WRITTEN PRIMARILY FOR SCHOOL SUPERINTENDENTS, PRINCIPALS, SPEECH CLINICIANS, AND SUPERVISORS, THIS GUIDE OUTLINES THE MECHANICS OF ORGANIZING AND CONDUCTING SPEECH CORRECTION ACTIVITIES IN THE PUBLIC SCHOOLS. IT INCLUDES THE REQUIREMENTS FOR CERTIFICATION OF A SPEECH CLINICIAN IN MISSOURI AND DESCRIBES ESSENTIAL STEPS FOR THE DEVELOPMENT OF A SPEECH CORRECTION PROGRAM. SPECIFICATIONS FOR A SPEECH CORRECTION ROOM, ALL EQUIPMENT, AND SUPPLIES ARE PRESENTED. PROFESSIONAL ORGANIZATIONS IN WHICH MEMBERSHIP IS RECOMMENDED FOR THE SPEECH CLINICIAN ARE LISTED ALONG WITH A LIST OF PROFESSIONAL JOURNALS. A 152-ITEM BIBLIOGRAPHY IS GROUPED INTO SECTIONS ON APHASIA, ARTICULATION, CEREBRAL PALSY, CLEFT PALATE, HEARING LOSS, STUTTERING, VOICE PROBLEMS, AND GENERAL SPEECH REFERENCES. CLINICAL AND EDUCATIONAL MATERIALS ARE LISTED. THE APPENDIX INCLUDES THE REQUIREMENTS FOR THE CERTIFICATION OF CLINICAL COMPETENCE OF THE AMERICAN SPEECH AND HEARING ASSOCIATION, EXAMPLES OF REPORT FORMS OF RATING SCALES, AND A LIST OF PUBLISHERS. (GD)
ADMINISTRATIVE GUIDE IN SPEECH CORRECTION
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FOREWORD

In our aerospace age, effective communication is of ever-increasing importance. Every child in our public schools should be given the opportunity to learn to express himself, intellectually and emotionally, in his preparation for today’s changing world.

Both teachers and administrators are eager to supply perplexed parents with information as to how and where children with speech and hearing difficulties can receive the help they need. Superintendents who are contemplating the establishment of a program for the speech handicapped want to know how such a program can be organized, publicized and supervised.

In order to offer the best for the child who has a communicative disorder and who can profit from the instructional program, a committee was called together to aid in planning a guide for his education program. The committee has emphasized that the school administrator and the classroom teacher are just as essential to the success of a speech correction program as is the speech clinician.

The teacher will need to adapt his classroom curriculum to good speech instruction, both as a special subject and as an applied activity. It is the committee’s recommendation that the speech clinician and his program should be an integral unit of the general educational program of the school and should be as much a part of the detailed daily curriculum as reading, number work, and social studies.

Educational leaders who discharge major responsibilities in public schools will find herein an informative statement of a pervasive need, together with a basic philosophy and practical recommendations for meeting this need.

Hubert Wheeler
Commissioner of Education
PREFACE

The Missouri State Department of Education is, in the main, a service agency to the people of the State. In the area of the education of the exceptional child, teachers and administrators have indicated by their oral and written requests that we can be of great service to them by providing lists of suggested materials in the various areas. Chiefly, for this reason, this bulletin has been compiled. Through its use we believe that teachers can save many hours of valuable time otherwise used in searching for suitable teaching material.

We also hope and believe that the bulletin can be of great help to administrators in recommending specifications for the room equipment and supplies to be used by the speech clinician.

Acknowledgement is hereby made of the excellent work of Dr. William C. Healey, Consultant, Special Education, who served as chairman of the committee in compiling materials and in writing and editing this publication.

Special commendation is also due Mr. Richard S. Dabney, Director of Special Education, and members of the committee who gave of their knowledge and time in order that the bulletin might be prepared.

H. Pat Wardlaw
Assistant Commissioner
Division of Instruction
INTRODUCTION

To the Administrators of Speech Correction Programs:

The revised Administrative Guide in Speech Correction is designed to be of assistance to you, not only in the organization of programs in speech correction, but also in the daily administration of them.

The Revision Committee was chosen from all areas of the State and is composed of administrators, supervisors, consultants, and classroom teachers, all of whom are well-trained, not only in the understanding of problems facing the child with a speech defect, but also in the knowledge of how to deal with the problem. Acknowledgement is given to the members of the committee for the fine work they have done.

It is hoped that the compilation of their ideas will be beneficial to administrators and speech clinicians.

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Special acknowledgement is due Miss Jo Ann Wolken for her contribution in the preparation of the rough drafts of this manuscript.
PURPOSE

The purpose of this guide is to make recommendations concerning the establishment and continuation of speech correction programs in the public schools of Missouri.

The committee hopes that its discussion will promote closer integration of speech correction with the activities of parents, classroom teachers, and school administrators. The following pages contain information which can be used by school superintendents, principals, speech clinicians, and supervisors. This information outlines the mechanics of organizing and conducting speech correction activities in the public schools.
POINT OF VIEW

From the speech clinician's point of view, the philosophy of special education is not unlike that of general education but an extension of it; becoming special only in respect to the limitations imposed by the specific needs of those children with special abilities or disabilities. The goals are the same as for all education. The means for achieving these goals must vary according to the problems of the children who are to profit from a program of special education. Every child must be provided with an opportunity to be educated to the limit of his abilities. The speech correction program in the public schools prepares youth with speech problems to become as communicatively effective as possible.

The adoption of a clinical point of view has been one of the greatest contributions of speech correction. It has become the common denominator in interpreting the responsibilities and opportunities of all teachers to meet the needs of children with particular learning problems.

Incorporating a clinical approach in the public school setting includes principles that are desirable for all children. It implies that each child, as an individual, requires and should receive a thorough, definitive evaluation of his needs and an education commensurate with his needs, abilities, capacities, and interests. However, the results of such an assessment must not become permanently affixed, for next week or next year they may no longer represent valid descriptions of the child nor his needs. Once the child is labeled "speech defective," too many people forget that he is a growing child with changing needs; and attitudes based on something less than logic often dictate the type and number of educational experiences he will receive thereafter.

Speech is learned and good speaking habits can be taught. Speech clinicians have demonstrated that in most cases speech can be improved. The length of time that a need for special services exists depends upon the nature of the child's problem and the environment in which it is found. Those special services may include a radical modification of the curriculum, special methods of instruction, special equipment, or an adjusted school schedule. Whatever the condition, the important matter is one of identifying and meeting satisfactorily the child's needs.
INTRODUCTION

Approximately two million children in the United States have speech problems. They constitute our largest group of exceptional children. Five to ten children out of every hundred need speech correction. Speech correction programs are needed in every community, not only because of the vast number of children with speech handicaps, but because speech is vital as the key to human expression in our speaking world.

"It is recognized that speech is the expression of the whole child. The philosophy underlying the need for providing speech correction for speech handicapped children is that his speech is the most important tool he has for getting along in life. Whatever we do for his speech, that we do also for his whole being."1

Through speech the child expresses his thinking, his emotions, his physical being and his personality. The ability to speak enables children to communicate ideas, feelings, and desires to others. Speech is the channel for interaction in human relationships. The child who speaks in an understandable manner will communicate more successfully and will experience added confidence in meeting situations within his environment. The child whose speech is defective or nonexistent may develop multiple problems related to learning, behavior, and adjustment.

Speech problems are usually recognized by parents, teachers, and others within the child's environment. These speech problems often make the child's speech "different" from the so-called normal speech pattern. Concern is aroused and questions are asked relative to causes and treatment. This is a justifiable concern because of the frustration experienced by the child who cannot communicate easily with others. His defective speech may set him apart and may create various emotional disturbances. His inability to speak easily and successfully may cause his listeners to question his mental ability and willingness to try to speak better. It should be emphasized that "trying" to speak adequately is desirable but usually does not solve the problem.

Getting along well in school depends upon many factors such as intelligence, health, emotional adjustment, environmental background, and motivation. However, it is possible and frequently true that children who are normal in each of these respects can and do have speaking difficulties. Speech defects can range in severity from mild to complete unintelligibility, and may stem from multiple causes. The complexity of speech problems makes it especially important that the school and community be aware of the knowledge and skill necessary to help speech handicapped children.

Because speech is used by everyone, ability to speak is often taken for granted. Never should it be so assumed! Speech is one of the most highly developed and complex skills achieved by man. The words we use in everyday conversation require rapid and extremely fine neuro-muscular coordination. When speech production is analyzed, we are surprised that people speak as well as they do. Because of the complexities of speech problems, their causes and their treatment, speech correction and speech education must be conducted by individuals who are specially trained in the field of speech and hearing. Children with communication problems create great concern within the family, school, and community. A comprehensive program of speech correction should be provided for all children who are in need of this educational and therapeutic service.

I. Application for a Speech Correction Program

Administrators of school systems are in a position to lead in developing and sustaining a good speech correction program. Generally speaking, five to ten percent of the school population will need help in speech.

A school board establishing a program in speech correction for the first time should notify the Commissioner of Education before July 1 of its intention to establish such a program. The approvable case load, as determined by the State Department of Education in accordance with the law, is 80 to 125 children. Approved full-time programs will be reimbursed at the rate of $2800 per year. Case loads under 80 may be approved only after investigation by the State Department of Education. Enrollment on October 15 will be used for reimbursement. Correspondence should be addressed to: Director of Special Education; P. O. Box 480; Jefferson City, Missouri.

