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Introduction

Communication is among the most complex of human functions. It affects every aspect of an individual's life. The ability to effectively communicate involves the clear understanding of what is heard as well as the clear expression of what is said (Hallahan & Kauffman, 1994). The development of spoken language normally occurs in one's environment. It develops as a result of the language and language patterns to which a child is exposed. It may take a long period of time to recognize problems with language development unless a child simply fails to begin speaking.

According to the U.S. Department of Education (1992, p. 9) the area of speech/language impairment is the second most common area of disability served in the public school. "More than one million of the students served in the public schools' special education programs in the 1994-95 school year were categorized as having a speech or language impairment" (National Information Center for Children and Youth with Disabilities, 1997, p. 1). This estimate does not include children who have speech/language problems caused by other conditions such as deafness. While many students have communication disorders that coexist with other disabilities, there are children with communication disorders that have average cognitive, social, and emotional skills and abilities.

According to the National Information Center for Children and Youth with Disabilities (NICCHY) (1997), it is estimated that communication disorders (including speech, language, and hearing disorders) affect one of every 10 people in the United States. The disorders may range from simple sound substitutions to the inability to use speech and language at all.

Some causes of speech and language disorders include hearing loss, neurological disorders, brain injury, mental retardation, drug abuse, physical impairments such as cleft lip or palate, and vocal abuse or misuse. Frequently, however, the cause is unknown (American Speech-Language-Hearing Association, 1996). Because of the high rate of young people with these disorders it is important for Christian educators to be able to recognize characteristics related to speech/language disorders. Once they are recognized, professional assistance can be sought and appropriate adjustments can be made to the student's educational program.

Speech Disorders

Speech refers to the production of speech sounds or problems and voice quality. Van Riper and Erickson (1996) state that a speech impairment is present when speech deviates so far from the speech of other people that it (1) calls attention to itself, (2) interferes with communication, or (3) provokes distress in the speaker or listener. Speech disorders include **voice disorders, articulation disorders,** and/or **fluency disorders**.

A **voice disorder** is an abnormality of voice quality, pitch, and/or loudness. A person's voice can have a harsh, hoarse, breathy, or nasal quality. The pitch of a voice can be too high, too low, or monotonous. One's voice can be too loud or not loud enough. These qualities may call unwanted attention to an individual because of the way his voice sounds.

An **articulation disorder** interferes with communication because of abnormal production of speech sounds. These abnormal productions include:
1. Substitutions of one English phoneme for another *(wabbit* for rabbit).
2. Distortions of a standard sound (*screet* for street, *scrait* for straight).
3. Omission of sounds that should be present or addition of sounds that should not be present *(solder* for soldier, *warsha* for wash)

Fluency disorders, commonly known as stuttering, are characterized by abnormal interruptions in the form of hesitations, repetitions, or prolongations. Do we have any home . . . . . work? May-may-may I sharpen my pen-pen-pencil? and Mmmmay I sharpen my ppppencil? are examples of these abnormal hesitations (Van Riper, 1996).

Language Disorders

A language disorder, in contrast to a speech disorder, is an impairment in the ability to understand and/or correctly use language. This

problem is not just limited to the person's oral use of language. It affects a person's speaking, hearing, reading, and writing abilities. According to Hallahan and Kauffman (1994) the disorder may involve any one or a combination of (1**) the form of language,** (2) **the content of language**, and (3) **the function of language.**

Form of language

Phonology, morphology, and syntax are the elements that make up the form of language. **Phonology** is the sound system of a language and the rules that govern how individual sounds make up words. There are between 40 and 44 phonemes that make up the English language. These phonemes, are the smallest units of distinctive sound. The sound assigned cannot be changed, for if it does, the English language changes. The student must master those sounds and use them in proper sequence in order to be understood. Children usually master phonology by the age of 8 or 9 years.

Morphology, includes word forms and how adding or deleting parts of words changes their meaning. Children with language disorders in this area will exhibit difficulty in either understanding or pronouncing morphological inflections. These include the ability to add *–s* to change a word from singular to plural; to add *'s* to make a word a possessive; *-ed* to change the tense of a word from present to past; and to use endings to differentiate comparatives (*-er*) and superlatives (*-est*) (Hallahan & Kauffman, 1994).

