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Представлены материалы, соответствующие требованиям рабочей программы, а именно учебные тексты с упражнениями для совершенствования навыков чтения, устной и письменной речи учащихся, тексты для дополнительного чтения и обсуждения, приложения, содержащие рекомендации по написанию эссе, профессионального резюме, рекомендации и фразы для аннотирования статей и ведения дискуссий, а также словарь узкоспециализированных терминов, которые призваны помочь обучающимся овладеть уровнем коммуникативной компетенции по английскому языку, необходимым для решения социально-коммуникативных задач в области профессиональной и научной деятельности.

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Unit I

WHAT IS SPEECH THERAPY?

Before you read

Is speech pathology a good field to get into? Why?

How do you know if speech pathology the right profession for you?

What are the benefits of being a speech pathologist?

1. Read the text about speech pathology and decide what the main point is in each paragraph. Memorize the *italicized* words and phrases. Entitle the text and do the exercises given below.

Text A

...

Speech therapy or *speech pathology* is a technique used to treat disorders of speech among toddlers, children and adults. It is a form of therapy which is designed *to address* language and *speech disorders*. It is typically provided by a speech therapist, who may work with a psychologist, physiotherapist, or psychiatrist, depending on the patient's condition. Speech therapists can address speech and language issues as they occur, and they may also provide *preventative care* which is designed to stop such disorders before they start. Because *speech issues* can also be the sign of an underlying medical problem, it is important for parents to take their children to a speech therapist if they *develop issues* with speech or language.

Language disorders involve an inability *to utilize language*. People with language disorders may have psychological issues like stuttering, or they may have *cognitive impairments* which make it difficult for them to connect critical features of spoken language. The *affected areas* within speech may be not only their language but their voice, or their understanding of various speech sounds. For instance, a person may be unable to pronounce certain sounds right, may have a *stammering or stuttering problem*, or may have overall difficulty with clear speech.



Speech therapy for language disorders starts with determining the extent of the disorder, exploring the underlying cause, and then addressing the cause with the patient, using a variety of exercises to help the patient *overcome* the disorder. A problem with speech may develop in *toddlers*, and go up to adulthood. Thus having identified the speech disorder that the child has it is important to correctly choose and implement speech therapy activities but it should be applied *subtly* and not openly. This is the best thing about speech therapy. A child does not have to know that you are specially undertaking speech therapy activities for him. At present, various treatment methods combined with a number of speech therapy activities are used to treat the different types of speech disorders.

Speech problems do not just occur in childhood. People recovering from *strokes* and *brain injuries* may also experience language disorders as a result of cognitive impairments. Speech therapists can also address *emotional discomfort* caused by *slurred speech* or difficulties speaking after a stroke, helping patients feel more confident.

Speech therapy can also be used to help people overcome *thick accents*. Being able to *suppress* accents can be important for people who are interested in advancing professionally.

2. Answer the questions.

1. What is speech pathology/therapy?
2. What are speech therapy techniques aimed at?
3. Whom is it provided by?
4. Why is it important for parents to take their children to a speech therapist beforehand?
5. What do language disorders involve?
6. How can language disorders be subdivided?
7. Why do you think it should be necessary to apply speech therapy activities subtly and not openly?
8. What issues lead to language disorders in adulthood?

3. Read the text again. Mark the sentences T (true) or F (false). Correct the false ones.

	T	F
1. It is possible to use speech therapy techniques only in childhood		
2. Speech therapist is a physician who treats medical disorders		

3. Parents should consult a speech therapist in order to avoid severe speech and language issues		
4. Language disorders are the impossibilities connected with psychology and psychiatry		
5. Stammering or stuttering is the problem of speech therapy		
6. Speech therapy is aimed at treating the consequences of language disorders		
7. Children get rid of language problems with age		
8. Speech therapy disorders are treated only with medication		
9. Properly designed speech therapy activities will help to eliminate the consequences of different nature		

4. Match the following synonyms from the article.

1. technique	a. support
2. toddler	b. stammering
3. disorder	c. impossibility
4. care	d. degree
5. issue	e. approach
6. inability	f. cerebrovascular accident
7. stuttering	g. trauma
8. extent	h. kid
9. stroke	i. disturbance
10. injury	j. problem

5. Give the English equivalents to the Russian ones. Come up with your own sentences with these words and word combinations, write them down and read out in class.

Логопедия, логопедические меры, речевые нарушения, применять незаметно, в ходе повседневной деятельности, использовать язык, нарушения познавательной функции, пораженные области, преодолеть расстройства, общая сложность, невнятная речь, четкая речь.

6. Order the letters to make phrases.

1. *gncoitvei* impairments
2. *afedctfe* areas
3. critical *esaturfe*

4. overall *cufdiltfity*
5. overcome the *orsderdi*
6. *redsurl* speech

7. Complete the following sentences.

1. Speech therapy is ... used to ... disorders of speech.
2. Speech therapy is typically provided by a ... and other specialists as ..., ..., or
3. Speech therapists may also provide ... care which is designed to ... such disorders ... they start.
4. Language disorders involve an language.
5. The ... areas within speech may be not only their language but their ..., or their ... of various speech sounds.
6. Speech therapy for language disorders starts with determining the ... of the disorder.
7. Speech therapy activities should be applied ... and not
8. A problem with speech may ... in toddlers, and go up to
9. People ... from strokes and brain injuries may also experience language ... as a result of cognitive

8. In pairs / groups, talk about these topics or words from the text. What will the article say about them? What can you say about these words and your future activity?

language and speech disorders / speech issues/ provide preventative care/ inability to utilize language/ cognitive impairments and critical features/ the affected areas/ clear speech/ overall difficulty with clear speech/ help the patient overcome the disorder/ subtly and not openly

9. Spend one minute writing down all of the different words and word combinations you associate with the word «disorder» and «issue». Share your words with your partner(s) and talk about them. Together, put the words into different categories.

E.g: language disorders, speech disorders, speech therapist, language issues, inability to utilize language, cognitive impairments, thick accents, etc.

10. Translate the following sentences into Russian.

1. Samuel Kolb dimly remembers waking up around 3 a.m. in a Lake Tahoe cabin in January 2018, his mind in a daze from a recurring brain *disorder*.

2. An estimated 20 million Americans suffer from the *disorder*. Cleveland had two more positive COVID-19 tests on Wednesday – including one for an assistant coach – throwing its schedule into *disorder*.

3. Our aging process extends for years, during which we experience a slew of age-related *disorders*.

4. About 6 percent of college students report having a severe gambling *disorder* resulting in psychological difficulties, unmanageable debt, failing grades, all these bad things.

5. Depending on the medical condition, the insurer may shorten the benefit period to compensate for the medical *disorder*.

6. Sleep *disorders* have been linked to an increased risk of injury due to falls and car accidents.

7. A *disorder* is a mental or physical illness which prevents part of your body from working properly.

8. He appeared to be suffering from a severe mental *disorder* and had served a term in prison.

9. There are other forms of civil *disorder*—most notably, football hooliganism.

11. Write about *speech therapy* for 10 minutes. Comment on your partner's paper.

12. Homework.

1. Search the Internet and find out the information about the development of speech therapy in Russia. Share what you discover with your partner(s) in the next lesson. Give a 2-minute talk.

2. Write an essay on “The pros and cons of being a speech therapist.

Text B

1. Read the text and consider the activities and exercises that can be implemented to enhance the speech quality of different age groups. Entitle the parts of the text using variants in brackets.

(Toddlers, Special Subjects, Imitation and Repetition, Preschoolers, Make a Choice, Toys, Art, Older Children, Dialog, Tongue Twisters , Pictures, Reading Aloud.)

...

The application of speech therapy for toddlers may be slightly tricky because they have just begun to speak. Thus, first identifying that there is a problem, and then getting to the root of it may be a bit

challenging. However, the sooner it is identified, the better it is for the child to overcome the speech problem.

... : Give your child an option to choose between two toys. For instance, you may ask her/him, “Which one do you want? The doll or the blocks?” Normally a child with a speech problem will avoid speaking, and will just point out or reach out to what she wants. It is at this time, that you will have to hold back the toy until she verbally specifies her choice. Over time, it will become easier for her to speak. Choose different toys every time so that she is exposed to different words and sounds.



... : The repetition of simple words that your toddler may have difficulty pronouncing, is the best way to get her/him to overcome her speech problems. Show her/him how a word is pronounced, and break it up into a number of syllables if it is difficult. For instance, to pronounce the letter 'b', the lips need to be pressed together. Show her/him this action, and have her/him imitate and repeat it. This will take a certain amount of time, but will surely be beneficial in the long run.

...
Before heading to school, if your child's speech problems are cleared, it is good for her/his self-esteem and confidence. Often, not every child understands that a problem with speech is genuine, and then makes fun of those with such a problem. This can really affect your child's behavior, and her/his approach towards school. You may use any of the following games and activities for your little one.



... : Art is extremely helpful while applying speech therapy for preschoolers. Ask your child to draw anything she pleases. However, each step in the drawing process must be associated with a verbal description of what she is doing. For instance, if she is drawing a girl, then she should say, 'I am drawing her hands now', or 'I am drawing her eyes now'. Of course, she may find it difficult to say the whole statement. This is where you aid her, and ask her what she is doing at each step, so that she can initiate some kind of speech.

... : If your child has a problem with a particular sound, such as 'm', then introduce her/him to toys, the names of which begin only with the letter 'm'; for instance, a monkey, a figurine of a man, a mirror, a marble, etc. Then ask her/him to repeat the name of each toy after you. This way, she/he will slowly get more comfortable while pronouncing these letters and sounds.

... : Speech therapy through visual aids has always been found very useful. Collect a set of pictures that contain the sounds your little one is having trouble with. Flash each picture, and ask her to name the object in the picture. In an effort to say the name, she will slowly master the difficulty she is facing.

Any of these activities mentioned above also prove effective for autistic children to a certain extent. However, their level of comprehension may be slightly lower, along with no willingness to speak whatsoever. In order to make these activities work, one trick you could apply is to imitate an action while saying a word. For instance, if you are teaching the word 'jump', jump along while saying it, for better comprehension. While an autistic child will definitely require professional speech therapy, her treatment procedure can be supplemented with any of the activities mentioned here.

...

For those kids who already go to school, a different set of activities and articulation exercises (those that help articulate specific sounds and words) may be implemented.

... : The most basic one would be reading aloud. A child may refrain from doing so, because by this age, she/he may be aware that she/he has some problem with her speech. In such a case, some encouragement and



support is required from your side. Do not make her/him perform these activities in front of others, until she/he develops a little confidence.

... : Another good speech therapy activity for school-going kids is to have them encourage conversation or a dialog with their friend. Friends are usually more understanding, so your child will feel more secure talking to her friend. Have them talk about anything they wish to. Then ask her/him to repeat to you what they spoke about. This way you will have her get over her fear and insecurities about her speech.

... : Initiate conversation with your child about something that is close to her/his heart. This way, she/he will not have any inhibitions about talking, and will in fact, make an effort to overcome her/his speech problems, just to be able to express what she/he wishes to.

... : Tongue twisters are among the most effective ways of helping children overcome their speech problems. These, however, should be implemented at later stages, when their speech problems have been fairly treated. Also, start with simpler tongue twisters and then move on to more difficult ones. Suddenly introducing tongue twisters will overwhelm them, and probably reduce their receptiveness to any kind of speech therapy activities.

Also, teaching your child some oral motor exercises will aid all the other activities you are trying to undertake with her/him. These exercises aid clarity of speech, and allow the mouth to move freely, thereby enhancing the ability to speak without any problem.

