

Clinton-Glen Gardner School District



Curriculum Management System

Speech and Language

Grades PreK-8

April 2012

*** For adoption by all regular education programs as specified and for adoption or adaptation by all Special Education Programs in accordance with Board of Education Policy #2200.**

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Table of Contents

Clinton-Glen Gardner School District Administration and Board of Education Members	Page 3
Acknowledgments	Page 4
District Mission Statement and Philosophy	Page 5
Common Core State Standards	Page 8
Voice Introduction	Page 9
Voice Unit Plans	Page 11
References	Page 16

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Clinton-Glen Gardner School District

Mission

The mission of Clinton Public School is to inspire our students to become contributing members of society who are independent, innovative, life-time learners equipped with the necessary skills to meet the demands of our ever-changing world.

Philosophy

A speech-language disorder is a disorder of articulation/phonology, language, fluency, or voice. It can be secondary to many neurological, cognitive, and genetic disorders such as cerebral palsy, hearing impairment, trisomy 21 (Down's Syndrome), autism, and cleft lip/palate. It can also result from a developmental delay. Students in preschool (ages three to five) through grade eight who have deficits in any of these areas that affect communication may experience academic and social failure. Clinton Public School students who meet eligibility requirements for the New Jersey Administrative Code for Special Education (N.J.A.C.6A:14) receive speech-language services.

The Town of Clinton Board of Education strongly supports the Speech-Language department at Clinton Public School. A wide range of services, materials and assessment tools are available to students with communication disorders.

The role of the speech-language specialist (SLS) in schools is multi-faceted. Specific responsibilities depend on the nature and size of the student population being served as well as the educational setting in which the services occur. The following is a list of the key responsibilities of the speech-language specialist in the school setting:

- Direct Service Provider
- Evaluator
- Consultant
- Child Study Team Member
- Case Manager

In accordance with N.J.A.C.6A:14, students are initially evaluated by a New Jersey state certified Speech-Language Specialist on an individual basis. The results of the speech-language evaluation (formal and/or functional) and other relevant assessments are used to determine if the child meets the law's eligibility criteria. The student may receive Speech-Language services under one of two classifications:

1. Eligible for Special Education with Speech as a Related Service

or

2. Eligible for Speech-Language Services (ESLS)

As part of the speech-language evaluation the student's strengths and weaknesses are assessed. An Individual Education Plan (IEP) is developed for each classified student. The SLS develops the speech and/or language goals based on the student's areas of weakness and the impact on educational performance.

Once a student has been determined eligible for speech-language services, as part of the IEP process, the **service delivery model** or models must be identified. The following are the most commonly used models:

- Traditional "pull-out" model
- In-class "push-in" model
- Integrated therapy – use of classroom curriculum and materials within the speech room

Group size, frequency and duration of services are determined by the IEP team depending on the speech-language needs of the individual student.

Each year an annual review is held with but not limited to the student's parent(s), guardian(s) and teacher(s) to discuss individual student progress and make appropriate changes to the IEP. A triennial review is conducted to reassess eligibility for speech-language services. If the student no longer meets eligibility requirements, he/she is formally declassified and services are terminated. If the student remains eligible for S/L Services, classification is maintained and a new IEP is developed.

INTRODUCTION

A research-based speech-language program is provided at Clinton Public School. In this curriculum guide, therapy objectives have been sequenced in a developmental hierarchy to be followed as deemed appropriate by the SLS. Due to the extremely individualized planning that the discipline of speech-language pathology requires, it should be noted that the objectives are general in nature. The sequence of objectives is to be decided by the SLS according to the individual needs of each student.

Four skill areas are presented in this curriculum guide:

1. Articulation and Phonology
2. Language
3. Fluency
4. Voice

Each area includes:

- Definition
- Eligibility Criteria
- Educational Impact
- Long Term Goals
- Short Term Objectives
- Common Core Standards
- Essential Questions and Conceptual Understanding
- Instructional Tools/Materials
- Technology
- Resources/Reference Books
- Learning Activities
- Interdisciplinary Activities
- Assessment Models

The Clinton Public School SLS uses this curriculum to develop treatment plans based on the student's needs. An eclectic approach to therapy is most effective in this discipline. The SLS constantly stays abreast of evidenced-based practices within the field of Speech-Language Pathology.

The long-range goal of speech-language services is to improve the student's communication as it relates to academic content and classroom performance. Short-term objectives are sequenced in the order most appropriate for each student.

**New Jersey State Department of Education
Common Core State Standards**

A note about Common Core State Standards for Language Arts.