Some schools of the State do not have enough children with speech and hearing problems to justify employment of a full-time speech clinician. Two or more school districts may form a cooperative program. These districts may employ the same clinician who would visit each school at regular times each week. The number of schools required for a full-time program would depend on the enrollment of speech cases in each school and the distance the correctionist would have to travel between schools. In such programs, a contractual agreement should be arranged between the participating schools. Each district must agree to pay its proportionate share of the annual cost of the service. Since the number of children needing the service in each school district may vary during the year, each district's financial responsibility is determined and the sponsoring district is reimbursed on the basis of the amount of time the clinician gives to the district.

In cooperative programs, the speech clinician should be provided with a home office. This office may be located in one of the cooperating school districts and is considered his home base. Any travel allowance would be based on the miles traveled between schools. Consideration should be given to arranging the schedule so that the clinician would travel a minimum number of miles each week. Since it will be necessary for some school time to be consumed by travel from one school district to another, the pupil load may be adjusted to compensate for the time lost.

II. The Speech Clinician

The selection of personnel to staff a speech correction program is one of the administrator's most important considerations. The speech clinician, a specially trained in the areas of speech and hearing, must meet the certification requirements of the State Department of Education under whose jurisdiction he will work if the local school system is approved for state reimbursement for its speech program. The person in the local school system in charge of employing teachers not only must know the current standards for state certification but must send the transcripts and records of the applicant to the State Department of Education for evaluation.

The ability to describe or diagnose speech defects is of major importance in the speech clinician's work, and he must be prepared to establish a program based on an understanding of individual differences and techniques. Although the speech clinician's activities and responsibilities are different from those of the teacher in the regular classroom, the most successful programs are those that integrate speech correction with the subject matter in the general cur-

2The term "speech clinician" or "speech correctionist" refers to an individual with specialized academic training in speech correction. Such a specialist devotes full time to speech correction. Although these terms are often used interchangeably in the various public school programs, the American Speech and Hearing Association has endorsed the term "speech clinician" as the official title for members meeting requirements for their certification.
riculum. The classroom teacher must share the responsibility for the acceptance of a new program since his cooperation and interest in providing activities for reinforcement of correct speech can insure or negate the success of the speech clinician's work. If the speech clinician is resourceful and tactful, he can usually reassure the majority of classroom teachers that the child with a speech problem can be helped in his regular subjects without adding appreciably to the burdens of the teacher. The speech clinician, while retaining definite responsibilities as a specialist working with individual children, is frequently asked to serve in the capacity of consultant, working closely with classroom teachers and other staff members.

The speech clinician should be given the opportunity, through meetings with the parents and teachers, to discuss the field of speech correction and to outline the objectives of such a program in the public schools. Parents must realize that proper reinforcement at home can help make new speech habits permanent. The success or failure of the speech clinician's goals greatly depends upon the amount of cooperation that he receives from the classroom teacher, principal, and parents.

III. Certification Requirements

A speech clinician in the public schools of Missouri must have the following qualifications:

A. A bachelor's degree from an accredited college or university

B. A valid teacher's certificate

C. At least twenty semester hours of academic training that include:
   1. A course in child psychology or child development
   2. A course in adolescent psychology, mental hygiene, or psychology of adjustment
   3. A course in techniques of teaching, at the elementary or secondary level
   4. A course in the psychology of the exceptional child or in methods of teaching the handicapped
   5. Practice teaching in a regular classroom, at the elementary or the secondary level
   6. A course in public speaking
   7. Six (6) semester hours of course work in the areas of voice science, phonetics, psychology of speech, and anatomy and physiology of the speech mechanism; a course in phonetics being specifically required
   8. Fifteen (15) semester hours in professional training courses in speech pathology and audiology, from such areas as speech correction and speech pathology, clinical methods, clinical practice, and audiology, one course in audiology being specifically required.

D. Two hundred (200) clock hours of supervised clinical practice, at least one-fourth of which should be in a public school setting. A clock hour means time spent by the student clinician in actual work with cases under adequate supervision, in conference with a supervisor about such cases, in diagnostic activities, and/or in the preparation of reports about cases.

E. Adequate speech for professional use in terms of voice, articulation, language, and rhythm.

IV. Identification of Pupils for Speech Correction

The first essential step in the development of a speech correction program is finding students with speech problems. Three of the methods used are: (1) the class visitation method, (2) the referral method, and (3) the survey method.

The survey is probably the most thorough method of locating children who need help. The survey aims to screen out quickly those pupils who have difficulties; each of these pupils is given a more thorough examination. The survey speech test is ordinarily an individually administered test of spontaneous and directed speech.

The speech survey requires careful management and considerable preliminary planning to insure efficiency and orderliness. It is the duty of the principal to provide the clinician with adequate physical facilities for testing, and to schedule the survey to avoid time conflicts within the school program.

In making an initial survey, the entire school population should be screened. Once a speech survey of a particular school has been completed, only new students and referrals will need to be tested. The speech clinician, in consultation with the classroom teachers and the administrative officer of the school, shall determine the eligibility of pupils for the speech correction program.

V. Organization of the Speech Correction Program

Once the children who are in need of speech correction are located, the clinician should arrange for a conference with the principal of the school in which he is to work. They will need to agree upon matters of policy pertaining to length and frequency of correction sessions, enforcement, and general coordination of the program with the daily curriculum. Usually the speech clinician prepares a tentative schedule and discusses it with the principal and classroom teachers. The final schedule is then mimeographed and distributed to all teachers from the office of the principal. The speech clinician, after making a careful appraisal of a child's speech, may help the child meet his needs through individual or group therapy. Clinicians generally believe that the number of children in each group should not exceed four. Speech correction must be scheduled for a definite period of time (usually 30 minutes in length) on a specified day or days of each week. Individual records, which are discussed on page 7, shall be kept for each child enrolled in the speech correction program. To permit adequate time for conferences related to children enrolled in speech correction and for continuous testing of referrals, at least one-half day per week should be reserved as a "coordination" period. This time, judiciously utilized, can further the speech correction process and enable the clinician to keep abreast of all necessary reporting.

The administrative officer, in addition to the aforementioned, will be responsible for initiating and maintaining a speech correction program that will meet the requirements for state reimbursement; will provide rooms for the clinician and his equipment; and will see that the child needing speech correction meets regularly with the clinician.

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3The speech clinician may wish to use some type of numerical rating in determining the severity of the child's problem. (See Appendix A)

4A plan of scheduling known as the "block plan" has been used successfully in some schools.
THE SPEECH CORRECTION ROOM:  
SPECIFICATIONS, EQUIPMENT, AND SUPPLIES

I. Physical Plan

The principal should provide a pleasant, well-lighted, well-ventilated room equipped with 
the necessary supplies and storage for conducting a well-organized speech correction program. 
The physical plan of the speech correction room should conform to specifications outlined by the 
State Department of Education, Section of School Building Services. The room should be located 
on the same floor with the primary rooms, preferably on the first floor in a quiet section of the 
building. The dimensions for the room will approximate 15' x 20' x 10'.

II. General Equipment

1 Teacher's desk  
1 Arm chair  
1 Side chair  
1 Table - round, 48” diameter, 25” height  
1 Full length mirror - 24” x 48”, to be mounted horizontally on a 33” level above 
rectangular table, described below.  
1 Table - rectangular, 48” x 24” x 30”  
6 Chairs - wood, 15” high  
3 Chairs - wood, 17” high  
1 Filing cabinet - 4 drawer, legal size  
1 Chalkboard - 36” x 48”  
1 Corkboard - 36” x 48”  
1 Easel  
1 Card holder  
1 Flannel board  
1 Sink

III. Teaching and Testing Equipment

1 Audiometer - equipped for both air and bone conduction and provided with 
   masking equipment  
1 Tape recorder - 7½ and 3¾ speeds with supply of additional tapes  
1 Auditory Training Unit  
1 Record player - 3 speed, equipped with volume and tone control  
1 Dozen hand mirrors  
1 Metronome  
1 Flash light - for oral examinations  
1 Stop watch  

The speech clinician should have access to:  
   Duplicating facilities  
   Opaque projector  
   Film projector  
   Typewriter  
   Dictionary

Frequently speech clinicians will find it helpful to utilize objective tests in their initial 
diagnosis of the student with a speech problem. Some of the more commonly used instruments 
are listed below:

A Manual of Articulation Testing for Use with Children with Cerebral Palsy
Institute of Logopedics
Wichita, Kansas
Ammons
Psychological Test Associates
Box 1441
Missoula, Montana

Examining for Aphasia
Psychological Corporation
304 East 45th Street
New York 17, New York

Goodenough Intelligence Test
Psychological Corporation
304 East 45th Street
New York 17, New York

Hejna Test of Articulation
University Press of University of Wisconsin
Madison, Wisconsin

Peabody Picture Vocabulary Test
American Guidance Service
2106 Pierce Avenue
Nashville, Tennessee

Screening and Diagnostic Tests of Articulation
Bureau of Research and Service
University of Iowa
Iowa City, Iowa

The Templin-Darley Tests of Articulation
Bureau of Educational Research and Service
Extension Division
State University of Iowa
Iowa City, Iowa

Wepman Discrimination Test
Language Research Associates
950 East 59th Street
Chicago 37, Illinois

IV. Expendable Supplies

- Pre-sterilized tongue depressors
- Tissues
- Sanitary straws
- Applicator sticks
- Gauze compresses - 3” x 3”
- Cotton balls - cotton roll pack

- Construction paper
- Crayons
- Pencils
- Typing paper
- Carbon paper
- School stationery

The items of equipment suggested above are not the only ones which are to be recognized or used. It is impossible in this report to give a complete listing of all suitable equipment or supplies that may be available. New items of equipment will become available and may be of greater value than the supplies or aids now produced. Teachers should be constantly alert to supplies that will meet their particular needs.
SUGGESTED RECORD AND REPORT FORMS FOR A SPEECH CORRECTION PROGRAM

The systematic operation of a speech correction program is facilitated by maintaining accurate, current records pertaining to the speech of each child. By the use of report forms designed for specific purposes, information and materials may be made available to school administrators, classroom teachers, and parents.