Important points to remember while undertaking the aforementioned activities include refraining from blatantly pointing out mistakes. This means, never tell your child 'you're wrong, that's not how it's done'. This will crush her/his self-esteem and willingness to learn and overcome her speech problem. Always go slow; treatment through such methods always takes a long amount of time. If you lose your patience mid-way, all your efforts until then will be wasted. If you find it challenging, team up with your partner, your child's teacher, or your therapist, so that you have a good amount of support in helping your child with her problem. With your combined support and implementation of the aforementioned exercises, your child will definitely be able to overcome all those speech problems that have affected her/him. You will also notice a drastic change in her/his confidence levels once this problem has been dealt with.

2. Fill in the table with the activities according to the age of the children.

	Toddlers	Preschoolers	Older Children
Reading Aloud	+
Toys			
Dialog			
Imitation and Repetition			

	Toddlers	Preschoolers	Older Children
Special Subjects			
Art			
Make a Choice			
Pictures			
Tongue Twisters			

3. Match the columns (1–10 with).

1. Often, not every child understands that a problem with speech	a. she develops a little confidence.
2. Another good speech therapy activity for school-going kids is to have them	b. tricky because they have just begun to speak.
3. Pointing out mistakes will crush her	c. with a verbal description of what she is doing.
4. Do not make her perform these activities in front of others, until	d. she verbally specifies her choice.
5. The application of speech therapy for toddlers may be slightly	e. into a number of syllables if it is difficult.
6. Flash each picture, and ask her/him	f. is genuine, and then makes fun of those with such a problem.
7. Each step in the drawing process must be associated	g. self-esteem and willingness to learn and overcome her speech problem.
8. Tongue twisters are among the most effective ways of	h. encourage conversation or a dialog with their friend.
9. You will have to hold back the toy until	i. to name the object in the picture.
10. Show her/him how a word is pronounced, and break it up	j. helping children overcome their speech problems.

4. Read the text again and make a list of adjectives to describe the personality of a speech therapist. Compare your list with the options in the app 5.

5. Answer the questions below and develop your own idea.

1. What rules should a speech therapist follow to succeed in his/her practice?

2. Why do you think a speech therapist will be a success using these rules?

6. Speak on Speech therapy and the Career of a Speech Therapist using the material of the texts, the exercises and the app 5.

7. Homework.

1. Search the Internet and find out more about the activities and exercises for different age groups used by Russian SLPs in their practice and share them with your partner(s) in the next lesson.

2. Write a CV letter to a medical clinic or a center to obtain a position of a speech pathologist. (App 4).

Unit II

OUTSTANDING SPEECH PATHOLOGISTS

Before you read

How is the name of Lionel Logue connected with the Royal British Family?

1. Read the text about Lionel Logue and decide what the main point is in each paragraph. Memorize the *italicized* words and phrases. Do the exercises given below.

Text A

Lionel Logue: Pioneer speech therapist 1880–1953

Lionel George Logue was born in College Town, Adelaide, South Australia on February 26, 1880. He was the eldest of three children. His South Australian born parents were George Edward Logue, an accountant in the family brewery and later *a hotel licensee* (publican), and his wife Lavinia, née Rankin.

From 1889 to 1896 he attended Prince Alfred College, Adelaide from 1889–1896, a private school established in 1869 as a Methodist boys' school.

In Adelaide, Logue *studied elocution* with Edward Reeves, "who *purged* his voice of much of its Australian accent" (Edgar, in Ritchie, 2000). By 1902 he had become Reeves' secretary and assistant teacher, while *pursuing* his studies at the Elder Conservatorium of Music. He remained a music and *theatre-lover* throughout his life and also *enjoyed walking and gardening*.

After leaving the conservatorium, the versatile Logue worked on a gold mine in Kalgoorlie, Western Australia.

On March 20, 1907 he married a 21 year old clerk, Myrtle Gruenert in St George's Anglican Cathedral, Perth. Lionel and Myrtle settled in Perth, where he taught elocution, *public speaking* and acting, staged plays, recited Dickens and Shakespeare at *public gatherings*, and founded a public speaking club. As well, he taught at the YMCA, Scotch



College, and from 1910, Perth Technical School. In 1911 he went on a *world tour*.

As a Christian Scientist, Logue was *passionate* about healing, and perhaps this, coupled with his *background* in elocution, led to a role he assumed in Perth during World War I (1914–1918) when he treated at least seven returned servicemen who had speech disorders attributed to *shell shock*.

"Using humour, patience and '*super-human sympathy*' he taught them exercises for the lungs and diaphragm, and *to breathe* sufficiently deeply to complete a sentence *fluently*". Logue's approach included *the recitation of tongue twisters* such as, "She sifted seven thick stalked thistles through a strong, thick sieve."

Perth feminist activist Irene Greenwood recalled being taught "voice production" by Lionel Logue in Perth, circa 1921, also noting that "his *techniques* were designed to repair the damaged vocal chords of gassed war veterans".

In 1924 Logue commenced practice at 146 Harley Street, London. He *made a good living*, charging wealthy patrons substantial fees while providing a *free service* to poorer people who sought his professional help. A Freemason, Logue was *appointed* as speech therapist to The Royal Masonic School, Bushey.

During the Second World War his practice dwindled, and he worked as an *air raid warden* (probably unpaid, or for a small allowance) in London three nights a week.

After his wife's death in 1945, Logue was attracted to spiritualism. Survived by three sons: Valentine, Laurie and Anthony, Logue died in London on April 12, 1953. At the time of his death his address was 68, Princes Court, Brompton Road, Knightsbridge, London, S.W.3, and his occupation was noted as "Speech Therapist" in the London Gazette Death Notice.

2. Answer the questions.

1. Is the information in the text new and useful for you? Why (Yes/Not)?

2. What/Whom is the name of Lionel Logue associated with?

3. What is he famous for?

4. Why should specialists in speech therapy have particular traits? What traits?

5. Can you consider Logue a role model? Why?

3. Read the text again. Mark the sentences T (true) or F (false). Correct the false ones.

	T	F
1. Lionel Logue was born in Austria in a large family.		
2. He was educated at a college in Australia.		
3. He started his career in speech therapy studying elocution in Australia.		
4. Logue was a versatile and a keen person.		
5. His background in elocution helped him to try his hand as a speech specialist during World War I.		
6. Logue used traditional methods in the treatment of speech impairments attributed to shell shock.		
7. Having moved to London he earned his living providing professional services to the rich.		
8. Complicity, patience, and humor helped him in his work.		
9. During the Second World War Logue did a lot good for his country.		
10. Logue was not only a talented specialist, but a family man.		

4. Match the following synonyms from the article.

1. accountant	a. meetings
2. licensee	b. inspector
3. elocution	c. newspaper
4. accent	d. experience
5. theatre-lover	e. owner
6. gatherings	f. contusion
7. healing	g. regular client
8. background	h. theatre-goer
9. servicemen	i. patter
10. shell shock	j. pronunciation
11. approach	k. bookkeeper
12. tongue twisters	l. cure
13. patrons	m. oratory
14. warden	n. method
15. Gazette	o. military man

5. Give the English equivalents to the Russian ones. Explain the meaning of these words and word combinations in English in your own words.

Очистить свой голос, продолжать образование, Высшая музыкальная академия Австралии, клуб ораторского мастерства, сверхчеловеческое сочувствие, отправиться в мировое турне, дышать достаточно глубоко, чрезмерно увлечься врачеванием, опыт ораторского мастерства, солидные гонорары, поврежденные голосовые связки, закончить предложение на одном дыхании, учить продуцированию голоса, хорошо зарабатывать, богатые покровители.

6. Match the phrases.

1. His parents were	a. theatre-lover
2. Edward Reeves purged his voice of	b. the lungs and diaphragm
3. he had become Reeves'	c. shell shock
4. He remained a music and	d. chords of gassed war veterans
5. speech disorders attributed to	e. an accountant in the family brewery and a hotel licensee
6. taught them exercises for	f. poorer people
7. the recitation of	g. secretary and assistant teacher
8. the damaged vocal	h. as "Speech Therapist"
9. providing a free service to	i. of its Australian accent
10. his occupation was noted	j. tongue twisters

7. Put the words in the right order to make a sentence.

- seven at least during World War I he returned servicemen treated;
- children Lionel the eldest Logue was of three;
- Harley Street, practice in 1924 London commenced Logue at 146;
- 1902 he secretary and by Reeves' assistant teacher, had become;
- of tongue Logue's the recitation twisters approach included;
- his techniques to repair veterans vocal chords of gassed war the damaged were designed;
- married a on March 20, 21 year Myrtle Gruenert 1907 he old clerk;
- Logue in Kalgoorlie, the versatile a gold mine Western Australia worked on.

- i. throughout remained and he theatre-lover his life a music;
- j. his in 1945, Logue was attracted wife's death after to spiritualism.

8. In pairs / groups, talk about these topics or words from the text. What will the article say about them? What can you say about these words and your future activity?

purged his voice of accent/ techniques/ the damaged vocal chords/
providing a free service/ worked as an air raid warden/

9. Spend one minute writing down all of the different words and word combinations you associate with the word «elocution» and «voice». Share your words with your partner(s) and talk about them. Together, put the words into different categories.

E. g: studied elocution, taught elocution, public speaking and acting, background in elocution, voice production, vocal chords, voice disorders, etc.

10. Translate the following sentences into Russian.

1. Margaret Thatcher's Voice Thatcher's distinctive timbre is often traced back to *elocution* lessons that the Conservative Party leader received during the middle of her career.

2. Long lectures may be given upon *elocution*, but the advice can be condensed into two directions.

3. The syllables were pronounced by two actors, male and female, in a variety of *elocutions*.

4. Hoskins was offered *elocution* lessons early in his acting career but chose to retain his recognisable London accent.

5. By the beginning of the nineteenth century, classroom recitation was seen as important largely because it would improve one's self-confidence as a public speaker, delivery, and *elocution*.

6. Actress Idina Menzel evoked her recent success *voicing* the movie "Frozen" with an icy all-white white concoction with a feathery train by Donna Karan Atelier.

7. The prerecorded segment, broadcast in December, showed Perez responding to questions from an off-camera *voice*.

8. Many nights of my own childhood were defined by the sound of Chris Berman's *voice* on ESPN's Sunday Night Football, going over the biggest tackles, hits, and sacks of the day.

9. Voice therapy is an approach used by speech-language pathologists to help patients find relief from symptoms and achieve the best possible *voice*.

10. The first step of voice therapy is to assess the patient's voice production and *voice* quality and structure the therapeutic program accordingly.

11. Write about *Logue's approaches/ techniques* for 10 minutes. Comment on your partner's paper.

12. Read the texts. Divide into 2 groups. Group (a) studies Text B, group (b) studies Text C. Discuss the questions before the texts within the groups and then share the information in the texts with the students from the other groups.

(a). What role did Logue play in the life of the Royal British Family?

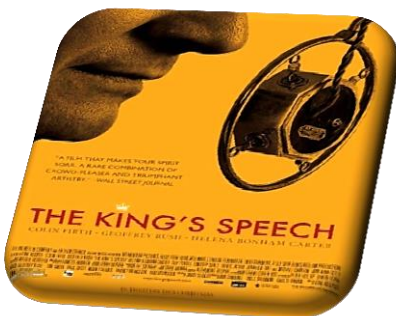
Text B

Stuttering and the King's Speech

In November 2010, worldwide movie audiences were presented with a most interesting and unusual movie release with *The King's Speech*, starring Colin Firth as King George VI and Helena Bonham Carter as his wife Elizabeth.