The Common Core State Standards for Language Arts were adopted in 2010. The standards referenced in this curriculum guide refer to the progress indicators in these newly adopted standards. A complete copy of the Common Core State Standards for Language Arts may be found at:

<http://www.corestandards.org/the-standards/english-language-arts-standards> (by grade band)

<http://www.corestandards.org/the-standards> (in their entirety)

Grades PreK-8 Speech and Language

Voice

A voice disorder occurs when there is evidence of abnormal vocal quality, pitch or intensity resulting from disordered laryngeal, respiratory and/or vocal tract function. Voice disorders range from a mild hoarseness to complete voice loss and may limit the effectiveness of oral communication. Voice disorders may be:

- **Functional:** due to habits of vocal misuse and hyperfunction and thus readily amenable to intervention
- **Organic:** due to medical or physical conditions and may or may not be amenable to intervention
- **Psychogenic:** due to psychological factors therefore intervention may require a team approach

It is not uncommon for a voice disorder to reflect a combination of these factors.

Criteria for Eligibility

According to the New Jersey Administrative Code, a student is “eligible for speech-language services” for a voice disorder if:

The disorder is “unrelated to dialect, cultural differences or the influence of a foreign language, which adversely affects educational performance” [N.J.A.C. 6A:14-3.6(a)1]

and

on a formal rating scale, the student performs below the normed level for voice quality, pitch, resonance, loudness or duration and the condition is evident on two separate occasions, three to four weeks apart, at different times.

The student must demonstrate concern about the voice disorder and indicate a desire to change before an effective voice improvement program may begin.

Due to the medical nature of a voice disorder, The American Speech, Language and Hearing Association recommends vocal clearance by a physician prior to the onset of voice therapy.

Educational Impact

Any voice disorder that impacts a student's success in achieving the College and Career Readiness (CCR) and grade-specific standards, set forth in the Common Core State Standards, should be considered to demonstrate detrimental academic impact. A voice disorder may affect the ability to function in the classroom in activities such as oral discussion, oral reading, and participation in oral presentations across the content areas. Adverse effects of a voice disorder may also be manifested in social interaction and/or vocational education.

<p>Curriculum Management System Subject/Grade Level: Grades PreK-8 Speech and Language</p>	<p>Topic: Voice</p>	
<p>Objectives / Cluster Concepts / Cumulative Progress Indicators (CPI's) The student will be able to:</p>	<p>Essential Questions, Conceptual Understandings</p>	<p>Instructional Tools / Materials / Technology / Resources / Learning Activities / Interdisciplinary Activities / Assessment Model</p>
<p>1.1. Demonstrate a basic understanding of vocal structures and voice production (healthy and unhealthy).</p> <p>1.2. Identify unhealthy voice behaviors/poor vocal hygiene and their effects on voice production (i.e. high intensity, inappropriate pitch, muscle tension, loud singing, hard throat clearing, habitual throat clearing/coughing, screaming, shouting, etc.).</p> <p>1.3. Describe healthy vocal care.</p> <p>The following standards apply to the objectives listed above:</p> <p>Reading Foundations (RF) RF.K.4 RF.1.4.a-b RF.2.4.a-b RF.3.4.a-b RF.4.4.a-b RF.5.4.a-b</p> <p>Speaking and Listening (SL) SL.K.6 SL.2.4 SL.3.4 SL.4.4</p>	<p>Essential Questions: How will improving your voice help make you a better student? How will improving your voice help you to communicate better in your classroom and with your friends?</p> <p>Conceptual Understandings: Improving my voice will help me be understood and give me confidence speaking aloud in class and with my friends. It will also keep my vocal cords healthy.</p>	<p>Instructional Tools/Materials: Using Your Best Voice A Workbook for Voice Improvement Vocal Anatomy pictures Voice Thermometer</p> <p>Technology: Recording devices (iPhone, iPad, etc.) Stereo Amplified Listener Auditory feedback headset</p> <p>Learning Activities/Strategies: Vocal Anatomy awareness Relaxation exercises Self-awareness activities (smooth voice vs. rough voice) Muscle tension vs. relaxation Breathing exercises (diaphragmatic vs. clavicular) Vocal rest</p> <p>Resources/Reference Books: The Source for Children's Voice Disorders A Programmed Approach to Voice Therapy</p> <p>Interdisciplinary Activities: Academic support through voice development activities Coordination of speech activities with grade level curriculum subject matter (i.e. class participation and oral presentation within the classroom)</p>

<p>Curriculum Management System Subject/Grade Level: Grades PreK-8 Speech and Language</p>	<p>Topic: Voice</p> <p>Goal 1: The student will demonstrate an understanding of appropriate quality, intensity, and/or pitch and their effect on classroom performance.</p>	
<p>Objectives / Cluster Concepts / Cumulative Progress Indicators (CPI's) The student will be able to:</p>	<p>Essential Questions, Conceptual Understandings</p>	<p>Instructional Tools / Materials / Technology / Resources / Learning Activities / Interdisciplinary Activities / Assessment Model</p>
<p>SL.5.4 SL.6.4 SL.7.4 SL.8.4</p>		<p>Assessment Models: Case History Observation by speech-language specialist of vocal production Clinical Voice Evaluation checklist Accomplishment of objectives 80% of time as measured by formal or informal assessments</p>

