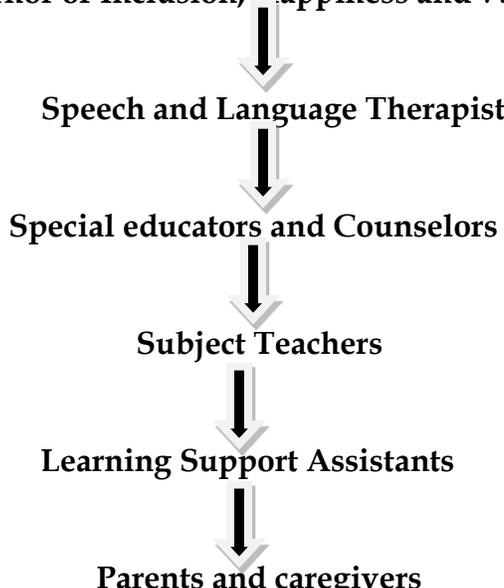
1]. Section-A

<i>Name of Policy Writer</i>	<i>Nisha Deepak</i>	<i>Designation</i>	<i>Speech and Language Therapist</i>
<i>Date of Policy Revision</i>	<i>2nd April, 2018</i>	<i>Date of Next Revision</i>	<i>27th March 2019</i>
<i>Policy Code</i>	<i>DEIW/1819/SLP/001</i>	<i>Department/Section</i>	<i>DEIW/All Sections</i>

2]. Section-B

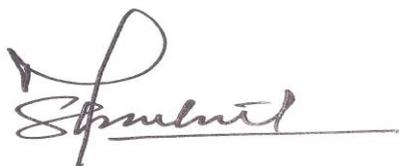
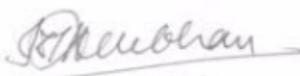
<i>Title of the Policy</i>	<i>Speech and Language Therapy Policy</i>
<i>Background</i>	A speech and language therapy policy lists and explains how the process of speech and language therapy progresses from the initial stages of identification to assessment, intervention and record keeping. This policy is in adherence to the diagnostic and statistical manual of mental disorders-version 5 (DSM-V).
<i>Purpose</i>	A speech and language therapy policy for the school is developed to ensure that the proceedings of speech and language therapy are conducted systematically and in adherence to the international gold standards of speech and language assessment and therapy.
<i>Operational Definitions</i>	<p><u>Autism Spectrum Disorder (ASD):</u> Encompasses difficulty in social communication, interaction and restrictive and repetitive behavior in the early developmental period which impairs daily functioning and living.</p> <p><u>Speech Sound Disorder:</u> This diagnostic label includes difficulties with speech sound production which affects the clarity and intelligibility of speech.</p> <p><u>Childhood onset Fluency Disorder:</u> This is basically stuttering which is a disturbance in the normal fluency of speech with repetitions, prolongation and blocks in speech.</p> <p><u>Intellectual Disability:</u> it includes deficits in intellectual functions which are confirmed by clinical assessment and intelligence testing conducted by a clinical psychologist.</p>

	<p>Attention Deficit Hyperactivity Disorder (ADHD): Difficulty in behavior, attention, and hyperactivity come under this domain. This may or may not be accompanied by language deficits.</p>
<p><i>Introduction</i></p>	<p>Speech, Language and Communication (SL&C) are the basic and most essential skills for learning and life. These skills enable children to understand and talk about their needs, experiences, ideas and feelings, as well as enabling them to form firm foundations on which to base later literacy and academic achievement. Many areas of language and communication are still developing throughout adolescence, as students gain increasingly more sophisticated skills (ICAN, 2011).When a child has a difficulty in any of these domains, he/she loses substantial information in the normal developmental pattern affecting communication and daily functioning.</p>
<p><i>Aims and Objectives</i></p>	<ul style="list-style-type: none"> ❖ To identify children having speech and language impairment, behavior and communication difficulties at the earliest. ❖ To provide early intervention for the children with different speech, language and communication issues ❖ To develop and promote each child’s functional communication and enable them function better in daily living ❖ To build confidence in children about themselves and their speech ❖ To address children’s/parents individual communication needs and achieve the targeted goals for each child. ❖ To work in partnership with parents/caregivers/LSAs/special educators/teachers to maximize the improvement and potential in each child.
<p><i>Identification and Intervention Process</i></p>	<p>The speech and language therapist works in collaboration with the other team members such as special educators, special needs coordinator, educational psychologists, counselors, subject teachers and learning support assistants in identifying the children requiring intervention. The therapist also conducts classroom observation in the process of identification. Each child is then assessed in multiple domains of speech and language.</p> <p>A baseline or pre-therapy assessment is conducted using formal and informal methods with observation, recording and use of standardized tools. The therapist spends quality time with each child and gains information on the deficit areas and the severity of the same. The process of intervention then begins with adequate planning and listing of therapy goals for each child. These goals are targeted step by step using specific activities, techniques and methods. Speech and language</p>