Unfortunately, history may have forgotten the courageous and inspiring story of Prince Albert who stuttered badly and never dreamed that he would ever be king when his older brother, King Edward VIII, abruptly abdicated the throne in 1936 to marry Wallis Simpson, an American divorcee.

In an interview after the completion of the filming of *The King's Speech*, producer Iain Canning said, 'His brother was famously charming and Bertie was considered the dull-witted one with little charisma.' When Prince Albert, who was known as Bertie, ascended to the throne to become King George VI, it is an understatement to say that his life changed drastically.



The film deals solely with George VI's stuttering and his relationship with Lionel Logue, an Australian speech

therapist retained by the Prince to help him overcome his stuttering in the years before, during and after the 1936 abdication by his older brother. While countless other movies have had characters who stutter, this is the first one to focus on the lead character's stuttering and speech therapy.

Like many people who stutter, Prince Albert had met with failure in several speech programs. When Lionel Logue, played by Geoffrey Rush in the movie, saw the Prince give a speech in public, he turned to his son and said, 'He's too old for me to manage a complete cure. But I could very nearly do it. I'm sure of that.'

In his 1982 biography King George VI, Denis Judd writes, 'Lionel Logue's methods were neither extravagant nor particularly controversial. However Logue's approach was not purely psychological and many of his patients had been reassured that their difficulties could be partly caused by incorrect breathing. He required his patients to undertake daily breathing exercises which he had devised, to gargle regularly with warm water, and to stand by an open window intoning the vowels in a fairly loud voice, each sound to last fifteen seconds.' Logue's practice began in Australia treating shell-shocked World War I veterans experiencing speech difficulties and he moved his family to London to continue his practice there.

Logue was able to meet with the Prince and soon they began speech therapy sessions. From all accounts, Logue inspired his famous patient mentally by assuring him that his stammering could be cured and that there was nothing psychologically wrong with him.

Logue's constant positive reassurances contrasted the Prince's hurt over past speech therapy failures. The sessions with Logue greatly improved the Prince's confidence as well as his actual speech. The two enjoyed a friendship as well. When, to the surprise of the world, Prince Albert abruptly became King George VI, the new king's stuttering was heavy on his mind from the beginning as he knew that regular radio broadcasts and many more public appearances would put him and his speech in the spotlight.

King George VI, who reigned from 1937 until his death in 1952, has been depicted among the prominent people on the Foundation's list of famous people who stutter.

Now with *The King's Speech*, the world is reminded of the king whose live broadcasts of hope and inspiration kept the spirits of the British people alive during the dark days of World War II.

After decades of characters who stutter being portrayed negatively in movies, it is thrilling for people who stutter to revisit the story of King George VI; without a doubt, they were the first in line to buy tickets for *The King's Speech*!

(<https://www.stutteringhelp.org/stuttering-and-kings-speech>)

(b). How did Logue's Royal patient express his gratitude for getting rid of speech disorder?

Text C

Logue's legacy

Logue's relationship with the king lasted more than 25 years, from 1926 until the monarch's death in 1952, and it facilitated the development of a national association in the United Kingdom, which Logue cofounded. In 1948 he wrote to his royal "pupil" (Logue's preferred term) to ask whether the king would become patron of the newly formed College of Speech Therapists, of which he was a founding fellow. The king agreed, and the association was allowed to revise its name to the Royal College of Speech Therapy.

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK and a registered charity. It was established on 6 January 1945 to promote the study of speech therapy in the UK, to seek improvement and maintain a high standard of knowledge and to unite all members of the profession. The RCSLT's current patron is the Countess of Wessex. The RCSLT has offices in Edinburgh, Belfast, Cardiff and London.

The RCSLT was founded in 1945 as the College of Speech Therapists (CST), after the amalgamation of the Association of Speech Therapists and the British Society of Speech Therapists in 1944. In 1945, CST fellows and licentiates were granted application to the Register of Medical Auxiliaries. By 1955, the College had withdrawn from the register and published its own member directory.

Having received speech therapy for his stammer, King George VI became its first patron, in 1948. Her Majesty Queen Elizabeth, the Queen Mother continued this support after his death in 1952 and became the college's patron in 1959.

In 1990, speech therapists changed their name and title to "speech and language therapists". The college was awarded the right to call itself the 'Royal College' of Speech and Language Therapists in 1995. The

Countess of Wessex became the RCSLT patron in 2003 after the death of the Queen Mother in 2002.

The RCSLT is a professional membership body which promotes for the public benefit the art and science of speech and language therapy, meaning care for individuals with communication, swallowing, eating and drinking difficulties.

Its stated professional aims are: to provide leadership and set professional standards for speech therapists in the UK; to facilitate and promote research into the field of speech and language therapy; to promote better education and training of speech and language therapists; to provide information for members and the public about speech and language therapy.

(https://en.wikipedia.org/wiki/Royal_College_of_Speech_and_Language_Therapists#)

13. Homework.

- 1. Search the Internet and find out the material about the famous researchers who contributed a lot in the development of Speech Pathology/Therapy in Russia. Share what you discover with your partner(s) in the next lesson. Give a 2-minute talk.**
- 2. Write questions for the interview about the founders of speech therapy in Russia (the UK, the USA) and ask your partner.**

Unit III

SPEECH LANGUAGE PATHOLOGIST'S TRAITS AND JOB

Before you read

Do you think a Speech pathologist's job is a creative one? Why? (Yes/Not)

How difficult is it to become a Speech pathologist?

Is being an SLP stressful?

What is the starting salary like for a Speech pathologist?

1. Read the text about speech pathologist's occupation and decide what the main point is in each paragraph. Memorize the *italicized* words and phrases.

Do the exercises given below.

Text A

What Does a Speech Pathologist Do?

Speech pathologists, sometimes called *speech-language pathologists* or speech therapists, work with people who have a variety of disorders that include the *inability* to produce certain sounds, *speech rhythm* and *fluency problems*, and difficulties with their voices. They



also help people who want *to modify accents* or who have *swallowing impairments*. Speech pathologists' work involves *assessment*, diagnosis, treatment, and prevention of *speech-related disorders*.

Speech pathologists who work in the health care profession usually work in nursing care *facilities*, hospitals, or other medical treatment facilities. Their patients might have suffered from strokes or other conditions that have impacted their *ability* to speak.

Many speech pathologists work in schools or for school districts to help the children who may be *in need* of speech therapy. Whether speech pathologists are working in schools or medical facilities, they often are

consulting with others on the treatment of their patients. These might be doctors or teachers who can assist with *evaluating the progress* being made.

In addition to the clinical knowledge and experience that is required, speech pathologists need certain *soft skills*. These skills can help them to empathize with those they are treating and help to make sure *goals* are met. These are *compassion*, patience, listening and speaking skills, *critical thinking* and *attention to detail*.

Job opportunities for speech pathologists are expected to increase by 18 % during the decade ending in 2026, according to the U.S. Bureau of Labor Statistics. The growth is attributed to the aging baby boomer population and an expected rise in health conditions such as strokes and dementia that might *impact* speech.

Speech pathologists can work in a variety of places. Schools are among the most common *work environments*, but many also work in hospitals, nursing care facilities, or other *health-related locations*. The work frequently involves working one-on-one with students or patients in addition to consulting with teachers, parents, or doctors, depending on the specific type of work being done. Those who work for school districts may serve more than one school building, requiring travel within the district.

Most speech pathologist's jobs are *full time*, and those in schools typically take place during regular school hours. Those working in other facilities may have more varied *schedules*, depending on the needs and *availability* of patients.

2. Answer the questions.

1. What patients do speech-language pathologists work with?
2. Where can they apply their knowledge?
3. Why should such specialists have soft skills?
4. What does speech-language pathologists' work involve?
5. What facilities do they implement in their practice?

3. Read the text again. Mark the sentences T (true) or F (false). Correct the false ones.

	T	F
1. Speech therapists work with people who have language and speech problems		
2. Speech pathologists strictly practice in medical facilities		

3. Their patients might have suffered from injuries that have impacted their ability to speak		
4. They are constantly in touch with different specialists on the treatment of their patients		
5. Speech therapists need to be flexible and empathetic to help their patients with successful treatment		
6. Speech pathologists are strongly required in the USA		
7. In the US speech therapists are in great demand		
8. The work frequently involves working face to face with patients		
9. Speech pathologist's jobs are mostly part time		

4. Match the following synonyms from the text.

1. impairment	a. timetable
2. assessment	b. institution
3. fluency	c. potential
4. prevention	d. disturbance
5. facility	e. proficiency
6. ability	f. evaluation
7. treatment	g. empathy
8. skill	h. protection
9. compassion	i. smoothness
10. schedule	j. therapy

5. Give the English equivalents to the Russian ones. Come up with your own sentences with these words and word combinations, write them down and read out in class.

Неспособность производить звуки, изменить акцент, профессия в сфере здравоохранения, учреждение здравоохранения, пострадать от инсультов, способность разговаривать, нуждаться в логопедической помощи, помочь в оценке достигнутого прогресса, клинические знания и опыт, гибкие навыки, внимание к деталям, возможности трудоустройства, рост заболеваний, рабочая среда, обычные школьные часы, более разнообразный график работы.

6. Complete the following sentences.

1. Speech pathologists also help people who want to ... accents.
2. They work with people who have a variety of ...

3. Speech pathologists who work in the ... care profession usually work in ... care facilities, hospitals, or other medical treatment

4. Many speech pathologists work to help the children who may be in need of ... therapy.

5. They are constantly consulting with other specialists on the ... of their patients.

6. Speech pathologists need certain ... that can help them empathize with their patients.

7. Job ... for speech pathologists are expected to ... by 18 % in 2026.

8. Schools are among the most common work ... for speech pathologists.

9. Those working in other facilities may have more varied ..., depending on the needs and ... of patients.

7. In pairs / groups, talk about these topics or words from the text. What will the article say about them? What can you say about these words and your future activity?

inability to produce certain sounds/ speech-related disorders/ nursing care facilities/ soft skills/ baby boomer population/ working one-on-one/ speech pathologist's full time job/ varied schedules/
--

8. Spend one minute writing down all of the different words and word combinations you associate with the word «skills» and «job». Share your words with your partner(s) and talk about them. Together, put the words into different categories.

E. g: soft skills, listening and speaking skills, compassion, patience, speech pathologist jobs, full time, working in other facilities, work environments, etc.

9. Match the soft skills (гибкие навыки) with their characteristics.

1. Compassion	a. Speech pathologists are concerned about clients' well-being and can offer them emotional support
2. Patience	b. When deciding on a treatment plan, speech pathologists have to

	evaluate the available options before choosing the best one
3. Listening and Speaking Skills	c. This skill allows speech pathologists to carefully document their patients' progress
4. Critical Thinking	d. Speech pathologists must be able to clearly communicate with patients and other members of a therapy team in order to deliver the most effective treatment
5. Attention to Detail	e. The people under a speech pathologist's care may not respond to treatment quickly. It's important to have patience until established goals are met

10. Translate the following sentences into Russian.

1. *Soft skills* are so important that they are often the reason employers decide whether to keep or promote an employee.

2. Unlike *hard skills* that are learned, soft skills are similar to emotions or insights that allow people to “read” others.

3. Employers seek applicants with a blend of *soft and hard skills* because they have the flexibility that enables them to add value to the organization and to keep up with change.