<p>Curriculum Management System Subject/Grade Level: Grades PreK-8 Speech and Language</p>	<p>Topic: Voice</p> <p>Goal 2: The student will demonstrate improved vocal quality, intensity and/or pitch in order to acquire better communication within the classroom setting.</p>	
<p>Objectives / Cluster Concepts / Cumulative Progress Indicators (CPI's) The student will be able to:</p>	<p>Essential Questions, Conceptual Understandings</p>	<p>Instructional Tools / Materials / Technology / Resources / Learning Activities / Interdisciplinary Activities / Assessment Model</p>
<p>2.1. Consult with the teachers/family regarding strategies to modify the classroom/home speaking-behavior and environment.</p> <p>2.2. The student will maintain a period of vocal rest if indicated by the physician's laryngoscopy report.</p> <p>2.3. Identify own vocal abuses.</p> <p>2.4. Reduce vocal abuse.</p> <p>2.5. Identify healthy voice alternatives to vocal abuse.</p> <p>2.6. Reduce or eliminate own identified vocal abuses by targeting one abuse at a time.</p> <p>2.7. Demonstrate an understanding of extraneous muscle tension/poor respiratory control.</p> <p>2.8. Reduce or eliminate extraneous muscular tension.</p> <p>2.9. Develop appropriate breath support</p>	<p>Essential Questions: How will improving your voice help make you a better student? How will improving your voice help you to communicate better in your classroom and with your friends?</p> <p>Conceptual Understandings: Improving my voice will help me be understood and give me confidence speaking aloud in class and with my friends. It will also keep my vocal cords healthy.</p>	<p>Instruction Tools/Materials: Using Your Best Voice A Workbook for Voice Improvement Vocal Anatomy pictures Voice Thermometer</p> <p>Learning Activities/Strategies: Vocal Anatomy awareness Relaxation exercises Self-awareness activities (smooth voice vs. rough voice) Muscle tension vs. relaxation Breathing exercises (diaphragmatic vs. clavicular) Vocal rest Voice thermometer</p> <p>Technology: Recording devices (iPhone, iPad, etc.) Stereo Amplified Listener Auditory feedback headset</p> <p>Resources/Reference Books: The Source for Children's Voice Disorders Using Your Best Voice Recording device (IPHONE, IPAD, etc.) Stereo Amplified Listener Hear Phones</p>

<p>Curriculum Management System Subject/Grade Level: Grades PreK-8 Speech and Language</p>	<p>Topic: Voice</p> <p>Goal 2: The student will demonstrate improved vocal quality, intensity and/or pitch in order to acquire better communication within the classroom setting.</p>	
<p>Objectives / Cluster Concepts / Cumulative Progress Indicators (CPI's) The student will be able to:</p>	<p>Essential Questions, Conceptual Understandings</p>	<p>Instructional Tools / Materials / Technology / Resources / Learning Activities / Interdisciplinary Activities / Assessment Model</p>
<p>and respiratory control.</p> <p>2.10. Produce a clear vocal quality following soft glottal-attack.</p> <p>2.11. Reduce or eliminate hyponasality.</p> <p>2.12. Reduce or eliminate hypernasality.</p> <p>2.13. Use the appropriate intensity level.</p> <p>2.14. Use the appropriate pitch level.</p> <p>2.15. Transfer and maintain improved vocal quality to the classroom environment.</p> <p>The following standards apply to each of the objectives listed above:</p> <p>Reading Foundations (RF)</p> <p>RF.K.4</p> <p>RF.1.4.a-b</p> <p>RF.2.4.a-b</p> <p>RF.3.4.a-b</p> <p>RF.4.4.a-b</p> <p>RF.5.4.a-b</p> <p>Speaking and Listening (SL)</p> <p>SL.K.6</p>		<p>Interdisciplinary Activities:</p> <p>Academic support through voice development activities</p> <p>Coordination of speech activities with grade level curriculum subject matter (i.e. class participation and oral presentation within the classroom)</p> <p>Assessment Models:</p> <p>Case History</p> <p>Observation by speech-language therapist of vocal production</p> <p>Clinical Voice Evaluation checklist</p> <p>Accomplishment of objectives 80% of time as measured by formal or informal assessments</p>

Curriculum Management System <u>Subject/Grade Level:</u> Grades PreK-8 Speech and Language	Topic: Voice Goal 2: The student will demonstrate improved vocal quality, intensity and/or pitch in order to acquire better communication within the classroom setting.	
Objectives / Cluster Concepts / Cumulative Progress Indicators (CPI's) The student will be able to:	Essential Questions, Conceptual Understandings	Instructional Tools / Materials / Technology / Resources / Learning Activities / Interdisciplinary Activities / Assessment Model
SL.2.4 SL.3.4 SL.4.4 SL.5.4 SL.6.4 SL.7.4 SL.8.4		

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