An individual record shall be kept for each child enrolled in the speech correction program. Information from the home, medical sources, classroom teachers, and others should be included in the speech clinician’s file for each child. A record of referrals – medical, dental, psychological, and other – should be kept for each pupil in the program.

Progress reports should be sent to the parents at the end of each reporting period along with the child’s general progress report. Similar reports of progress should be sent regularly to the classroom teachers and to the school administrators.

Application forms for the purpose of initiating a program in speech correction should be requested by the superintendent from the Director of Special Education, State Department of Education.

PROFESSIONAL ORGANIZATIONS AND JOURNALS

With the increasing body of knowledge in the speech and hearing field, it becomes important to maintain a professional affiliation with an organization that disseminates current research and information. We recommend membership in the American Speech and Hearing Association and the Missouri Speech and Hearing Association. Addresses are listed below. For names of current officers of the Missouri Speech and Hearing Association write to the Director of Special Education. Persons functioning in the field of speech and hearing may find additional information from educational organizations at the state and national levels.

American Speech and Hearing Association
1001 Connecticut Avenue
Washington 6, D. C.

Missouri Speech and Hearing Association
Address inquiries to the Director of Special Education
State Department of Education
P. O. Box 480
Jefferson City, Missouri

Council for Exceptional Children, NEA
1201 Sixteenth Street, N. W.
Washington 6, D. C.

Sample forms of the type now used in some of the public schools of Missouri appear in Appendix B.

See requirements for certification in Appendix C.
Articles pertinent to speech correction appear in many publications. The following journals present research studies, observations in the area of speech correction, and reviews of current literature in the field.

<table>
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<tr>
<td>A Cumulative Index of the Journals of the American Speech and Hearing Association</td>
<td>American Speech and Hearing Association 1001 Connecticut Avenue, N. W. Washington 6, D. C.</td>
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<tr>
<td>American Childhood, published monthly except July and August</td>
<td>Milton Bradley Company 74 Park Street Springfield 2, Massachusetts</td>
</tr>
<tr>
<td>Deafness Speech and Hearing Abstracts published in January, April, July, and October</td>
<td>American Speech and Hearing Association 1001 Connecticut Avenue, N. W. Washington 6, D. C.</td>
</tr>
<tr>
<td>Exceptional Children, published monthly October through May (Subscription through active membership in CEC)</td>
<td>Council for Exceptional Children 1201 Sixteenth Street, N. W. Washington 6, D. C.</td>
</tr>
<tr>
<td>Journal of Speech and Hearing Research, published quarterly</td>
<td>American Speech and Hearing Association 1001 Connecticut Avenue, N. W. Washington 6, D. C.</td>
</tr>
<tr>
<td>The Journal of Speech and Hearing Disorders, published in March, June, September, October, and December</td>
<td>American Speech and Hearing Association 1001 Connecticut Avenue, N. W. Washington 6, D. C.</td>
</tr>
<tr>
<td>Understanding the Child, published in January, April, June, and October</td>
<td>National Association for Mental Health 1790 Broadway New York, New York</td>
</tr>
<tr>
<td>Volta Review, published monthly except July and August</td>
<td>Alexander Graham Bell Association for the Deaf 1537 35th Street, N. W. Washington 7, D. C.</td>
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REFERRAL SERVICES

Speech clinicians should be aware of existing institutions and agencies that might be equipped to help the physically, mentally, emotionally, or educationally handicapped child. New centers are being established yearly, especially for children with speech problems. It is impossible to know all the available resources that might be recommended, but the latest editions of the following publications provide listings of most of the facilities in Missouri for the child who requires special services:

Directory for Exceptional Children, Third edition (Porter Sargent Publisher, 11 Beacon Street, Boston 8, Massachusetts) 1958.

Fact Manual (Facilities for Service for the Handicapped and Agencies Supplying Services), Published by Missouri Health Council, Box 658, Jefferson City, Missouri (by grant from Nemours Foundation of Delaware) 1960.

SELECTED REFERENCES

The following references pertaining to specific areas of speech and hearing problems may be used as informational data for the speech clinician. The teaching materials listed can be used with individuals or groups.

The following lists of references represent some of the materials that are available and may be recommended for use in speech correction. Many clinicians prefer to design materials to meet their particular needs.

APHASIA

(*Therapeutically oriented references)

Although the speech clinician in the public school encounters very few children who can be diagnosed accurately as aphasic, it is important that he have access to good references pertaining to aphasia.

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<th>Title</th>
<th>Publisher</th>
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<tr>
<td>*Barry, Hortense</td>
<td>*The Young Aphasic Child – Evaluation and Training 1961</td>
<td>Alexander Graham Bell Association for the Deaf</td>
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<tr>
<td>*Eisenson, Jon</td>
<td>Examining for Aphasia 1954</td>
<td>The Psychological Corp.</td>
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<tr>
<td>*Head, Henry</td>
<td>Aphasia and Kindred Disorders of Speech 1926 (Vol. 2)</td>
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</tr>
<tr>
<td>*Longerich, Mary C. and Bordeaux, Jean</td>
<td>Aphasia Therapeutics 1954</td>
<td>Macmillan Company</td>
</tr>
<tr>
<td>Myklebust, Helmer R.</td>
<td>Auditory Disorders in Children 1954</td>
<td>Grune and Stratton</td>
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</tbody>
</table>
**ARTICULATION**

The following books may be helpful to the speech clinician in the study of articulation and in planning speech correction for children with sound substitutions, omissions or distortions in their speech.

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Publisher</th>
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<tbody>
<tr>
<td>*Ainsworth, Stanley</td>
<td>Galloping Sounds 1950</td>
<td>Expression Company</td>
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<td>*Ainsworth, Stanley</td>
<td>Speech Correction Methods 1948</td>
<td>Prentice-Hall</td>
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<td>*Arnold, Genevieve</td>
<td>Speech is Fun! (Speech Correction in the Primary Grades) 1953</td>
<td>University of Houston Speech Clinic</td>
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<td>*Bryngelson, Bryng and Mikelcio, Elaine</td>
<td>Speech Correction Through Listening</td>
<td>Scott, Foresman and Company</td>
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<td>*Chipman, Sylvia</td>
<td>The Child's Book of Speech Sounds in Rhyne 1954</td>
<td>Expression Company</td>
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<td>*Clemons, Elizabeth</td>
<td>Pixie Dictionary 1953</td>
<td>John C. Winston Company</td>
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<td>*Fairbanks, Grant</td>
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<td>*Fossum, Ernest C.</td>
<td>Mend Their Speech 1953</td>
<td>Iowa State Teachers College</td>
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<td>*Grider, Dorothy (Illustrator)</td>
<td>My First Picture Dictionary 1948</td>
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<td>*Heltman, Harry J.</td>
<td>Trippingly on the Tongue 1955</td>
<td>Row, Peterson and Company</td>
</tr>
<tr>
<td>*O'Donnell, Mabel and Townes, Willimina</td>
<td>Words I Like to Read and Write 1954</td>
<td>Row, Peterson and Company</td>
</tr>
</tbody>
</table>
The child diagnosed as cerebral palsy often has multiple problems. It is not uncommon for the speech clinician to encounter various types of speech defects associated with cerebral palsy. The following references pertain to the several speech deviations found among children with this organic problem.

**Author**
- *Berko, Merlin M. J. and Berko, Francis Giden*
- *Crickmay, Marie*

**Title**
- *Speech Therapy in Cerebral Palsy*
- *Description and Orientation of the Bobath Method With Reference to Speech Rehabilitation in Cerebral Palsy*