4. I have a hectic *schedule* this week.

5. The work *schedule* for this month is posted on the staff bulletin board.

6. We expect the building work to be completed *ahead of schedule*.

7. The meeting has been *scheduled* for tomorrow afternoon..

8. It's very difficult trying to bring up two children while doing *a full-time job*.

9. She's *applied for a job* with an insurance company.

10. There is so much competition in the *job market* currently.

11. Write about *soft skills* for 10 minutes. Comment on your partner's paper.

12. Read the impressions of a young SLP specialist about his experience at school. Do you think speech therapist's duties at school differ from those in medical facilities? Why? Highlight the main points of the speech therapist teacher's work. Think about it and write down some questions that you would like to ask him.

Text B

Speech Therapist Teacher

Years ago when I first entered the school setting, I didn't quite know how I fit into the big picture. I had worked in home health, but my practice at that point was more clinical, more independent. My role as "the expert", as the "Speech Language Pathologist," was clear.

At the first school I worked at, I was amazed to be asked, "You work on language skills too?" Either the person before me had focused on speech skills like articulation and stuttering therapy only, or that was the impression she left on the school staff. My response: "Yes, of course, I'm a Speech and Language Pathologist."

So then I began working with students and was surprised by all of the other responsibilities that were expected of me working in this setting. I went to staff meetings, but I felt frustrated that everything seemed to center around standards, curriculum, and lesson plans.

I tended to tune out when they addressed professional learning communities or the new math curriculum. I wasn't sure why I was asked to participate in the administration of district testing or serve on committees and duties. Although, I tried to be a team player I was resistant to anything that I considered outside of my job description.

It didn't take me long to learn and appreciate that as a school-based professional, it's ALL within my job description! And rather than resist it, I embraced it, and I can't believe what a difference it has made.

On any given school day, a student is participating at school more than he is at home (waking hours of course). It is their real world, their job, their social life, and their future. The biggest impact you can make is to become knowledgeable about that world, and integrate into it so your voice and skills can be used to their greatest potential for the benefit of the students on your caseload.

I am NOT a teacher. But working in a school setting, I am an educational professional. Speech teacher – speech therapist – speech/language pathologist: I personally don't get hung up on the name. The only one who can define me is myself, with my own actions. If I hole up in the speech room, alone, being "the expert", not connecting my

practice to curriculum, not going into the classrooms, waiting to be called “Speech Language Pathologist”, I will not be benefiting anyone – least of all my students. I want to be Lisa, the staff member who always has a smile on her face and is respected for providing quality information and services that benefit the students and staff she works with.

*("But I'm Not a Teacher!" from
<https://www.slptoolkit.com/blog/but-im-not-a-teacher/>)*

13. Read and analyze the arguments on the subject of the curriculum, standards, committees/staff meetings/duties and express your opinion on each of them. Do you think it is necessary for a speech therapist teacher to participate in each activity? Why? (Yes/Not).

Curriculum: By understanding the curriculum I was able to truly collaborate with the teachers, and our relationship improved dramatically. My primary role as a school-based SLP is to ensure that students have the communication skills needed to access their curriculum. If I don’t know what that curriculum is, I can never truly be able to understand what the language demands are within that curriculum. Not only that, I won’t be able to help my students connect their work with me to the big picture – the classroom and activities they do within that setting.

Standards: One of the best committees I served on was a two-year committee that wrote support documents for general education teachers in the district for the Common Core Standards. I was on the K-6 English Language Arts committee, and our task was to take each standard, analyze the skills needed to learn that standard, and list the available resources in the district to teach that standard. The first two meetings, I was quiet. I was surrounded by a group of master teachers from across the district and felt like a fraud. How could I provide better input than them? Once I got over that nonsense, I quickly learned that I brought a unique skill set to the group, and it was appreciated. SLPs are masters of differentiated instruction and scaffolding. In addition, our knowledge about the language underpinnings of academic content is invaluable to a school team.

Committees/Staff Meetings/Duties: Participating in committees allowed me to have a voice at school. Attending staff meetings allowed me to be seen and be a part of the community. Performing duties showed

I was a team player and an equal member of the staff. Because of my high caseload of students and weekly IEP and Multidisciplinary Evaluation Team meetings, I successfully advocated for myself to be assigned to a weekly or sub duty vs. a daily duty. “I can’t” became “I can and want to, I just need to be able to complete my special education duties as well”.

*("But I'm Not a Teacher!" from
<https://www.slptoolkit.com/blog/but-im-not-a-teacher/>)*

14. Read the interview with Mark who is majoring in speech pathology and is having a position of a speech pathologist at a medical clinic in Michigan, the USA. Match the questions with their answers.

1. What clinical experience have you had in a school setting?
2. What areas of speech-language pathology interest you most?
3. What experience do you have in working with people of other disciplines (OT, PT, etc.)?
4. Why did you choose speech pathology as a career path?
5. How do you incorporate Common Core goals into your speech therapy sessions?
6. What types of patients are you most interested in working with, in terms of age and type of disability?
7. What oral-motor programs are you familiar with?
8. What is your familiarity with assistive technology?
9. Explain how you would assess a child who is a non-native English speaker.



... When I was a kid, I had a bad stutter that was really embarrassing. I was fortunate though, that the speech pathologist at our elementary school was truly excellent. He was so much fun – and had so much patience – that our sessions were the high point of my school week. He gave me the tools I needed to largely resolve my stutter, and inspired me to become a speech pathologist.

... I am most interested in fluency and fluency disorders, which is why I became a Board Certified Specialist in this area.

... I am well-versed in the therapeutic use of speech-generating devices, word prediction software, and picture boards.

Use your answers to demonstrate your knowledge of the school district's mission, standards, and established goals, explaining how your own practices align with their own.

... I have five years' experience working with children grades K-6 in inner-city elementary schools, and so I'm adept in partnering with parents and teachers to develop IEPs and in working with children both independently and in small group settings.

... The CCSS (the Common Core State Standards) aren't always relevant or appropriate when one creates and implements educational plans for special ed students. However, I do use them as a point of reference in IEPs when comparing a student's competencies to the expectations placed upon their grade-level peers.

... I am bilingual in English and Spanish, and so I'm able to work directly with students and their families who are native Spanish-speakers. For other populations, I have experience sourcing and working with translators to communicate effectively.

... During my 7-year tenure at ABC hospital, I worked daily with OTs, PTs, doctors, nurses, and physicians' assistants to implement patient treatment plans within the stroke rehabilitative unit.

... During my master's degree training I performed multiple clinical rotations and am comfortable working with patients of all ages and diagnoses. However, I really like helping developmentally delayed patients – especially children – with swallowing disorders, because I know I can make an immediate improvement in their quality of life.

... I use the full complement of tongue, jaw, and lip exercises to help patients with their swallowing issues, including the effortful swallow, Mendelsohn maneuver, supraglottic swallow, and super-supraglottic swallow.

15. Make up questions from the following words and phrases to ask your partner.

1. What/ makes you passionate about being a Speech therapist?
2. As a Speech Therapist,/ what /you believe is your best asset?

3. What /you feel is the most important skill a speech therapist should possess?
4. What person / influenced you greatly?
5. What communication disorders/ you have experience in working with?
6. What training and experience/you/ have with autism?
7. What kind of strategies/ you use with a child who stutters and why?

16. Translate from Russian into English

Профессия логопеда в России

Профессия **логопеда** в нашей стране достаточно распространена. На рынке труда наблюдается спрос на представителей этой профессии.

Для работы по профессии **логопеда** обязательно нужно иметь диплом о высшем профессиональном образовании по соответствующей или смежной с ней специальности.

Хотя уровень заработной платы **логопеда** считается средним, представители профессии **логопеда** всегда востребованы, и найти работу не составляет труда. Многим компаниям и предприятиям требуются квалифицированные **специалисты в этой области**.

Профессия **логопеда** относится к профессиям исключительно умственного (творческого или интеллектуального труда). **Логопеды** отличаются эрудированностью, любознательностью, рациональностью, аналитическим складом ума. Они должны иметь яркое воображение, образное мышление, склонность к творчеству, гибкие навыки и другие способности.

Профессия **логопеда** полностью позволяет работать на себя и заниматься индивидуальным предпринимательством, предоставляя свои услуги частным образом или организовывая частный бизнес.

Коммуникация – это основа профессии **логопеда** и является самым процессом работы. **Логопеду** приходится почти весь рабочий день общаться и решать вопросы с различными людьми (сотрудниками, коллегами, партнерами, клиентами, пациентами).

Работа **логопеда** считается достаточно спокойной. Стрессовые ситуации могут возникнуть, но случается это достаточно редко.

Получить профессию **логопеда** можно практически в любом педагогическом вузе. Однако важно понимать, что **логопеду** до-

вольно часто требуется заниматься самообразованием, а также проходить курсы повышения квалификации и участвовать в различных конференциях и вебинарах.

17. Homework.

1. Search the Internet and find out more about the career of a speech language pathologist. Make a presentation. Share what you discover with your partner(s) in the next lesson.

2. Listen to the interview (<https://www.youtube.com/watch?v=mIIcMvhxCuY>) to learn more about Speech pathologist's activity. Interview your partner using the video and tasks 14 and 15.

3. Write an application letter to the organization where you are going to experience as a speech therapist. Follow the example in the app.

Unit IV

TYPES OF VOICE AND SPEECH IMPAIRMENTS

Before you read

What does the word “disability” mean?

Do you think that having a LD means that you can't learn?

How do parents know if their child is lazy or has a learning disorder?

1. Read the text about learning disabilities and decide what the main point is in each paragraph. Memorize the *italicized* words and phrases.

Do the exercises given below.

Text A

Learning Disabilities in Children

You learn the most in life during childhood. A child has *to grasp* the tricks of language and writing, as well as essential subjects, like math and science. What we learn in our childhood years stays with us forever.

But what if the ability to learn is hindered during such *formative years*? Though assumed to be a problem starting in adulthood, the actual origin of learning difficulties is as a child.

First understand what a learning disability is. It is not a sign of *less intelligence* or *brain capacity*. It is not a mental condition or disability, like autism, *mental retardation*, or impairment in vision or hearing. It is not related to emotional or physical disorders in any way. Do not confuse it with attention disorders (ADHD), or *slowness in learning* a new language or subject.

A learning disorder (LD) is difficulty experienced in learning one or more subjects, in a typical fashion. The brain processes and receives information, in a manner different from how it should be learned. For e.g. $2 + 2 = 4$, can be understood as addition by one child. But a child with a learning



disability, might not understand the «+» (sign of addition) or the «=» (the sign of equality), and how 4 was created out of 2 and 2. The extent and style of the learning disability, varies from child to child. Children with *average* and *above-average intelligence* can be affected by different learning disabilities. A reading disorder in one child can be present in another child, in a completely different manner.

The real danger behind such a disability is the way it is treated. If ignored, learning disabilities have a "snowball" effect. A child, who can't read 1st grade material, is going *to struggle* with middle-school reading. And the difficulty will *plague* him all the way to college and beyond. The *frustration* at not being equal to the rest, and always struggling with the same issue, will eat at him, causing serious *emotional scarring* and *self-esteem issues*. The causes of learning disabilities, can be social and neurological. Learning disabilities can be *inherited*, and are found in both boys and girls. An approximate 4 million schoolchildren and teenagers suffer from a learning disability. Specialists in psychology and Speech therapy should *pay special attention* to the following learning disorders as dyslexia, dysgraphia, dyscalculia, auditory processing disorder, language processing disorder, non-verbal learning disabilities and visual perceptual /visual motor deficit.