	<p>therapy is provided individually to each child with few group therapy sessions also to achieve the targeted goals and maximize communication and interaction.</p>
<p><i>Hierarchy/Escalation Chart</i></p>	<p style="text-align: center;"> Governor of Inclusion, Happiness and Wellbeing  Speech and Language Therapist Special educators and Counselors Subject Teachers Learning Support Assistants Parents and caregivers </p>
<p><i>Responsible Committee Members</i></p>	<p>For a child to achieve maximum potential, the people around the child with whom the child interacts and talks to everyday, should be informed and involved actively in implementation of therapy goals and activities. This ensures that the progress in the sessions is being carried outside the therapy settings as well, in actual daily life and functioning. The responsible committee members include a Speech and language therapist, Subject teachers, LSAs, Special educators, counselors, educational psychologist, parents and caregivers.</p>
<p><i>Roles and Responsibilities of Committee Members</i></p>	<p>Governor of Inclusion, Happiness and Wellbeing: Governor is responsible for the recruitment of professional staff to promote inclusion, happiness and wellbeing in school. He is also responsible for the day to day operations, quality of provisions, and equipments required for assessment and intervention for all students with determination including Speech & Language Impairments and those who are gifted/talented.</p> <p>Speech and Language Therapist: Conducts assessments, plans further intervention, formulates therapy goals and works in the session to achieve them. Conducts classroom observations also to assess generalization of the goals. Communicates with other committee members to help the child progress outside therapy sessions as well.</p>

	<p><u>Special educators:</u> The special educators discuss the child’s academic progression and work in collaboration with the speech and language therapist.</p> <p><u>Counselors:</u> The school counselors help in psychological assessments, learning difficulty screenings, behavior modification and parental counseling of students with determination including Speech & Language Impairments.</p> <p><u>Subject Teachers:</u> STs conduct discussions with the speech and language therapist regarding the child’s difficulties and behavior in class. The subject teacher then modifies the seating arrangement, lighting if necessary and talks to the child and gives the child extra care as discussed with the therapist.</p> <p><u>LSAs:</u> The LSA working with the child will follow the techniques and activities for the particular child as suggested by the speech and language therapist.</p> <p><u>Parents and Caregivers:</u> Communicate with the therapist regularly and follow the goals and carry out activities and modify their communication pattern with the child as discussed in parental counseling.</p>
<p><i>Glossary of Terms</i></p>	<p><u>DSM-V:</u> Diagnostic and Statistical Manual of Mental Disorders -Version 5 (DSM-V); Published in 2013 by American Psychiatric Association (APA).</p> <p><u>Early Intervention:</u> Process of providing services, education, and support to young children who are deemed to have an established condition, those who are evaluated and deemed to have a diagnosed physical or mental condition (with a high probability of resulting in a developmental delay), an existing delay or a child who is at-risk of developing a delay or special need that may affect their development or impede their education. (P.W. Wright and P.D. Wright, 2008)</p> <p><u>Speech and Language Impairment:</u> Individuals with disabilities education act (IDEA) officially defines speech and language impairments as “a communication disorder such as stuttering, impaired articulation, language impairment, or a voice impairment that adversely affects a child’s educational performance.”</p>

	<p>Speech and Language Disorders:</p> <p>A). Speech is how we say sounds and words. People with speech problems may:</p> <ul style="list-style-type: none"> • not say sounds clearly • have a hoarse or raspy voice • repeat sounds or pause when speaking, called stuttering <p>B). Language is the words we use to share ideas and get what we want. A person with a language disorder may have problems:</p> <ul style="list-style-type: none"> • understanding • talking • reading • writing
<p><i>References and Web Links</i></p>	<p><u>Web Links:</u></p> <ul style="list-style-type: none"> • https://www.ihs.gov/telebehavioral/includes/themes/newihst_heme/display_objects/documents/slides/fasd/commdisordersf_asd0421.pdf • http://licensing.ican.org.uk/sites/licensing.ican.org.uk/files/Evidence/ICAN_TalkSeries10.pdf • http://www.wrightslaw.com/info/ei.index.htm • https://www.ihs.gov/telebehavioral/includes/themes/newihst_heme/display_objects/documents/slides/fasd/commdisordersf_asd0421.pdf • https://www.asha.org/public/speech/disorders/

Principal