**Publisher**
- Charles Thomas Publishers
- National Society for Crippled Children and Adults, Inc.
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Year(s)</th>
<th>Publisher</th>
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<tbody>
<tr>
<td>Cruickshank and Raus</td>
<td><em>Cerebral Palzy</em></td>
<td>1955</td>
<td>Syracuse University Press</td>
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<tr>
<td>*Hansen, Ruth</td>
<td><em>The Parent's Role in the Cerebral Palsied Problem</em></td>
<td>1954</td>
<td>Orthopedic Hospital</td>
</tr>
<tr>
<td></td>
<td>(Pamphlet, 25¢)</td>
<td></td>
<td>2424 South Flower</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Los Angeles, California</td>
</tr>
<tr>
<td>*Harrington, Robert</td>
<td><em>Speech Rehabilitation of the Cerebral Palsied</em></td>
<td></td>
<td>National Society for Crippled</td>
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<tr>
<td></td>
<td>(Pamphlet - Free)</td>
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<td>Children and Adults, Inc.</td>
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<td>*Huber, Mary</td>
<td><em>Letter to Parents of the Cerebral Palsied Child</em></td>
<td></td>
<td>National Society for Crippled</td>
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<td>(Pamphlet, 10¢)</td>
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<td>*Kastein, Shulamith</td>
<td><em>Speech Hygiene Guidance for Parents of Children With Cerebral Palsy</em></td>
<td>1949</td>
<td>United Cerebral Palsy Association</td>
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<tr>
<td>Perlestein, Meyer</td>
<td><em>Infantile Cerebral Palsy</em></td>
<td>1950</td>
<td>National Society for Crippled</td>
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<td></td>
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<tr>
<td>Perlestein, Meyer</td>
<td><em>Infantile Cerebral Palsy</em></td>
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<td>Reprinted from Advances in Pediatrics</td>
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<td></td>
<td>(Volume VII, 1955)</td>
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<tr>
<td>Pohl, John F.</td>
<td><em>Cerebral Palsy</em></td>
<td>1950</td>
<td>Bruce Publishing Company</td>
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<tr>
<td>*Unger, Dorothy</td>
<td><em>Prepare Your Child for Speech by Training Speech Muscles Through Feeding</em></td>
<td>1952</td>
<td>National Society for Crippled</td>
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<td></td>
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<tr>
<td>*Westlake, Harold</td>
<td><em>A System for Developing Speech With Cerebral Palsied Children</em></td>
<td>1951</td>
<td>National Society for Crippled</td>
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<td></td>
<td>(Pamphlet, 25¢)</td>
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<tr>
<td>*Westlake, Harold and Rutherford, David</td>
<td><em>Speech Therapy for the Cerebral Palsied</em></td>
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<td>National Society for Crippled</td>
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<tr>
<td></td>
<td><em>Help at Last for Cerebral Palsy Public Affairs</em></td>
<td></td>
<td>Children and Adults, Inc.</td>
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<tr>
<td></td>
<td>Pamphlet No. 158 (20¢)</td>
<td></td>
<td>American Public Health Association</td>
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<td></td>
<td><em>Services for Children With Cerebral Palsy</em></td>
<td>1955</td>
<td>Convention of American Speech and Hearing</td>
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<td></td>
<td></td>
<td></td>
<td>Association, National Society for Crippled</td>
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<td>Children and Adults</td>
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12
CLEFT PALATE

The child with speech problems associated with cleft palate presents a challenging study. Because of the physical aspects involved, the speech clinician will wish to refer to materials relevant to correction of articulation defects and improvement in voice quality.

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Publisher</th>
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<tbody>
<tr>
<td>Holdsworth, W. G.</td>
<td>Cleft Lip and Palate 1957</td>
<td>Grune and Stratton</td>
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<tr>
<td>McDonald, Eugene</td>
<td>About Children With Cleft Lips and Cleft Palates (Pamphlet, 20¢) 1957</td>
<td>Pennsylvania Society for Crippled Children and Adults, Harrisburg, Pennsylvania</td>
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<tr>
<td>*Morley, M. E.</td>
<td>Cleft Palate and Speech 1945</td>
<td>Williams and Wilkins</td>
</tr>
<tr>
<td></td>
<td>A Child Has Cleft Palate (Pamphlet, 25¢)</td>
<td>Cleveland Hearing and Speech Center, 400 Union Commerce Building, Cleveland, Ohio</td>
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HEARING LOSS

Speech problems are frequently concomitant with loss of hearing.

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<tr>
<th>Author</th>
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<tbody>
<tr>
<td>*Buell, Edith M.</td>
<td>Outline of Language for Deaf Children Book I</td>
<td>Volta Bureau</td>
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<tr>
<td>*Buell, Edith M.</td>
<td>Outline of Language for Deaf Children Book II</td>
<td>Volta Bureau</td>
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<tr>
<td>*Ewing, Irene R.</td>
<td>Lipreading and Hearing Aids 1959</td>
<td>Manchester University Press</td>
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<tr>
<td>*Ewing, Irene and Alex</td>
<td>New Opportunities for Deaf Children 1958</td>
<td>University of London Press</td>
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<tr>
<td>Author(s)</td>
<td>Title</td>
<td>Publisher/Printer</td>
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<tr>
<td>*Ewing, Irene and Alex</td>
<td><em>Speech and the Deaf Child</em></td>
<td>Volta Bureau</td>
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<td>Fitzgerald, Edith</td>
<td>Straight Language for the Deaf 1959</td>
<td>Volta Bureau</td>
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<tr>
<td>Heiner, M. H.</td>
<td>Hearing is Believing 1949</td>
<td>World Publishing Company</td>
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<tr>
<td>Irwin, J. and Duffy, J. K.</td>
<td>Speech and Hearing Hurdles 1951</td>
<td>School and College Service Columbus, Ohio</td>
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<tr>
<td>*Lack, Agnes</td>
<td><em>The Teaching of Language to Deaf Children</em> 1955</td>
<td>Oxford University Press</td>
</tr>
<tr>
<td>*Lassman, Grace Harris</td>
<td>Language for the Preschool Deaf Child 1953</td>
<td>Grune and Stratton</td>
</tr>
<tr>
<td>*Leavis, May</td>
<td>Beginning Lip Reading</td>
<td>May H. Leavis, 386 Commonwealth Avenue, Boston, Massachusetts</td>
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<tr>
<td>Myklebust, Helmer R.</td>
<td>Auditory Disorders in Children 1954</td>
<td>Grune and Stratton</td>
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<tr>
<td>Newby, Hayes A.</td>
<td>Audiology Principles and Practices 1958</td>
<td>Appleton-Century Crofts</td>
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<tr>
<td>*Ordman, Kathryn and Rolli, Mary P.</td>
<td>What People Say 1955</td>
<td>The Volta Bureau</td>
</tr>
<tr>
<td>*Pugh, Bessie</td>
<td><em>Steps in Language Development for the Deaf</em></td>
<td>The Volta Bureau</td>
</tr>
<tr>
<td>*Utley, Jean</td>
<td><em>What's Its Name?</em> 1950</td>
<td>University of Illinois Press</td>
</tr>
<tr>
<td></td>
<td><em>A Child Doesn't Hear</em> 1949 (Pamphlet, 25¢)</td>
<td>Cleveland Hearing and Speech Center, 400 Union Commerce Building, Cleveland, Ohio</td>
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<tr>
<td></td>
<td><em>If You Have a Deaf Child</em></td>
<td>University of Illinois Press</td>
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<tr>
<td></td>
<td><em>New Aids and Materials for Teaching Lip Reading</em></td>
<td>American Hearing Society</td>
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</table>
The following references may be helpful in working with the child who is non-fluent.

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Publisher</th>
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<tbody>
<tr>
<td>Barbara, Dominick</td>
<td>Psychotherapy of Stuttering</td>
<td>Charles Thomas Press</td>
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<tr>
<td>Barbara, Dominick</td>
<td>Stuttering: A Psychodynamic Approach to Its Understanding and Treatment 1954</td>
<td>Julian Press</td>
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<tr>
<td>Bloodstein, Oliver</td>
<td>Stuttering for Professional Workers</td>
<td>National Society for Crippled Children and Adults, Inc.</td>
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<tr>
<td>Eisenson, Jon (Editor)</td>
<td>Stuttering: A Symposium</td>
<td>Stanford University Press</td>
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<tr>
<td>*Hahn, Eugene</td>
<td>Stuttering: Significant Theories and Therapies 1943</td>
<td>Expression Company</td>
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<td>*Heltman, H. J.</td>
<td>First Aids for Stutterers 1943</td>
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</tr>
<tr>
<td>Johnson, Wendell</td>
<td>An Open Letter to the Mother of a Stuttering Child 1941</td>
<td>Seattle Public Schools</td>
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<td>Johnson, Wendell (Editor)</td>
<td>Stuttering in Children and Adults 1955</td>
<td>Harper and Brothers</td>
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<tr>
<td>Johnson, Wendell</td>
<td>Toward Understanding Stuttering 1958</td>
<td>National Society for Crippled Children and Adults, Inc.</td>
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<tr>
<td>Miller, Elvena</td>
<td>Is Your Child Beginning to Stutter? 1955</td>
<td>Seattle, Washington</td>
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<tr>
<td>Van Riper, Charles and Gruber, Leslie</td>
<td>A Casebook in Stuttering 1956</td>
<td>Speech Foundation of America</td>
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<td></td>
<td>On Stuttering and Its Treatment 1960</td>
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<td></td>
<td>Stuttering: Its Prevention 1962</td>
<td>Speech Foundation of America</td>
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<td></td>
<td>Stuttering Words</td>
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<td>Publication No. 2</td>
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# VOICE PROBLEMS

The following references will serve as a guide for the speech clinician in working with students who have voice problems.