2. Answer the questions.

1. What is a learning disability?
2. What is the origin of learning difficulties?
3. Why is it important to grasp the tricks of language and writing in our childhood?
4. Do you think smart and talented children can suffer from learning disabilities?
5. Why is it dangerous to ignore learning disabilities?
6. What is a "snowball effect" of LD?
7. How do the consequences of LDs affect children's future life?
8. What LDs should be paid special attention to?

3. Read the text again. Mark the sentences T (true) or F (false). Correct the false ones.

	True	False
1. A learning disability is a disorder in one or more basic psychological processes that may manifest itself in certain areas of learning in a typical fashion		

	True	False
2. The degree and style of learning disability is the same for all children		
3. The brain processes and receives information in a very different way than it should be studied		
4. A “snowball” effect can be dangerous in adulthood		
5. Learning disabilities are more common for boys		
6. Children with different intelligence may suffer from learning disabilities		
7. The success of the specialist's work depends on the choice of methods and techniques for eliminating learning disabilities		

4. Match the following synonyms from the article.

1. essential	a. to master
2. formative	b. to receive
3. mental	c. to cure
4. average	d. important
5. equal	e. to endure
6. to grasp	f. intellectual
7. to confuse	g. educational
8. to suffer	h. to mix up
9. to inherit	i. statistical
10. to treat	j. same

5. Give the English equivalents to the Russian ones. Come up with your own sentences with these words and word combinations, write them down and read out in class.

Душевное (психическое) состояние, страдать от чего-либо, период взросления, сражаться, нарушение зрения, неспособность к обучению, способность к обучению, комплексы, расстройство внимания, умственная способность, овладеть приемами, преследовать, основные предметы, в любом случае, задержка умственного развития, признак интеллекта, умственные способности выше среднего, нарушение слуха, эмоциональные шрамы, эффект снежного кома.

6. Match the phrases.

1. A child has to grasp the tricks of	a. teenagers suffer from a learning disability
2. The brain processes and receives information, in	b. be inherited
3. The actual origin of learning difficulties is	c. a "snowball" effect
4. Disability is not a sign of	d. a manner different from how it should be learned
5. A learning disorder (LD) is difficulty experienced in	e. serious emotional scarring and self-esteem issues
6. The extent and style of the learning disability varies	f. language and writing, as well as essential subjects, like math and science
7. If ignored, learning disabilities have	g. as a child
8. The frustration at not being equal to the rest will eat at him, causing	h. less intelligence or brain capacity
9. Learning disabilities can	i. learning one or more subjects, in a typical fashion
10. An approximate 4 million schoolchildren and	j. from child to child

7. In pairs / groups, talk about these topics or words from the text. What will the article say about them? What can you say about these words and your future activity?

the ability to learn is hindered / the actual origin of learning difficulties / brain capacity / mental disability / a "snowball" effect / (not)being equal to the rest

8. Spend one minute writing down all of the different words and word combinations you associate with the word «ability», «brain». Share your words with your partner(s) and talk about them. Together, put the words into different categories.

E.g: mental ability, ability to speak, intelligence, brain capacity, brain processes, etc.

9. Translate the following sentences into Russian.

1. The film thus replays scenes over and over, since Anthony has little *ability* to retain information.
2. Man's *ability* to talk makes him unlike any other animal.
3. We will keep you informed to the best of our *ability*.
4. But, that one person may have the *ability* to reach others.
5. The school does nothing for children of high *ability*.
6. Scientists are learning more about how the human *brain* works.
7. Doctors blame it on a loss of oxygen at some point during his hospitalization, which damaged the part of the *brain* that controls fine motor skills.
8. She's the *brains* behind their success
9. Doctors tried desperately to reduce the swelling in her *brain*.
10. The poor child inherited his mother's *brains* and his father's looks.

10. Write about *ability to learn* for 10 minutes. Comment on your partner's paper.

11. Read the texts. Divide into 3 groups. Group (a) studies Text B, group (b) – Text C, group (c) – Text D. Discuss the questions before the texts within the groups and then share the information in the texts with the students from the other groups.

(a). How can various speech impairments affect a person's life?

Text B

Types of speech impairments

People with speech impairments have difficulty using the communication process efficiently. Speech is abnormal when it is unintelligible, unpleasant, or interferes with communication. The three major types of speech impairments are voice, articulation, and fluency (for example, stuttering). Any one of these three speech impairments is distracting to the listener and can negatively affect the communication process.

Voice problems are not very common in schoolchildren, but when this speech impairment does occur it needs immediate attention from a professional. Voice is a measure of self; it is part of one's identity. We can identify many of our friends simply by hearing their voices.

Articulation problems are the most common speech impairments. Articulation is the process of producing speech sounds. The receiver of

communication must understand the sounds of the words spoken to understand the full message. If speech sounds are incorrectly produced, one sound might be confused with another, changing the meaning of the message.

Fluency difficulties are associated with the rate and flow pattern of a person's speech. A fluency problem usually involves hesitations or repetitions that interrupt the flow of speech. Stuttering is one type of fluency problem.

(b). Why is a huge amount of research on speech pathology in the world literature devoted to stuttering?

Text C

Fluency problems

Stuttering, or stammering. Stammering, stuttering or disfluency is a type of communication and speech disorder due to which, when a person speaks, his normal flow of speech is punctured by certain factors like repetitions of a word or syllable (he, he, he said that), prolongation of a particular word or syllable (hhhheeeeeee said that), sudden breaks in words or syllables which lead to blocks in speech and produce no sound (the mouth might be fixed in a particular expression but there is no sound produced) or lead to certain disfluencies in speech (umm, ah, he said that...umm).

These speech impediments may have a severe negative effect on a person's life and lead to a plethora of problems like low self-esteem and negative self-image, along with others.

This is one reason why among the studies dealing with speech pathology in the world literature those devoted to stuttering are the largest single group. A great number of theories have been proposed to explain the origin and nature of stuttering. They range from the premise that subtle physical disturbances in the nervous system (so-called neurogenic asynchronies) are responsible to the opinion that psychological maladjustment alone is to blame.

The treatment of stuttering is difficult and often demands much skill and responsibility on the part of the therapist. There is no medical cure for stuttering. Several therapeutic approaches have been developed that can improve an affected individual's speech. The typical approach in this disorder is a strict program of psychotherapy (talking freely with a psychiatrist or psychologist so as to reduce emotional problems)

supported by various applications of learning theory or behavioral theory (in retraining the stutterer) and other techniques depending on the therapist's position. It is widely agreed that the patient must acquire a better adjustment to the problems of his or her life and that he or she needs to develop a technique for controlling symptoms and fears.

Alalia. A speech delay, known to professionals as *Alalia*, refers to the phenomenon when a child is not making normal attempts to verbally communicate. There can be a number of factors causing this to happen, and that's why it's critical for a speech language pathologist to be involved.

There are many potential reasons why a child would not be using age-appropriate communication. These can range anywhere from the child being a "late bloomer" – the child just takes a bit longer than average to speak – to the child having brain damage. It is the role of an SLP to go through a process of elimination, evaluating each possibility that could cause a speech delay, until an explanation is found.

Approaching a child with a speech delay starts by distinguishing among the two main categories an SLP will evaluate: speech and language.

Speech has a lot to do with the organs of speech – the tongue, mouth, and vocal chords – as well as the muscles and nerves that connect them with the brain. Disorders like apraxia of speech and dysarthria are two examples that affect the nerve connections and organs of speech. Other examples in this category could include a cleft palate or even hearing loss.

The other major category SLPs will evaluate is language. This relates more to the brain and can be affected by brain damage or developmental disorders like autism.

For many speech-language disorders that cause a speech delay, early intervention and evaluation by an SLP can make a huge difference.

(c). What can dyslalia and nasal speech be prevented with?

Text D

Articulation problems

Dyslalia. Dyslalia is a speech defect that inhibits the pronunciation of certain distinct sounds. There are four types:

- **Simple:** an inability to pronounce one specific sound.

- **Multiple:** an inability to pronounce two or more specific sounds.
- **Hottentotism:** a person's words become completely unintelligible due to a stammer.



- **Related:** an inability to pronounce all sounds that require the same articulation.

- Normally, after five years of age, children can pronounce all the phonemes well and without any difficulty, although sometimes the "r" may take a little more time. From the

age of five, severe difficulty to pronounce certain phonemes or words is a key symptom of dyslalia.

The main causes of dyslalia are:

- **Learning disabilities**
- **Hearing problems:** if the child does not hear well, they learn to pronounce different sounds incorrectly.

- **Structural abnormality of the speech organs:** there are malformations or defects in the organs that allow us to speak, such as the palate or lingual frenulum, which interferes with our tongue movements.

- Dyslalia can potentially be prevented with speech and language therapy, singing lessons and encouraging the child to speak more. However, sometimes prevention is not possible.

Depending on the cause, the speech therapist will propose therapy or treatment tailored to the child, which will be based on performing exercises to improve the muscles used for pronunciation and perfecting articulation, as well as breathing and expression exercises. When the cause of speech impediment is a malformation, surgical intervention may be required to correct it.

Nasal Speech. A nasal voice is a type of speaking voice characterized by speech with a "nasal" quality. It can also occur naturally because of genetic variation.

Nasal speech can be divided into hypo-nasal and hyper-nasal.

Hyponasal speech, denasalization or rhinolalia Clausa is a lack of appropriate nasal airflow during speech, such as when a person has nasal congestion.

Some causes of hyponasal speech are adenoid hypertony, allergic rhinitis, deviated septum, sinusitis, myasthenia gravis and turbinate hypertrophy.

Hypernasal speech or hyperrhinolalia or rhinolalia aperta is inappropriate increased airflow through the nose during speech, especially with syllables beginning with plosive and fricative consonants.

Examples of hypernasal speech include cleft palate and velopharyngeal insufficiency.

Several types of nasal speech are not easily diagnosed; even specialized physicians are often not fully aware of the differences.

Treatment of nasal speech is unlikely to be successful without prudent balancing of all factors involved. This responsibility rests primarily with the diagnosing otolaryngologist or phoniatrist. The complaint of “talking through the nose” should never warrant a tonsil and adenoid operation without complete evaluation. The patient’s general health and hearing must be weighed against the possibility of making his or her speech worse.

12. Homework.

1. Search the Internet and find out more about LD. Compare the statistics on LD in Europe and the USA with those in Russia in the form of the presentation. Share what you discover with your partners in the next lesson. Give a 2-minute talk.

2. Write a newspaper article on *Voice problems in School-Age children*. Read what you wrote to your classmates in the next lesson. Give each other feedback on your articles.

Unit V

SPEECH THERAPY FOR PHONETIC-PHONEMIC AND GENERAL HYPOPLASIA OF SPEECH

Before you read

What do specialists mean when they say “phonological disorders”?
How do phonological disorders affect learning?
What is Einstein Syndrome? At what age did Einstein start to talk?

1. Read the text about phonological disorders and decide what the main point is in each paragraph. Memorize the *italicized* words and phrases. Do the exercises given below.

Text A

Phonological Disorders

A *phonological disorder* is a type of speech disorder. Children who have this disorder do not use certain speech sounds that children at



their age usually use, such as the *g*, *k*, or *r* sound or two *consonant sounds* together. Instead, they make a different sound or leave sounds out. Because of this, they *mispronounce* some words and might be hard for other people to

understand.

If your child has a phonological disorder, they might not make the *g*, *k* or *r* sound. Instead, they might use a different sound. For example, “red” might sound like “wed,” or “cup” might sound like “tup.”