Syntax includes the rules governing the order and combination of words to construct meaningful sentences. The word order in the sentences, *The ball hit Billy* and *Billy hit the ball,* is extremely important. Depending upon what actually took place, one's reaction to this news could be concern for Billy's welfare or delight for his success.

Content of language

Semantics deals with the intent and meaning attached to words and sentences. Students with problems in this area would have a difficult time understanding what someone meant by saying, *It's raining cats and dogs outside.* Language to them is quite literal. They may look outside expecting to see actual cats and dogs falling from the sky. They also have difficulty with words with double meanings, struggle with understanding inferences,

and have difficulty putting their ideas into words in an organized way.

Function of language

Pragmatics has to do with the functional use of language rather than the mechanics of language. The goals for children needing early intervention for speech and language disorders should not be so much in the mechanics of language as in the child's everyday conversation skills. The emphasis should be on using language for different purposes (promising, requesting), changing language for the listener's needs (peer vs. teacher), or following the rules of conversation (turn taking, introducing topics of conversation and staying on the topic) (American Speech-Language-Hearing Association, 1996). Understanding how to adapt one's language to his environment or social situation is the primary objective of pragmatics teaching.

Characteristics of language disorders

Knowing what to look for in young people suspected of having language disorders is the first step in helping them adapt to or overcome these difficulties. The American Speech-Language-Hearing Association (1996) lists a number of characteristics to be aware of when dealing with young people. One or more of these characteristics may occur in children who are affected by language learning disabilities or developmental language delays.

1. Failure to understand or attention to rules of conversation.
2. Difficulty using different language for different needs of the listener or situation.
3. Incorrect use of grammar.
4. Poor or limited vocabulary.
5. Difficulty requesting further information to aid understanding.
6. Tendency to ask questions that are too general ("Are you going out tonight?" when what is really meant is "Where are you going tonight?").
7. Tendency to agree rather than to voice opposition.
8. Indirect requests and ambiguous statements.
9. Class clown behavior.
10. Extreme forgetfulness.
11. Withdrawal or exclusion from group activities.

12. Difficulty with
   - understanding non-verbal behaviors, such as body language
   - finding words
   - puns, idioms, riddles, jokes, sarcasm and slang
   - instructions, especially those that are long or grammatically complex
   - words with multiple meanings (*bear* versus *bare*)
   - sequencing
   - expressing thoughts
   - organizing information.

Language disabilities differ in type and severity. The Learning Disabilities Association of America states:

Even mild problems in spoken language can have an impact on learning in school. A child should enter first grade with the majority of the language needed for learning. Problems in understanding language will affect almost every aspect of school: following directions, learning vocabulary, understanding instruction, reading comprehension, etc. Problems in using language are often seen in children who do not understand. Some children understand spoken language but have difficulty expressing themselves. A common problem seen in expressive language is difficulty recalling words they know (word retrieval problems) . . . . Retrieval problems can make children unwilling to participate in class because they interfere with a child's demonstration of what he/she has learned (1995, pp.1-2).

Language problems are referred to by several different names, including delayed language, language disorder, language disability, and specific language disability. Usually, children with delayed language learn language in the same way most children do, and their level of language learning approximates their level of general intellectual ability. They also generally follow the same sequence of development, but at a slower rate. Children with language disabilities, however, may have a high level of intelligence but never really reach their normal function in the area of language. The labeling of the student is secondary to the fact that assessment should take place for those experiencing language problems. In regard to evaluation, the Learning Disabilities Association of America states:

It is important to have children's language evaluated if there is any concern. Too often, parents are told he'll outgrow it" or "just wait, she'll talk when she's ready". This is not good advice when the child is not doing is expected for his/her age. Speech-language pathologists can determine what the problem is, if any, and make recommendations for working with the child. Oral language is important for social development and effective communication, as well as being the foundation for school learning. Problems should not be overlooked or disregarded (1995, p. 2).

The distinct probability exists that there are children in Christian schools whose language difficulties have not been properly identified. Oral language is the basis for learning reading and writing and for benefiting from instruction in other areas. It is important to identify children whose language is not developing normally so that more specific instruction and remediation can begin as early as possible.

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