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Publisher</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Berry, Mildred and Eisenson, Jon</td>
<td>*Speech Disorders: Principles and Practices of Therapy 1956</td>
<td>Appleton-Century Crofts, Inc.</td>
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<tr>
<td>Brodnitz, Friedrich</td>
<td>*Keep Your Voice Healthy 1953</td>
<td>Harper and Brothers</td>
</tr>
<tr>
<td>*Fairbanks, Grant</td>
<td>*Voice and Articulation Drillbook</td>
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<tr>
<td>*Jackson, Chevalier and Jackson, Chevalier L.</td>
<td>*Diseases of the Nose, Throat, and Ear 1959</td>
<td>W. B. Saunders and Company</td>
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<tr>
<td>Koepp-Baker, Herbert and McDonald, Eugene</td>
<td>*Rehabilitation of the Laryngectomized</td>
<td>National Society for Crippled Children and Adults, Inc.</td>
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<tr>
<td>*Nelson, Charles</td>
<td>*Post-laryngectomy Speech 1949</td>
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<tr>
<td>*Nelson, Charles</td>
<td>*You Can Speak Again</td>
<td>Grune and Stratton</td>
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<td>*Van Riper, Charles and Irwin, John V.</td>
<td>*Voice and Articulation 1958</td>
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## GENERAL

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<tr>
<th>Author</th>
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<tr>
<td>Abney, Louise and Miniace, Dorothy</td>
<td>*This Way to Better Speech 1940</td>
<td>World Book Company</td>
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<tr>
<td>Anderson, Virgil A.</td>
<td>*Improving the Child's Speech 1953</td>
<td>Oxford University Press</td>
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<tr>
<td>Backus, Ollie and Beasley, Jane</td>
<td>*Speech Therapy With Children 1951</td>
<td>Houghton-Mifflin Company</td>
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<td>Beasley, Jane</td>
<td>*Slow to Talk 1956</td>
<td>Bureau of Publications Teachers College Columbia University</td>
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<td>*Speech Disorders: Principles and Practices of Therapy 1956</td>
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<tr>
<td>Author(s)</td>
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<tr>
<td>Cruickshank, Bentsen</td>
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<td>Syracuse University Press</td>
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<td>Ratzburg, Tannhauser</td>
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<td>Eisenson, Jon and Ogilvie</td>
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<td>Goldstein, Jurt</td>
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<td>Himelstein, Philip and Trapp, E. Philip</td>
<td>Readings on the Exceptional Child 1962</td>
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<td>Johnson, Wendell and Others</td>
<td>People in Quandaries 1946</td>
<td>Harper and Brothers</td>
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<td>Jones, Val</td>
<td>Speech Correction at Home 1956</td>
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<td>Kaplan, Harold M.</td>
<td>Anatomy and Physiology of Speech 1960</td>
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<tr>
<td>Karr, Harrison</td>
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<tr>
<td>Long, Charles L.</td>
<td>Will Your Child Learn to Talk Correctly 1957</td>
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<td>McDonald, Eugene T.</td>
<td><em>Understanding Those Feelings</em></td>
<td>Stanwix House</td>
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<td>Molloy, Julia S.</td>
<td><em>Teaching the Retarded Child to Talk</em> 1961</td>
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<td>Morley, Muriel</td>
<td><em>The Development and Disorders of Speech in Childhood</em> 1957</td>
<td>E. and S. Livingstone, Ltd.</td>
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<td>Piaget, Jean</td>
<td><em>The Language and Thought of the Child</em> 1955</td>
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<td>Schoolfield, L. D.</td>
<td><em>Better Speech and Better Reading</em></td>
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<td>Strauss, Alfred and Lehtinen, Laura E.</td>
<td><em>Psychopathology and Education of the Brain Injured Child</em> 1950</td>
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<td>Strauss, Alfred and Kephart, Newell</td>
<td><em>Psychopathology and Education of the Brain Injured Child</em> 1955 (Volume 2)</td>
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<tr>
<td>Templin, Mildred C.</td>
<td><em>Certain Language Skills in Children</em> 1957</td>
<td>The University of Minnesota Press–Minneapolis Press</td>
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<tr>
<td>Travis, Lee Edward</td>
<td><em>Handbook of Speech Pathology</em> 1957</td>
<td>Appleton-Century Crofts, Inc.</td>
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<td>Van Riper, Charles</td>
<td><em>Helping Children Talk Better</em></td>
<td>Science Research Associates</td>
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<tr>
<td>Van Riper, Charles</td>
<td><em>Speech Correction Principles and Methods</em></td>
<td>Prentice-Hall</td>
</tr>
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<td>Van Riper, Charles</td>
<td><em>Speech in the Elementary Classroom</em></td>
<td>Harper and Brothers</td>
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<td>Van Riper, Charles</td>
<td><em>Teaching Your Child to Talk</em> 1950</td>
<td>Harper and Brothers</td>
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<td>Van Riper, Charles &amp; Irwin, John V.</td>
<td><em>Voice and Articulation</em> 1958</td>
<td>Prentice-Hall, Inc.</td>
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<td>Van Riper, Charles</td>
<td><em>Your Child's Speech Problems</em> 1961</td>
<td>Harper and Brothers</td>
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<td>Walpole, Ellen</td>
<td><em>The Golden Dictionary</em> 1944</td>
<td>Simon and Schuster</td>
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<td>West, Ansberry and Carr</td>
<td><em>The Rehabilitation of Speech</em> 1957</td>
<td>Harper and Brothers</td>
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<td><em>Missouri's Children and Youth</em> 1960</td>
<td>Missouri Committee, White House Conference on Children and Youth</td>
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*A list of Publishers appears in Appendix D.*
CLINICAL AND EDUCATIONAL MATERIALS

The following lists represent a composite of materials used by speech clinicians in some of the public schools of Missouri.

Films and Filmstrips

FILM STRIP CATALOG – To obtain a free copy write:

Society for Visual Education Inc.
1345 Diversey Parkway
Department 104
Chicago 14, Illinois

SVE is the largest producer and distributor of filmstrips, slides, and related products and is a subsidiary of Graflex Inc., and a General Precision Company. This is a 1963 catalog that describes and illustrates more than 1400 filmstrips and programmed materials on many subjects for Primary, Intermediate, and Junior-Senior High School.

FILM THEATRE CARD PACKET – The packet is available for $1.50 from:

American Speech and Hearing Association
1001 Connecticut Avenue, N.W.
Washington 6, D. C.

JOHN TRACY CLINIC PARENT EDUCATION FILM SERIES – For information on nineteen educational films and recordings write:

John Tracy Clinic
806 West Adams Boulevard
Los Angeles 7, California

OTHER FILM Sources – Additional catalogues may be requested from:

Visual Education Department
University of Missouri
Whitten Hall
Columbia, Missouri

American Hearing Society
817 Fourteenth Street, N.W.
Washington, D. C.

Young America Films, Inc.
18 East 41st Street
New York 17, New York

Webster Publishing Company
1154 Recol Avenue
St. Louis 26, Missouri

National Society for Crippled Children and Adults
11 South LaSalle
Chicago, Illinois

Dr. Hans Von Leden
Department of Surgery
Medical Center, U.C.L.A.
Los Angeles, California

Encyclopedia Britannica Films
1150 Willmette Avenue
Willmette, Illinois

Recordings

Most publishing companies can provide the speech clinician with lists of recordings that can be used in auditory training and discrimination.
Games and Related Materials

Go-Mo Products Incorporated
Box 143
Waterloo, Iowa

Auto Race — initial s sound
initial r sound
initial l sound
initial f sound
initial k sound
initial th sound

Cootie
Football
Game playing kit
Landscape Peg Set
Sound ladder game
Three-Up and Triple

Bear Final r sound
Chief Initial ch sound
Could Initial k sound
Find Initial f sound
Goose Initial g sound
Jet Initial j sound
Look Initial l sound
Mouse Final s sound
Reach Initial r sound
Sheriff Initial sh sound
So Sorry Initial s sound
Think Initial th sound
Whole Final l sound

Talkalong Products
Box 444
Monterey, California

Flethers
Rocket Race
Speech Fun for Everyone

Expression Company
Magnolia, Massachusetts

Progressive Sound Game
Sound and Articulation Game
Speech-O

Let's Play Hide and Seek Activities Kit, picture book, teacher manual
Guess What! (workbook)
Sounds for Little Folks by C. Stoddard
Speech Correction Through Story Telling Units by Nemoy
Speech Through Pictures by McCausland, et al

Scott Foresman
433 East Erie
Chicago 11, Illinois

Record Album - Sounds Around Us
Speech Improvement Cards, Set A-B-C and Set B only
Time for Poetry by Arbuthnot

Webster Publishing Company
1154 Reco Avenue
St. Louis 26, Missouri

Record Album - Listening Time, Album I, II, and III
What They Say Cards
Talking Time by Scott-Thompson
Rhymes For Fingers and Flannelboard

Wolfe of Sheboygan
1225 North 8th Street
Sheboygan, Wisconsin

Speech Master Cards (Kiddie Kards)

Warnock-Medlin Word Making Productions
P. O. Box 305
Salt Lake City 10, Utah

Warnock-Medlin Basic Word Making Cards and Book
Stanwix House
3020 Chartiers Avenue
Pittsburgh 4, Pennsylvania

The Best Speech Series by Matthews
My Sound Book – k sound
My Sound Book – g sound
My Sound Book – l sound
My Sound Book – r sound
My Sound Book – s sound
My Sound Book – th sound

Harper
49 East 33rd Street
New York 16, New York

Listening for Speech Sounds by Empress Zedler

Dutton
300 Park Avenue, South
New York 10, New York

The Jingle Book by Alice Wood
Sound Games by Alice Wood

Genevieve Arnold
4926 Culmore Drive
Houston 21, Texas

Practice Manual for Correction of Speech Sounds
Speech Is Fun

Macmillan
434 South Wabash Avenue
Chicago 5, Illinois

Sung Under the Silver Umbrella
CONCLUSION

The importance of speech in the curricula of today's schools is evidenced by the growing interest in all communicative skills. Educational institutions have taken a long time to recognize the need of providing training in speech for all children. Speech training should be available to every student, not just to a few who have special talent for developing speech as an art, or to those whose speech is defective enough to make them eligible for speech correction. For the great majority of American citizens the spoken word remains the principal channel for sharing information and exchanging ideas and feelings. Close analysis indicates that speech is the basis of 90 percent of all our communication, leaving 10 percent for writing and reading. Yet, too many schools assume very little direct responsibility for improving the ability of the people to express themselves. This trend is being reversed in many states. In any society so dependent upon communication, the teaching of talking must finally achieve an important place in education.