Or, your child might not make both sounds in words that start with two consonants. Instead, they might only make one of the sounds. For example, “spoon” might sound like “poon,” “friend” might sound like “fend,” or “tree” might sound like “ti.”

Accents and dialects are *not* considered phonological disorders.

Most children make mistakes when they are learning to talk. This is normal, and children usually *outgrow* it.

If your child's speech is not developing normally, you should see their *healthcare provider*. Here are some signs of normal speech development:

- A stranger should be able to understand half or more of what your child says at age 3.
- Your child should be able to make most speech sounds at 4 or 5, but they might still have trouble with sounds like l, s, r, z, ch, sh, and th.
- By age 7 or 8 your child should be able to make all of the speech sounds correctly.

You should also see your child's healthcare provider if they are embarrassed about the way they talk or it is causing problems at school or in social settings.

Phonological disorders can have many causes:

- *Hearing loss*.
- *Cleft palate* (an opening in the roof of the mouth).
- Dental (tooth) problems.
- *Developmental disorders*, such as autism spectrum disorder.
- Genetic syndromes, such as Down syndrome.
- Neurological disorders, such as *cerebral palsy*.

Sometimes, no cause can be found for a phonological disorder.

Phonological disorders are diagnosed by a speech language pathologist. They will listen to your child talk and *make sure* the muscles in your child's mouth are working the way they should. If your child's speech is not developing normally, the speech language pathologist can recommend treatment.

Your child also might be tested for possible causes of a phonological disorder, such as a hearing or learning problem.

Mild phonological disorders might go away *on their own*.

If the disorder is more severe, a speech language pathologist can help your child. The speech language pathologist will:

- Show your child how to make sounds correctly.
- Practice the sounds with your child.
- Teach your child the rules of speech to help them say words correctly.

Phonological disorders cannot be prevented, but many children with this disorder learn to speak normally or almost normally.

2. Answer the questions.

1. What are phonological disorders?
2. What are the symptoms of phonological disorders?
3. Are accents and dialects *not* considered phonological disorders? Why?

4. When should parents see a healthcare provider?
5. What causes phonological disorders?
6. What diagnostics and tests does a speech language pathologist carry out?
7. What treatment should be prescribed in case of severe phonological disorders?

3. Read the text again. Mark the sentences T (true) or F (false). Correct the false ones.

	True	False
1. Children with phonological disorder use distorted sounds or miss them		
2. Speech disorders of this type don't prevent the child from communicating with their peers without such problems		
3. Accents and dialects are also phonological disorders		
4. It is normal when a stranger didn't understand half or more of what a 3-year-old child		
5. Parents should see a child's healthcare provider if their 8-year-old child shouldn't be able to make all of the speech sounds correctly		
6. Phonological disorders can be consequences of different serious diseases		
7. Phonological disorders are diagnosed by a speech language pathologist		

4. Match the following synonyms from the article.

1. leave out	a. warn
2. outgrow	b. train
3. embarrass	c. form
4. diagnose	d. disappear
5. make sure	e. overcome
6. recommend	f. identify
7. practice	g. confuse
8. prevent	h. advise
9. develop	i. miss
10. go away	j. ascertain

5. Give the English equivalents to the Russian ones. Come up with your own sentences with these words and word combinations, write them down and read out in class.

Расщепление нёба (волчья пасть), согласные звуки, другой звук, ошибаться, незнакомый человек, медицинский работник, воспроизводить звуки речи, общественное окружение, потеря слуха, расстройство развития.

6. Match the phrases.

1. A phonological disorder is	a. make all of the speech sounds correctly
2. Children mispronounce some	b. a speech language pathologist
3. Accents and dialects are	c. a speech language pathologist can recommend treatment
4. If your child's speech is not developing normally, you should see	d. a type of speech disorder
5. By age 7 or 8 your child should be able to	e. go away on their own
6. Phonological disorders are diagnosed by	f. a phonological disorder, such as a hearing or learning problem
7. If your child's speech is not developing normally,	g. not considered phonological disorders
8. Mild phonological disorders might	h. words and might be hard for other people to understand
9. Cleft palate, dental problems, autism spectrum disorder, Down syndrome, cerebral palsy can	i. their healthcare provider
10. a speech language pathologist can test a child for possible causes of	j. provoke phonological disorders

7. In pairs / groups, talk about these topics or words from the text. What will the article say about them? What can you say about these words and your future activity?

mispronounce some words / make a different sound / outgrow speech mistakes/ normal speech development / developmental disorders / neurological disorders/ genetic syndromes

8. Spend one minute writing down all of the different words and word combinations you associate with the notion «phonological disorder». Share your words with your partner(s) and talk about them. Together, put the words into different categories.

E.g: make a different sound, leave sounds out, mispronounce some words, use a different sound, dental (tooth) problems, genetic syndromes, etc.

9. Translate the following sentences into Russian.

1. Did you just *mispronounce* «etcetera»?
2. People are always *mispronouncing* my name.
3. Wendy Williams *mispronounced* her name on her TV show, giving Lipa an internet nickname: Dula Peep.
4. An actor who is familiar with a book's language, nuance and customs ensures a story is told authentically, while someone inexperienced may *mispronounce* foreign words or perform an accent where one isn't required.
5. In some cases this will involve multiple disciplines and different *healthcare providers*.
6. We have an in-depth knowledge of the Swiss healthcare system and a unique network of *healthcare providers*.
7. Test results from these laboratories are neither readily available to *healthcare providers*, nor reliably accurate.
8. According to Benson more than 60 percent of all visits to *healthcare providers* are related to stress.
9. According to the World Health Report, by 2020 mental and *neurological disorders* will account for 15 % of the global burden of disease.
10. However, we must recognize that conditions such as mental and *neurological disorders* also require special attention.

10. Write about *treatment of phonological disorder* for 10 minutes. Comment on your partner's paper.

11. Read the texts. Divide into 3 groups. Group (a) studies Text B, group (b) – Text C, group (c) – Text D. Discuss the questions before the texts within the groups and then share the information in the texts with the students from the other groups.

(a) What are the methods of identifying deaf children and their further education?

Text B

Hearing Loss and Deaf Education

Children may be identified as candidates for deaf education from their audiogram or medical history. Hearing loss is generally described as slight, mild, moderate, severe, or profound, depending upon how well a person can hear the intensities of frequencies. Of the children identified as deaf, only 10 % are born to deaf parents. This percent of deaf students may have a linguistic advantage when entering the education system due to more extensive exposure to a first language.

Parents can start to notice differences in their kids hearing as soon as newborn to three months old. If a child doesn't respond to sudden loud sounds, this could be an indication. As the baby begins to age, to around four to eight months they should turn their head towards where the sound is coming from. Around a year to 16 months, if they don't pronounce words right or don't speak at all, this could also be an indication. All those are indications of cognitive hearing loss, which means the child was born this way.

A child can also acquire hearing loss at a young age due to a middle ear infection, a serious head injury, exposure to loud noises over a long period time, and many other ways. If this occurs, the same symptoms would occur as they do with cognitive hearing loss. If this happens when a child is older, around the toddler or preschool age, there



are more signs to look for. Signs could be a child not replying when you call their name. The child pronounces words different than the rest of their peers, if the child turns up the TV incredibly high or sits very close, this could also be an indication.

One of the biggest implications that a child may have hearing loss is when they are having a conversation with someone they are intensely focusing on the persons' lips and facial expressions to understand what they are saying. If a child has these signs, getting a screening for hearing loss would be the next step.

Deaf education programs must be customized to each student's needs, and deaf educators provide a continuum of services to deaf students based on individual needs. For instance, if a student is in a regular class, a note taker or interpreter might be an accommodation provided in their education plan. In the United States, Canada and the UK, education professionals use the acronym IEP when referring to a student's individualized education plan.

Schools use a number of approaches to provide deaf-educational services to identified students. These may be grouped into four categories, according to whether (and how much) the deaf student has contact with non-deaf students (using North American terminology):

Inclusion: Deaf students spend all, or most, of the school day with non-deaf students. Specialized services may be provided inside or outside the regular classroom, and students may leave the regular classroom to attend smaller, intensive instructional sessions in a resource room .

Mainstreaming refers to the education of deaf students in classes with non-deaf students for specified time periods, based on the deaf students' skills; deaf students learn in separate classes for the remainder of the school day.

Segregation (in a separate classroom or school): In this model, deaf students spend no time in non-deaf classes or with non-deaf students. Segregated students may attend a school where non-deaf classes are provided, but spend their time in a separate classroom for students with special needs.

Exclusion: A student unable to receive instruction in any school is excluded from school. Most deaf students have historically been excluded from school.

(b) Why does a child with ASD need a differentiated approach? How can an autistic child be recognized?

Text C

Autism Spectrum Disorder. What is it?

Autism is a developmental disability that causes problems with social skills and communication. Autism can be mild or severe. It is different for every person. Autism is also known as autism spectrum disorders (ASD). Autism Spectrum Disorder (ASD) is an umbrella description for a group of pervasive developmental disorders including:



Autism (Autistic Disorder)

- Asperger's (Asperger's Disorder/Syndrome);
- Pervasive Developmental Disorder.

Children with ASD generally share difficulties in three main areas:

- social interaction;
- communication(verbal and/or non-verbal);
- behaviour/play (restricted and repetitive patterns of behaviour, interests and routines) , etc.

Not all behaviours will exist in every child. A diagnosis should be made by the child's doctor or other professionals with experience in working with children with autism. Many children with an ASD also experience sensory processing difficulties such as being under or over-sensitive to touch, pain, taste, smell, sounds or sights. They may also have an intellectual disability or other specific learning disabilities and will require a range of support for their participation in activities of everyday life from being independent to requiring full-time care.

Among possible signs and symptoms of ASD may be not speaking or very limited speech, poor vocabulary development, problems following directions or finding objects that are named, problems answering questions; poor eye contact with people or objects, poor play skills, problems making friends, crying, becoming angry; using objects in unusual ways, no fear of real dangers, feeding difficulties (accepting only select foods, refusing certain food textures), sleep problems, etc.

(c) What is the main difference between general hypoplasia of speech and delayed speech development?

Text D

General hypoplasia of speech

During the first six years of life, the child acquires more knowledge than in all other years combined. Especially rapid development occurs in the first two years, when a newborn baby, having only a few congenital reflexes, gradually learns to sit, crawl and walk, understand someone else's speech and speak independently and acquire other important skills.

To understand and reproduce the native speech the child learns for a sufficiently long period of time. There are certain norms of speech development, focusing on which, parents can in time suspected of a child development gap.

General hypoplasia of speech (GHS) and delayed speech development are not the same thing. If in the second case, the kids just start talking a little later than their peers, then in the case of GHS children have verbal disorders associated with both meaning and sound.



The reasons for the underdevelopment of children's speech are different: they can be the consequences of birth trauma, and various neurological diseases, and traumas of a psychological nature.

Characteristics and psychological features of children with GHS.

General underdevelopment of speech is usually diagnosed in preschool children 4–6 years. As a rule, these are children with a normally developed intellect, without hearing defects. They start talking later than others, and their speech is often illegible, only parents understand it. Growing up, children begin to take very critical attitude to the defect of speech, to experience. That is why the general underdevelopment of speech needs treatment, and overcoming this problem is quite realistic.

Levels of general speech underdevelopment.

Physicians distinguish four levels of general underdevelopment of speech.

1. The first level is characterized by an almost total lack of speech, when the child babbles more, actively using gestures than he says.

2. On the second level of the GHS, the child has a phrase speech in its infancy. He is able to pronounce sentences of several words, but often distorts words and their endings.

3. The third level is characterized by a more meaningful speech: the child speaks freely, but his speech is full of lexical, grammatical and phonetic errors.

4. The fourth level of speech underdevelopment is diagnosed in children who make speech errors at first glance insignificant, but in the end interfere with normal learning.

Regular speech therapy should be conducted with children with OHP. In addition, the control of a psychologist and sometimes a neurologist is necessary. Children with this diagnosis are extremely important for increased parental attention and support, without which it is impossible to overcome the disease.

12. Homework.

1. Learn and explain the meanings of the notions «Inclusion», «Mainstreaming» «Segregation», «Exclusion». Find more examples with these terms.

2. Search the Internet and find out more about the approaches to provide educational services to the children with hearing loss, ASD and GHS in English-speaking countries and in Russia. Share what you discover with your partner(s) in the next lesson. Give a 2-minute talk.

3. Make a list of questions to a speech therapist from the parents of the children with special needs.

4. Prepare for the report on «What circumstances can autistic children study in comprehensive schools under?».

Unit VI

THE ROLE OF THE SLP AT KINDERGARTEN, SCHOOL, CLINICS

Before you read

Why did you choose speech pathology as a career path?

What kind of work does a speech therapist do in medical settings?

Is speech pathology a competitive field in the USA/the UK / Russia?
Why?

How much do speech pathologists make starting off in the USA and in Russia?

1. Read the text about Speech Language Pathologist's job in different facilities and decide what the main point is in each paragraph. Memorize the *italicized* words and phrases. Do the exercises given below.

Text A

Speech Language Pathologist's job in Educational and Medical settings

Preschool. *Educators* and parents agree that speech pathologists are necessary in preschools more than ever as each child prepares to meet today's *high expectations* of kindergarten and elementary school. There is a dramatic increase in *referrals* of preschool and school-age children who have speech, language, or hearing challenges.

Although the role of the speech pathologist in a preschool brings to mind the learning of *verbal communication skills*, there's more at stake. For example, many children on the autistic spectrum may not *achieve* all the speaking goals that other children may *gain* from speech assistance. However, the role of the speech/language pathologist also "speaks" to other communication techniques proven extremely useful to the autistic child's performance. Teaching the proper use of *electronic talk devices*, helping an autistic child to build word concept skills and speech pragmatics, are all part of non-verbal teaching methods that are taking the *non-verbal child* to new *levels of accomplishment*.

The answer to why it's important to include speech/language therapy in preschool education is both interesting and complex. Reasons vary from basic assistance with language and pronunciation skills to *more urgent problems* like stuttering, hearing impairment, swallowing disorders, or lack of appropriate communication for a child's age level.

School. Children without the ability to communicate have difficulty understanding *classroom instructions* and cannot participate in class discussions. This leads to *failure* on assignments and to the *perception* that the child is "untutorable" and cannot learn.



This is similar to the problems older people have when their hearing and sight *deteriorate*. Their worlds shrink so much that others believe them to be senile when, actually, they just cannot respond correctly because of *inferior input*. Many of the communication problems adults have could be lessened or accommodated if they were discovered and treated in childhood.

Speech therapists work with autistic children. They also help those who are *developmentally delayed* or have traumatic brain injuries. Some of the problems they address are language disabilities, voice impairments, stuttering, and articulation such as when a child has trouble making a certain sound, and even swallowing. They help the hearing impaired and children with cleft lips or palates who must work to produce words

The duties of a school speech therapist job are to prevent communication problems by identifying *kids at risk* of developing their skills. As much as possible, they keep the children in regular class settings, although sometimes putting them in special groups outside the class works best. They assess student communication skills through tools like tests, and then evaluate the results.

The findings are used to develop IEPs (individualized education programs) which the therapist helps *to implement*. Therapists also assist teams of professionals to develop curriculum that can help build communication skills not only for their clients, but for the school population as a whole. They do research into communication impairments and *advocate for programs* to help these students. They *collaborate* with other professionals in *care plans* and explain the progress to the parents, keep daily notes of their programs and they do

all this while working with individual children on their particular problems.

Speech and language problems have been shown *to contribute to crime and poverty*. Even if they did nothing more than keep a child from



reading *a mind-opening book*, however, they must be addressed, and that is what a speech therapist does in a school environment

Collaboration between a student's SLP and teacher is important to the student's progress and success.

Health care facilities. A medical speech-language pathologist works in health care and diagnoses and treats a wide range of speech, language, cognitive, and swallowing disorders. They work with patients affected by a variety of *neurological events*, such as brain damage, stroke, seizure, or cancer. They may also work with patients who suffer from chronic diseases or who have experienced a trauma. Speech pathologists *examine patients* and create treatment plans tailored to their needs.

Medical speech-language pathologists work with doctors and audiologists to treat patients of all ages, from infants to the elderly. This role holds a wide range of responsibilities and can do a variety of tasks each day, including:

- Diagnosing and treating speech, language, cognitive, communication, and swallowing disorders.
- Evaluating swallowing ability and *prescribing an appropriate diet* (foods may need to be pureed or liquids may need to be thickened).
- Helping patients with aphasia find ways to communicate.
- Training family members or caregivers, as well as other professionals.
- Collaborating with other members of the care team.
- Conducting research to develop new treatment methods.

Medical speech-language pathologists typically work in hospitals, *outpatient clinics*, and rehabilitation facilities. The work they do may differ slightly depending on where they work.

Speech-language pathologists that work in a hospital may do more diagnosis, *counseling*, and educating. Whereas medical speech-language pathologists that work in rehabilitation facility typically work on improving skills to function more independently.

Compassionate, detail-oriented people with good communication skills and a passion for science might be interested in a career as a medical speech-language pathologist. This role will *keep you on your toes* and allow you to do something different every day.

2. Answer the questions.

1. Why is there a dramatic increase in referrals of preschool and school-age children to SLP specialists?

2. What role should a speech pathologist in a preschool bring to mind except learning of verbal communication skills?

3. What other techniques should they master to help children with special needs?

4. Why is the reason for the presence of SLP in preschool education both interesting and complex?

5. What difficulties do children have without the ability to communicate?

6. What does this problem lead to?

7. What problems do school SLPs address?

8. What are the duties of a school speech therapist job?

9. What strategies do they use working with children with special needs?

10. Why is it necessary for SLPs to be assisted by the teams of professionals?

11. What do think is the main task of SLPs' activity at school?

12. What do medical SPLs do in health care settings?

13. Whom do medical SLPs collaborate with?

14. What tasks do they perform?

15. What is the difference in the responsibilities of SLPs working in hospitals and those in rehabilitation facilities?

3. Read the text again. Mark the sentences T (true) or F (false). Correct the false ones.

	True	False
1. There is a dramatic decrease in referrals of preschool and school-age children who have different communication disorders		
2. Many children on the autistic spectrum may not achieve all the speaking goals like other children		
3. Teaching the proper use of electronic talk devices is also one of the responsibilities of SLP in pre-school organizations		

	True	False
4. Children's disability to communicate leads to failure on assignments in class and at home		
5. Speech therapists' work is also aimed at children with special developmental disorders		
6. Speech therapists at the school are directly engaged only in their work		
7. Speech Language pathologists contribute much to their patients' future life		
8. Medical speech-language pathologists work both with patients affected by a variety of neurological events and those who suffer from different maladies		
9. Medical SLPs' work is the same in different medical care organizations		
10. Speech therapists are keen people		

4. Match the following synonyms from the article.

1. expectation	a. appliance
2. increase	b. harm
3. referral	c. task
4. challenge	d. vision
5. device	e. research
6. accomplishment	f. environment
7. instruction	g. redirection
8. assignment	h. case
9. sight	i. tutor
10. duty	j. growth
11. setting	k. progress
12. findings	l. hope
13. event	m. trouble
14. damage	n. guidance
15. caregiver	o. responsibility

5. Give the English equivalents to the Russian ones. Come up with your own sentences with these words and word combinations, write them down and read out in class.

Больше, чем когда-либо, высокие надежды, наводит на мысль, на карту поставлено гораздо больше, достигнуть всех целей говорения, электронные переговорные устройства, навыки словесного концепта, неразговорчивый ребенок, уровни достижений, низкий входной сигнал, черепно-мозговые травмы, дети в группе риска, вести ежедневные заметки, способствовать преступности и бедности, страдать от хронических заболеваний, пережил травму, амбулаторные клиники, держать себя в тонусе.

6. Complete the following sentences.

1. Although the role of the speech pathologist in a preschool ... the learning of verbal communication skills,

2. Their worlds shrink so much that others believe them to be senile when, actually, they just cannot respond correctly because of

3. The duties of a school speech therapist job are to prevent communication problems by identifying ... of developing their skills.

4. They ... student communication skills through tools like tests, and then evaluate the results.

5. They ... with other professionals in care plans and explain the progress to the parents, ... of their programs and they do all this while working with individual children on their particular problems.

6. Speech and language problems have been shown to ... to crime and poverty.

7. ... between a student's SLP and teacher is important to the student's ... and success.

8. This role holds a wide range of ... and can do a variety of ... each day.

9. Medical speech-language pathologists typically work in hospitals, ... clinics, and ... facilities.

10. This role will keep you ... and allow you to do something different every day.

7. In pairs / groups, talk about these topics or words from the text. What will the article say about them? What can you say about these words and your future activity?

today's high expectations/ learning of verbal communication skills/ the child is "untutorable"/ kids at risk/ individualized education programs/ to develop curriculum/collaboration/ a wide range of responsibilities/ keep you on your toes

8. Spend one minute writing down all of the different words and word combinations you associate with the word «assess», «collaborate». Share your words with your partner(s) and talk about them. Together, put the words into different categories.

E.g. assess student, keep daily notes, evaluating swallowing ability, collaborate with other professionals, work with doctors and audiologists, etc.

9. Translate the following sentences into Russian.

1. After the hurricane, officials *assessed* the town's need for aid.
2. We need to *assess* whether or not the system is working.
3. The company was *assessed* \$12 million in fines for polluting the river.
4. The *assessment* is expected to guide White House policy.
5. A college is going to *assess* a student's ability based on grades.
6. An international team of scientists *collaborated* on the study.
7. Getting the chance to *collaborate* with Carrie was awesome.
8. What an awesome opportunity for our school system and our police department to *collaborate* together to forge that.
9. The British and Italian police *collaborated* in catching the terrorists.
10. Rodgers and Hammerstein *collaborated* on a number of successful musicals for the Broadway stage.

10. Write about *individualized education programs* for 10 minutes. Comment on your partner's paper.

11. Watch the video of the speech therapy session. Discuss it with your partner on the subject of: the number of participants, their age, the quality of their speech, the SLPs manners at the beginning, during and at the end of the session, her mood, skills and so on. Try to define what her SOAP was/were and what result she achieved if she really did (<https://www.youtube.com/watch?v=hm44lShol5s>).

12. Read the article about one's mother's successful and not-so-successful experiences with her son Jack's speech therapy. Divide into two groups. Group (a) search and studies the information on the "successful" experience, group B – "on not-so-successful" one. According to your tasks write out the techniques the SLPs used and analyse them from the point of view of this particular case. Share the information in the texts with the students from the other group. Discuss the questions before the text.

(a) What role should preschoolers' parents play in speech therapy sessions?

(b) What is the difference between play and play therapy?

Text B

One Mother's Experience.... Quality Speech Therapy or Not?