The social impact of speech was expressed by Thomas Mann in The Magic Mountain: "Speech is civilization itself. The word, even the most contradictory word, preserves contact—it is silence which isolates."
## APPENDIX A

### GENERAL SPEECH BEHAVIOR RATING

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Examiner</th>
<th>Date</th>
</tr>
</thead>
</table>

#### Pitch: 1 2 3 4
- Too high
- Too low
- Pitch pattern
- Monotonic
- Pitch breaks
- Other

#### Articulation: 1 2 3 4
- General misarticulations
- Plosives misarticulated
- Fricatives misarticulated
- Semivowels misarticulated
- Nasals misarticulated
- Glides misarticulated
- Vowels misarticulated
- Diphthongs misarticulated
- Substitutions
- Distortions
- Omissions
- Voicing errors
- Other

#### Loudness: 1 2 3 4
- Too loud
- Too soft
- Monotonic
- Loudness pattern
- Other

#### Language: 1 2 3 4
- Too loud
- Too soft
- Monotonic
- Loudness pattern
- Other

#### Rate: 1 2 3 4
- Too rapid
- Too slow
- Rate pattern
- Monotonic
- Jerkiness
- Other

#### Reaction to Self and Situation: 1 2 3 4
- Apparent tension and strain
- Visual evasiveness
- Distracting postures
- Distracting bodily movements
- Apparent uneasiness or embarrassment
- Distracting laughter or giggling
- Blandness
- Other

#### Rate pattern
- Monotonous
- Jerkiness
- Other

#### Voice Quality: 1 2 3 4
- Too high
- Too low
- Pitch pattern
- Monotonic
- Pitch breaks
- Other

#### Fluency: 1 2 3 4
- Interjection of sounds, syllables, words or phrases
- Part-word repetitions
- Word repetitions
- Phrase repetitions
- Revisions
- Incomplete phrases
- Broken words
- Prolonged sounds
- Unvocalized intervals
- Other

#### Resonance:
- Hypemasality
- Hyponasality

#### General Adequacy: 1 2 3 4

#### Remarks:


Additional copies of this form may be obtained from the Interstate Printers and Publishers, 19-27 North Jackson Street, Danville, Illinois
SCALE OF ARTICULATORY SEVERITY

1. The general speech output of the subject indicates inconsistently poor articulation. There are no consistent errors in articulation that are readily discernible. The speech of the subject falls within the category of slovenly speech.

2. There are present one or two consistent articulation deviations which are readily discernible. These are clearly of a sound distortion, substitution, or omission type. Although the listener is well aware of the errors, he needs to make no special effort to maintain effective mutual communication.

3. The subject generally has three to five articulatory deviations but may have more. These deviations interfere with the listener's comprehension of the speech. The listener can understand the child but must make a special effort to do so. Frequently the subject is not aware of his inability to produce the correct sound.

4. The subject has numerous articulatory deviations (must be more than five). These cause his speech to be generally unintelligible to the casual listener at the initial contact. The subject is frequently concerned about his inability to communicate.

5. The number of articulatory deviations present makes the subject's speech generally unintelligible to the trained observer and members of the family. The subject is usually vitally concerned with his inability to communicate.

SCALE OF VOICE DISORDER SEVERITY

1. The trained listener notes a very mild deviation in the subject's voice production. This deviation may be in pitch, quality, or loudness. There is little, if any, need to attempt a change.

2. The subject's voice has a mild deviation in pitch, quality, or loudness which is obvious to most listeners, however, it does not particularly cause an unfavorable listener reaction.

3. The subject's voice has a moderate deviation in pitch, quality, or loudness which tends to detract from his ability to communicate. The listener's reaction is unfavorable.

4. The subject's voice has a moderately severe deviation in pitch, quality, or loudness which markedly interferes with communication and causes an unfavorable reaction in both the listener and the speaker. At this level the possibility of organic or emotional deviations is present.

5. The subject's voice deviation makes communication almost impossible. The organic and emotional factors noted in Level 4 will also exist here.
## Scale for Rating Severity of Stuttering*

### Instructions:

Indicate your identification by some such term as "speaker's clinician," "clinical observer," "clinical student," or "friend," "mother," "father," "classmate," etc. Rate the severity of the speaker's stuttering on a scale from 0 to 7, as follows:

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No stuttering</td>
</tr>
<tr>
<td>1</td>
<td>Very mild stuttering on less than 1 percent of words; very little relevant tension; disfluencies generally less than one second in duration; patterns of disfluency simple; no apparent associated movements of body, arms, legs, or head.</td>
</tr>
<tr>
<td>2</td>
<td>Mild stuttering on 1 to 2 percent of words; tension scarcely perceptible; very few, if any, disfluencies last as long as a full second; patterns of disfluency simple; no conspicuous associated movements of body, arms, legs, or head.</td>
</tr>
<tr>
<td>3</td>
<td>Mild to moderate stuttering on about 2 to 5 percent of words; tension noticeable but not very distracting; most disfluencies do not last longer than a full second; patterns of disfluency mostly simple; no distracting associated movements.</td>
</tr>
<tr>
<td>4</td>
<td>Moderate stuttering on about 5 to 8 percent of words; tension occasionally distracting; disfluencies average about one second in duration; disfluency patterns characterized by an occasional complicating sound or facial grimace; an occasional distracting associated movement.</td>
</tr>
<tr>
<td>5</td>
<td>Moderate to severe stuttering on about 8 to 12 percent of words; consistently noticeable tension; disfluencies average about 2 seconds in duration; a few distracting sounds and facial grimaces; a few distracting associated movements.</td>
</tr>
<tr>
<td>6</td>
<td>Severe stuttering on about 12 to 25 percent of words; conspicuous tension; disfluencies average 3 to 4 seconds in duration; conspicuous distracting sounds and facial grimaces; conspicuous distracting associated movements.</td>
</tr>
<tr>
<td>7</td>
<td>Very severe stuttering on more than 25 percent of words; very conspicuous tension; disfluencies average more than 4 seconds in duration; very conspicuous distracting sounds and facial grimaces; very conspicuous distracting associated movements.</td>
</tr>
</tbody>
</table>

If this rating was based on a single sample of speech, describe the speech sample and the situation in which you made the rating. If the rating was based on two or more specific samples of speech, describe the various speech samples and the situations in which you made the ratings:

If this rating was not based on one or more specific speech samples in one or more specific situations, but covers instead many observations made in a variety of situations over a period of time, indicate the period covered and the main general types of speech samples and situations observed.

Dates: from __________ to __________. Main types of samples and situations:

---


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APPENDIX B
BRIEF CASE HISTORY

Rating Scale:

<table>
<thead>
<tr>
<th>Articulation</th>
<th>Stuttering</th>
<th>Cleft Palate</th>
<th>Voice</th>
<th>Dysarthria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3</td>
<td>4 5</td>
</tr>
</tbody>
</table>

Speech

Name: ___________________________  School District: ___________________________
(Last)  (First)  (Middle)  Building: ___________________________

Address: ___________________________  Classroom Teacher: ___________________________
(Street)  (Zone)  (City)  Classroom Teacher: ___________________________

Phone: _______________  Age: _______________  Sex: _______________  Clinician: ___________________________

Date of Entry: _______________  Date of Withdrawal: _______________  Grade: _______________

Reason for Withdrawal: ___________________________

Date of Birth: _______________  Place: ___________________________

Parents' Name: ___________________________  (Father)  (Mother)

Family Physician: ___________________________

Address: ___________________________  Office Phone: _______________  Res. Phone: _______________

Diagnosis: ___________________________  Etiology: ___________________________

Description of Problem: ___________________________

Medical History: ___________________________

Speech History: ___________________________

Family History: ___________________________

Articulation Tests

<table>
<thead>
<tr>
<th>Initial Test</th>
<th>Intermediate Test</th>
<th>Final Test</th>
</tr>
</thead>
</table>

Audiometric Sweep Test
125  250  500  1000  2000  3000  4000  8000

R  L

Related Educational Problems: ___________________________

Standardized Test Scores: ___________________________

Comments: ___________________________

Date: ___________________________

29
BRIEF DIAGNOSTIC RECORD

Identification
Name of Pupil ___________________________ Birthdate ___________________________
Address ___________________________ Telephone ___________________________
School ___________________________ Teacher ___________________________
Parents ___________________________

Speech Problem
Diagnosis ___________________________ Severity ___________________________
Possible Etiological Factors ___________________________

Complications ___________________________

Personal History
Social Tests ___________________________
Mental Tests ___________________________
Achievement Tests ___________________________
Any similar defect among siblings or parents ___________________________

Examinations
ORAL: Dental anomalies ___________________________
Lip Mobility ___________________________
Tongue ___________________________
Palate ___________________________
HEARING: ___________________________
OTHERS: ___________________________

Date ___________________________
1. Description of the Size and Shape of the Peripheral Oral Structure
   a. Teeth
      (1) Class of occlusion
      (2) Condition of anterior teeth
      (3) Missing teeth (describe)
      (4) Other
   b. Hard Palate
      (1) Height
      (2) Cuspid width
      (3) Molar width
   c. Soft Palate
      (1) Length
      (2) Velar asymmetry (describe)
      (3) Condition of the uvula
      (4) Function
   d. Fauces
      (1) Area of faucial isthmus (describe)
   e. Tongue
      (1) Size (in relation to dental arch)
      (2) Characteristic position of tongue in mouth during rest position
      (3) Size and position of attachments of lingual frenum
   f. Lips
      (1) Thickness
      (2) Contact during rest position
      (3) Adequacy of labial tissue
      (4) Mobility

2. Tongue Motility
   a. Maximum protrusion
   b. Ability to point tongue
   c. Ability to groove tongue
   d. Ability to curl tongue
   e. Number of times subject can touch the corners of the mouth alternately in 10 seconds
   f. Ability to move tongue down midline of palate

3. Ability to respond to tactile stimulation
   a. Lips
   b. Oral cavity

4. Comments

**ARTICULATION TEST**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>Sex</td>
<td>Date of Test</td>
</tr>
<tr>
<td>School</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Vowel Sounds**

<table>
<thead>
<tr>
<th>I</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>e</td>
<td>beat</td>
<td>oo moon</td>
</tr>
<tr>
<td>i</td>
<td>bit</td>
<td>u mew</td>
</tr>
<tr>
<td>e</td>
<td>bet</td>
<td>o boat</td>
</tr>
<tr>
<td>a</td>
<td>bat</td>
<td>ou house</td>
</tr>
<tr>
<td>a</td>
<td>father</td>
<td>a make</td>
</tr>
<tr>
<td>u</td>
<td>gun</td>
<td>i pipe</td>
</tr>
<tr>
<td>a</td>
<td>arm</td>
<td>oi point</td>
</tr>
<tr>
<td>a</td>
<td>ball</td>
<td>oo book</td>
</tr>
</tbody>
</table>

**Consonant Blends**

<table>
<thead>
<tr>
<th>I</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>tw</td>
<td>twelve</td>
<td>skr scream</td>
</tr>
<tr>
<td>dw</td>
<td>dwarf</td>
<td>shr shred</td>
</tr>
<tr>
<td>bl</td>
<td>blue</td>
<td>spr spring</td>
</tr>
<tr>
<td>kl</td>
<td>clock</td>
<td>str street</td>
</tr>
<tr>
<td>fl</td>
<td>fly</td>
<td>tr tree</td>
</tr>
<tr>
<td>gl</td>
<td>glad</td>
<td>thr three</td>
</tr>
<tr>
<td>pl</td>
<td>play</td>
<td>sk sky</td>
</tr>
<tr>
<td>sl</td>
<td>sled</td>
<td>sm small</td>
</tr>
<tr>
<td>spl</td>
<td>splash</td>
<td>sn snow</td>
</tr>
<tr>
<td>br</td>
<td>bread</td>
<td>sp spoon</td>
</tr>
<tr>
<td>kr</td>
<td>cry</td>
<td>at star</td>
</tr>
<tr>
<td>dr</td>
<td>draw</td>
<td>sw swing</td>
</tr>
<tr>
<td>fr</td>
<td>friend</td>
<td>kw quick</td>
</tr>
<tr>
<td>gr</td>
<td>green</td>
<td>skw squirrel</td>
</tr>
<tr>
<td>pr</td>
<td>price</td>
<td>ks box</td>
</tr>
</tbody>
</table>

**Directions:** If sound is correct, make no notation. For sound substitution or distortion, record phonetically. For omission, record "— ."
HEARING SCREENING FORM

District ___________________________________________ Date ____________

School ____________________________________________ Code. Blue ✓ passed
Grade __________ Teacher ______________ Red ✓ failed

Screening Level:

<table>
<thead>
<tr>
<th>Name</th>
<th>R</th>
<th>L</th>
<th>B</th>
<th>Name</th>
<th>R</th>
<th>L</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

33
AUDILOGICAL REPORT

Name: ____________________________ Birthdate: ___________ Age: ________ Sex: _____

Address: ____________________________ (Street or Route) ____________________________ (City) ____________________________ (State)

Referred by: ____________________________

Does person have a cold? _____ Tinnitus present: ______ Right Ear: ______ Left Ear: ______

Description of tinnitus: ____________________________

Date of Test: ___________ Tested by: ____________________________

Audiometer: ____________________________

<table>
<thead>
<tr>
<th>Frequency (Hz)</th>
<th>Right Ear</th>
<th>Left Ear</th>
<th>Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>125</td>
<td>0</td>
<td>0</td>
<td>O</td>
</tr>
<tr>
<td>250</td>
<td>0</td>
<td>0</td>
<td>O</td>
</tr>
<tr>
<td>500</td>
<td>0</td>
<td>0</td>
<td>O</td>
</tr>
<tr>
<td>1000</td>
<td>0</td>
<td>0</td>
<td>O</td>
</tr>
<tr>
<td>1500</td>
<td>0</td>
<td>0</td>
<td>O</td>
</tr>
<tr>
<td>2000</td>
<td>0</td>
<td>0</td>
<td>O</td>
</tr>
<tr>
<td>3000</td>
<td>0</td>
<td>0</td>
<td>O</td>
</tr>
<tr>
<td>4000</td>
<td>0</td>
<td>0</td>
<td>O</td>
</tr>
<tr>
<td>6000</td>
<td>0</td>
<td>0</td>
<td>O</td>
</tr>
<tr>
<td>8000</td>
<td>0</td>
<td>0</td>
<td>O</td>
</tr>
<tr>
<td>12000</td>
<td>0</td>
<td>0</td>
<td>O</td>
</tr>
</tbody>
</table>

Symbols

AIR CONDUCTION

- Right ear (red)
- Left ear (blue)

With Masking:

- Right ear with ________ db masking in L ear
- Left ear with ________ db masking in R ear

BONE CONDUCTION

- Right ear (red)
- Left ear (blue)

With Masking:

- Right ear with ________ db masking in L ear
- Left ear with ________ Masking in R ear

Testing Conditions: ____________________________

Comments: ____________________________

Recommendations: ____________________________

Speech Threshold Tests

<table>
<thead>
<tr>
<th>Spondee Words</th>
<th>Numbers</th>
<th>Live Voice</th>
<th>Other</th>
</tr>
</thead>
</table>

Noise Generator

Discrimination Score

Right | Left | Field
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

34
REPORT TO CLASSROOM TEACHER

To:

From: SPEECH CLINICIAN

In the course of the screening test, the following children were observed to be making speech errors.

<table>
<thead>
<tr>
<th>Child</th>
<th>Speech Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>
REPORT TO PARENTS

Date ______________________

To the Parent or Guardian of ________________________________________:

As a part of our routine testing program, a test of production of speech sounds was given to your child. This test indicates that your child's speech is developing very satisfactorily.

Very sincerely,

Speech Clinician

REPORT TO PARENTS

Date ______________________

To the Parent or Guardian of ________________________________________:

As a part of our routine testing program, a test of production of speech sounds was given to your child. At the time of testing, errors were noted on _________________ sounds. These are not serious errors for a child of this age and your child will not be included in the speech program at this time. A check will be made at a later time to determine further development.

Very sincerely,

Speech Clinician
Dear Parents:

This year, as a part of the regular speech survey, your child was tested. On the basis of this test we think __________ can benefit from speech therapy.

Your child will attend speech class for at least one period each week with a small group of classmates during the regular school day. These classes will meet at your child's school.

You will be invited to school for a conference to discuss the speech problem and progress of your child.

If you have any questions regarding this program, please feel free to contact me.

Sincerely yours,

Speech Clinician
# WEEKLY REPORT SHEET

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>Enrollment Date</td>
<td>Dismissal Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
<th>Week 8</th>
<th>Week 9</th>
<th>Week 10</th>
<th>Week 11</th>
<th>Week 12</th>
<th>Week 13</th>
<th>Week 14</th>
<th>Week 15</th>
<th>Week 16</th>
<th>Week 17</th>
<th>Week 18</th>
<th>Week 19</th>
<th>Week 20</th>
<th>Week 21</th>
<th>Week 22</th>
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<tr>
<th>Date</th>
<th>Clinician</th>
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Dear Parents:

Your child has been enrolled in the speech correction program this semester. The purpose of this report is to inform you of your child's achievement in speech.

As you know, speech development is influenced by many factors of physical and mental growth which vary a great deal among children.

Comments have only been made on those items pertinent to your child's progress.

1. We have been working on ________________________________

2. Progress has been ________________________________

3. Additional work is needed on the production of ________________________________ to achieve consistent carry-over into conversational speech.

4. Your child ________________________________ be scheduled for speech next semester.

COMMENTS: ____________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If your child is not enrolled in speech next semester and you notice frequent speech errors, you or his teacher should refer him to the Speech Department for further testing.

If you have further questions, you may contact me by calling (telephone number) and leaving a message for me to call you.

Sincerely,

Speech Clinician
CASE SUMMARY

Name ___________________________ Birthdate ___________________________

School ___________________________ Teacher ___________________________ Grade ___________

Parents _______________________________________________________________

Enrollment Date ___________________________ Dismissal Date ___________________________

Statement of Problem

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Background Information

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Procedure and Progress (Group or Individual)

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Recommendaions

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
GENERAL SUMMARY

Clinician's name ______________________ District ______________________

School year ______________________

1. Total number of children seen at any time during the year, active and observation cases

2. Total number of children in active therapy at end of year

3. Total number of children dismissed to observation

4. Total number of children dismissed (as corrected, moved, etc.)

5. Total number of observation-waiting list cases

6. Total number of children in active therapy at any time during the year

If figured correctly the total columns 2, 3, 4, and 5 will balance with the total of column 1.

There should be no duplication of cases in totals 2, 3, 4, and 5; i.e., no child should be counted in more than one category as listed in 2, 3, 4, and 5. (Example: If a child has been dismissed to observation and then at a later time dismissed completely, he would be counted only in column 4, not in columns 2 or 3.)
APPENDIX C

AMERICAN SPEECH AND HEARING ASSOCIATION

REQUIREMENTS FOR THE CERTIFICATE OF CLINICAL COMPETENCE
(Effective January 1, 1965)

(Questions pertaining to certification requirements should be directed to ASHA.)

The American Speech and Hearing Association issues its Certificate of Clinical Competence to individuals who provide satisfactory evidence of ability to work independently and without supervision with those having disorders of speech, hearing, and language. The designation of Speech Pathologist or Audiologist indicates the field of major interest, training, and experience.

The requirements for the Certificate emphasize competence that results from specialized training and experience. Those who apply for the Certificate should have secured a broad general education to serve as a base for the professional training and experience gained at upper-class and graduate levels.

To qualify for the Certificate of Clinical Competence, an individual must

1. be a member of the American Speech and Hearing Association. (See Note 1.)

2. submit transcripts from one or more accredited colleges or universities presenting evidence of the completion of 60 semester hours (see Note 2) constituting a well-integrated program that includes

   18 semester hours in courses that provide fundamental information applicable to the normal development and use of speech, hearing, and language

   42 semester hours in courses that provide information about and training in the management of speech, hearing, and language disorders and that provide information supplementary to these fields.

   Of these 42 semester hours, no fewer than 6 may be in audiology for the Speech Pathologist or in speech pathology for the Audiologist.

   No more than 6 of these 42 semester hours may be in courses that provide academic credit for clinical practice.

   Of these 42 semester hours, at least 24, not including credit for thesis or dissertation, must be in courses in the field in which the Certificate is requested.

   Furthermore, 30 of these 42 semester hours must be in courses acceptable toward a graduate degree by the college or university in which these courses are taken.

3. submit evidence of the completion of 275 clock hours of supervised, direct clinical experience with individuals presenting a variety of disorders of communication, the experience being obtained within the training institution or in one of its cooperating programs. (See Note 3.)

4. present written evidence from employers or supervisors of nine months of full-time professional employment pertinent to the Certificate being sought. This experience must follow the completion of Requirements 1, 2, and 3. (See Note 4.)

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5. submit a letter from the director of the training program in which the academic training and clinical practice were obtained. The letter must support the candidate by certifying that he has met the spirit and letter of the requirements for the Certificate and by recommending that the Certificate be granted when all the requirements have been met. (See Note 5.)

6. pay the required fees. (See Note 6.)

7. receive approval of the fulfillment of Requirements 1 through 6 from the Committee on Clinical Certification.

8. pass a written examination that evaluates the candidate's knowledge in the AREAS cited below. (See Note 7.)

9. be approved by the Executive Council on recommendation of the Committee on Clinical Certification.

NOTES

1. Membership requires the master's degree (or equivalent) with major emphasis in speech pathology and/or audiology. Applications for membership should be addressed to the National Office of the American Speech and Hearing Association.

2. In the evaluation of credits, one quarter hour will be considered the equivalent of two-thirds of a semester hour. Transcripts that do not report credit in terms of semester or quarter hours should be submitted for special evaluation.

3. Directors of training programs will recognize the desirability of giving students the opportunity for observation of the various procedures of a clinical program and of providing an environment in which the student learns by general observation of daily activities, but this passive participation is not to be construed as direct clinical experience. Neither may time spent in the writing of reports, in preparation for clinic sessions, in conferences with supervisors, nor in class attendance be credited as direct clinical experience.

Clinical experience must be carefully supervised by competent professional workers. The supervisor should hold the Certificate of Clinical Competence in the appropriate area (Speech Pathology or Audiology) in which he supervises and should visit clinic sessions frequently enough to be fully acquainted with the problems presented, the capabilities of the student clinician, and the progress made. One visit in each three or four clinic sessions is recommended. Frequent conferences between student clinician and supervisor are essential.

Opportunities for supervised, direct clinical experience should be provided only after students have had sufficient course work to qualify them to work as clinicians. The beginning student should be limited to observation of clinical procedures and should be assigned to work with those presenting disorders of communication only after he has sufficient background and maturity to undertake clinical practice under supervision.

4. The necessary written evidence is a statement addressed to the Chairman of the Committee on Clinical Certification to report the following: (a) the exact place and dates of employment, (b) the specific type of clinical services performed, (c) the average amount of time spent on the job each week, and (d) the satisfactory fulfillment of the responsibilities of the position.
Full-time professional employment requires at least 30 hours of work each week. The requirement of nine months of full-time professional employment may be fulfilled by eighteen months of half-time employment of at least 15 hours per week. Employment of less than 15 hours per week will not fulfill any part of this requirement.

It is the clear intention of the Executive Council that, at some future date, relative to the current responsibilities and objectives of the Training and Services Boards of the Association, the professional employment requirement may be satisfied only in a certified employment environment. Similarly, it is the intention at some future date that academic requirements may be met only in an accredited training program.

5. The letter from the director of the training program should be submitted after Requirements 1 through 4 have been completed.

6. A schedule of fees will be furnished.

7. The examination is taken after the completion of Requirements 1 through 7. The examination may be taken no more than three times.

The AREAS contain the categories of information on which the candidate for the Certificate of Clinical Competence will be tested. AREA A contains fields of information that are concerned with the normal development and use of speech, hearing, and language. AREA B contains fields of information that are concerned with disorders of human communication and that are related to and supportive of the work done by the Speech Pathologist or Audiologist. The structure of the examination will take into consideration the field of major interest, training, and experience.

AREA A

(a) psychological and sociological aspects of human development
(b) anatomical, physiological, neurological, psychological, and physical bases of speech, hearing, and language
(c) genetic and cultural aspects of speech and language development.

AREA B

(a) Primary field

(1) current principles, procedures, techniques, and instrumentation used in evaluating the speech, language, and hearing of children and adults
(2) various types of disorders of speech, language, and hearing, their classifications, causes, and manifestations
(3) principles and remedial procedures used in habilitation and rehabilitation for those with various disorders of communication
(4) relationships among speech, language, and hearing problems, with particular concern for the child or adult who presents multiple problems
(5) organization and administration of programs designed to provide direct service to those with disorders of communication

(b) Related fields

(1) theories of learning and behavior in their application to disorders of communication
(2) services available from related fields for those with disorders of communication
(3) effective use of information obtained from related disciplines about the sensory, physical, emotional, social, and/or intellectual status of a child or an adult.

...45
## APPENDIX D

### LIST OF PUBLISHERS

<table>
<thead>
<tr>
<th>Publisher</th>
<th>Address</th>
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<tbody>
<tr>
<td>American Hearing Society</td>
<td>1800 H Street, N.W. Washington 6, D.C.</td>
</tr>
<tr>
<td>American Public Health Association</td>
<td>1790 Broadway New York, New York</td>
</tr>
<tr>
<td>Appleton-Century Crofts, Inc.</td>
<td>35 West 32nd New York 1, New York</td>
</tr>
<tr>
<td>Alexander Graham Bell Association for the Deaf</td>
<td>% Volta Burea 1537 35th Street, N.W. Washington 7, D.C.</td>
</tr>
<tr>
<td>Bruce Publishing Company</td>
<td>400 North Broadway Milwaukee 1, Wisconsin</td>
</tr>
<tr>
<td>Burgess Publishing Company</td>
<td>426 South 6th Minneapolis, Minnesota</td>
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<tr>
<td>California Society for Crippled Children and Adults</td>
<td>251 Kearney San Francisco, California</td>
</tr>
<tr>
<td>The John Day Company</td>
<td>62 West 45th Street New York 36, New York</td>
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<tr>
<td>Doubleday and Company</td>
<td>Garden City, New York</td>
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<tr>
<td>Dutton and Company</td>
<td>300 Fourth Avenue New York City 10, New York</td>
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<tr>
<td>E. and S. Livingstone, Ltd. From — Williams and Wilkins</td>
<td>428 East Preston Street Baltimore 2, Maryland</td>
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<tr>
<td>Encyclopedia Britannica Films, Inc.</td>
<td>1150 Willmette Avenue Willmette, Illinois</td>
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<tr>
<td>Expression Company</td>
<td>Magnolia, Massachusetts</td>
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<tr>
<td>Funk and Wagnalls Company</td>
<td>3600 Lexington Avenue New York 17, New York</td>
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<tr>
<td>Gelles-Widmer</td>
<td>8988 Manchester Avenue St. Louis 17, Missouri</td>
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<tr>
<td>Grossett and Dunlap</td>
<td>1107 Broadway New York, New York</td>
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<td>Grune and Stratton</td>
<td>381 Fourth Avenue New York 16, New York</td>
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<tr>
<td>Harper and Brothers</td>
<td>49 East 33rd New York 16, New York</td>
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<tr>
<td>Houghton-Mifflin Company</td>
<td>2500 Prairie Avenue Chicago 16, Illinois</td>
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<tr>
<td>Iowa State Teachers College</td>
<td>Press Building Ames, Iowa</td>
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<tr>
<td>Judy Company</td>
<td>107 Third Avenue, North Minneapolis 1, Minnesota</td>
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<tr>
<td>Julian Press, Inc.</td>
<td>80 East 11th New York 3, New York</td>
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<tr>
<td>King Company</td>
<td>4609 North Clark Street Chicago 40, Illinois</td>
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<tr>
<td>Little, Brown and Company</td>
<td>34 Beacon Street Boston 6, Massachusetts</td>
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<tr>
<td>McGraw-Hill</td>
<td>4655 Chase Avenue Lincolnwood, Chicago 46, Illinois</td>
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<tr>
<td>Macmillan Company</td>
<td>2459 Prairie Avenue Chicago 16, Illinois</td>
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<tr>
<td>A Meridian Book</td>
<td>From — World Publishing Company 2231 West 110th Cleveland 2, Ohio</td>
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