Since the time my son, Jack, began speech therapy almost 2 years ago for apraxia of speech, he has had four different therapists with four different styles of therapy. Some of those styles were successful and some were not.

As a speech therapist myself, with 15 years of experience, I feel that I have the qualifications to judge the level of skill and quality of services that a therapist delivers. Not only can I speak from my own experiences as a therapist, but also from my experiences of working alongside other speech therapists and having the opportunity to observe more than one successful style of therapy. Based on all of this, I have very specific ideas about what I expect from my son's speech therapy sessions.



From the moment Laura walked through our front door, she exuded warmth, friendliness and enthusiasm that immediately captured Jack's attention and gained my respect. She came in and briefly introduced herself, kicked her shoes off and in the sunniest, brightest voice, invited Jack to "play toys" with her. Jack was absolutely mesmerized by her bag of toys, and she never missed a beat transitioning

from one activity to another as Jack's interest would shift, as a toddler's interest so frequently does. Just like that, therapy had begun and Jack had a new best friend!

Laura's method of therapy was completely play based. Laura honestly uses every strategy and technique that she has described in her articles in her therapy sessions every day. Jack was continually engaged in expressive speech tasks with multiple, multiple repetitions of sounds and words during the entire therapy session. Of course, Jack thought he was just playing because Laura made it so fun.

Another key factor that made Laura's approach to therapy a success was that she worked directly with us, as parents, to deliver therapy services. There was a continuous exchange of information, and Laura welcomed us to not only observe, but to actually be a part of Jack's therapy. I feel that this is especially important because parents are with their children 7 days a week to carryover strategies and techniques learned from the therapist.

She treated Jack until he turned 3 and was no longer eligible for early intervention.

Now, I will not go so far as to say that the unsuccessful styles of the speech therapists that treated my son were "wrong," but they were definitely not "right" for my son, and they did not meet my expectations as a mother or as a speech therapist.

For example, the second therapist that treated my son was at a pediatric rehabilitation center, through our private insurance, that only provided 20 therapy sessions per year. With only so many visits allowed, it was important that each one be the most productive possible.

This therapist took the first 30 minutes of a 1 hour session to "establish rapport" with Jack by allowing him to play on indoor playground equipment while she followed him around occasionally commenting on Jack's movements. Jack did not say and wasn't asked to say one single sound or word during this entire time.

Once in the therapy room, which was filled with toys, she chose to look at books with Jack. Again, not requiring or asking Jack to say anything. Jack, of course, wanted to play with all the toys. However, the therapist made him sit there and look at books until she decided it was enough because she said she was working on increasing his attention to task. It is important to know that Jack has an expressive speech disorder with age-appropriate receptive language and attention skills.

Only after I asked her if she had any therapy strategies for working with apraxia of speech did she ask Jack to imitate some vowel sounds. This was in the last 5 minutes of the 1 hour session. Needless to say, that was the one and only time Jack saw that therapist.

Our next therapist did engage Jack in play therapy but only while seated at a table. With apraxia of speech, it is important to elicit as many repetitions of sounds/words as possible to improve motor planning. Although this therapist encouraged Jack to talk, the speech tasks were very non-specific with no multiple repetitions.

Also, one of his “speech goals” was to attend therapy sessions with no parent present. What? He wasn’t even 3 years old yet. How could that be a “speech goal” and what did it have to do with apraxia of speech? Where was the partnership between parent and therapist? Plus, after our last experience, that was never going to happen.

We stayed with this therapist only for a few sessions until Jack transitioned to the public school system for speech therapy. I was prepared for a disappointment, yet again. However, I was pleasantly surprised by our new therapist’s style of therapy. It was play based with lots of expressive speech tasks and repetitions of target sounds and words. Jack often brings his own toys to therapy, and his therapist uses them in his sessions. She also welcomes parents to observe therapy. Once again, Jack is making progress and enjoys speech therapy.

I hope, through these examples that parents will be able to recognize if their child is receiving quality services. A few of the things that I’ve learned from this experience are: Not all speech therapists are qualified to treat all disorders of speech and language; there is a huge difference between play and play therapy; and it is absolutely the parent’s responsibility to monitor, be a part of, and demand the best possible services for their child.

(<https://teachmetotalk.com/2008/05/19/one-mothers-experience-judging-quality-speech-therapy-for-toddlers-and-preschool-aged-children/>)

13. Homework.

1. Choose and memorize from the text the meanings of the acronyms «SLP», «IEP» «SOAP». Use a dictionary or Google’s search field (or another search engine) for more of those. Illustrate them with examples.

2. Search the Internet and find out more about the Speech Pathologists' job at the educational and medical settings and their approaches in Russia. Share what you discover with your partner(s) in the next lesson. Give a 2-minute talk.

3. Develop your Excellent SOAP notes for/after your first Speech therapy session. (<https://fusionwebclinic.com/soap-notes-speech-therapy/>) Design your own: a) first individual session; b) a group session for preschooler(s), elementary school children, teenagers and etc. Follow the Conversation Starters in the app 6.

Unit VII

SCIENTIFIC RESEARCH IN THE FIELD OF SPEECH PATHOLOGY

Before you read

How many muscles are used for speech?

Do you think Speech pathology has ancient history?

What does a speech scientist do?

What is necessary to become a speech scientist?

1. Read the text about the development of speech correction and decide what the main point is in each paragraph. Memorize the *italicized* words and phrases. Do exercises given below.

Text A

The Development of Speech Correction

That humankind has been troubled by *speech afflictions* since the beginning of recorded history can be gleaned from the Bible. Further, many scientific and medical writers from the time of antiquity to the Middle Ages reported observations of speech and voice disorders. The *recommended remedies* merely reflected the inadequacies of the philosophical or empirical notions of their times. Scientifically oriented speech pathology originated in Germany during the latter part of the 19th century, following closely the development of otolaryngology. Three names stand out in this respect: Carl Ludwig Merkel (*Anthropophonik*; 1857), Adolph Kussmaul (*The Disorders of Speech*; 1877), and Hermann Gutzmann, Sr., who became the first professor of speech pathology at the University of Berlin Medical School around 1900.

During the same time, the new science of experimental phonetics was developed by Jean-Pierre Rousselot in Paris, who promptly recognized the great contributions that *experimental phonetics* could make to the study of normal and disturbed



speech. The close *collaboration* of medical speech pathology with experimental phonetics has remained typical for the European continent where speech correction is *customarily carried out* under the direction of physicians in the ear, nose, and throat departments of the university hospitals. The *designation* of speech and voice pathology as logopedics and phoniatics with its medical orientation subsequently reached many other civilized nations, *notably* in Japan and on the South American continent. The national organizations in most of these areas are now represented in the International Association of Logopedics and Phoniatics, which was founded in Vienna in 1924.

The evolution of speech correction in the Anglo-Saxon countries followed a different trend. Although the United Kingdom has had a long tradition in general and experimental phonetics, its College of Speech Therapists was organized as an examining and supervisory body in 1945. Similar organizations followed in other areas of the British Commonwealth.

American speech pathology elected a different way. The American Speech-Language-Hearing Association (ASHA), founded in 1925 in New York City as the American Academy of Speech Correction, became the organizing, examining, and supervisory body for a rapidly growing membership, which surpassed 130,000 by 2008. Many colleges and universities in the United States are accredited by ASHA and offer degrees in speech pathology and audiology, some including work at the doctoral level.



Russian speech correction originally followed the developments of European logopedics and phoniatics. One facet of early speech pathology research in Russia was its emphasis on Pavlovian theory (*conditioning and retraining*) and intensive use of neuropsychiatric methods, including pharmacology, sleep therapy, and other intensive treatment programs during hospitalization.

2. Answer the questions.

1. What source were speech disorders first mentioned about?
2. When were the first observations of speech and voice disorders reported?
3. When did scientifically oriented speech pathology dates back?
4. What names is it connected with?
5. What science did Jean-Pierre Rousselot develop in Paris?

6. Why was Jean-Pierre Rousselot's research important?
7. What has remained typical for the European continent?
8. Where was speech and voice pathology also recognized as medically oriented science?
9. What organization contributes the collaboration of SLPs in most of Europe and South America?
10. What purpose was College of Speech Therapists in the UK organized for?
11. What association unites all SLPs in the USA?
12. What functions does it perform?
13. What way did Russian speech correction originally follow?
14. What was the main feature early speech pathology research in Russia based on?

3. Read the text again. Mark the sentences T (true) or F (false). Correct the false ones.

	T	F
1. Many scientific and medical writers from the time of Middle Ages to the Modern Times time reported observations of speech and voice disorders		
2. Scientifically oriented speech pathology originated in France during the latter part of the 19th century		
3. Jean-Pierre Rousselot in Paris investigated the role of experimental phonetics for normal and disturbed speech		
4. The collaboration of medical speech pathology with experimental phonetics has remained typical for the USA		
5. The national organizations in most of Europe and South America are now represented in the International Association of Logopedics and Phoniatics		
6. The evolution of speech correction in the Anglo-Saxon countries followed the European trend		
7. The UK College of Speech Therapists was organized as an organizing, examining and supervisory body in 1945		
8. The American Academy of Speech Correction is called the IALP		
9. Russian speech correction originally followed the developments of the European trend		
10. At first, speech pathology research in Russia was based on the theory of conditioning and retraining		

4. Match the following synonyms from the article.

1. affliction	a. idea
2. observation	b. doctor
3. remedy	c. composition
4. notion	d. authority
5. physician	e. level
6. designation	f. medication
7. body	g. study
8. membership	h. aspect
9. degree	i. illness
10. facet	j. name

5. Give the English equivalents to the Russian ones. Come up with your own sentences with these words and word combinations, write them down and read out in class.

Речевые недуги, почерпнутые из Библии, со времен античности до Средневековья, рекомендуемые средства лечения, эмпирические понятия, научно-ориентированный, вторая половина 19 века, незамедлительно признанный, естественная и нарушенная речь, под руководством Международной Ассоциации логопедов и фонистов, проверяющий и надзорный орган, Американская ассоциация речи, языка и слуха, степени в области логопедии, теория подготовки и переподготовки кадров, интенсивные программы лечения.

6. Match the phrases.

1. That humankind has been troubled	a. in New York City
2. Scientifically oriented speech pathology originated in	b. a rapidly growing membership
3. Hermann Gutzmann became the first	c. in Vienna in 1924
4. speech correction is customarily carried out	d. speech pathology and audiology

5. the International Association of Logopedics and Phoniatics was founded	e. Germany in 19th century
6. a long tradition in	f. neuropsychiatric methods
7. The American Speech-Language-Hearing Association (ASHA) was founded	g. under the direction of physicians
8. became the organizing, examining, and supervisory body for	h. by speech afflictions
9. offer degrees in	i. general and experimental phonetics
10. intensive use of	j. professor of speech pathology at the University of Berlin

7. In pairs / groups, talk about these topics or words from the text. What will the article say about them? What can you say about these words and your future activity?

Observations of speech and voice disorders/ Jean-Pierre Rousselot's experimental phonetics/ the International Association of Logopedics and Phoniatics/ the ASHA/ College of Speech Therapists.

8. Spend one minute writing down all of the different words and word combinations you associate with the word «correction» and «tradition». Share your words with your partner(s) and talk about them. Together, put the words into different categories.

E.g: speech correction, speech afflictions, speech and voice disorders, the evolution of speech correction, a different trend, a long tradition, etc.

9. Translate the following sentences into Russian.

1. She was disappointed to see her essay returned with a huge number of *corrections* in red ink.

2. It looks like last week's *correction* is over and prices are going to go higher.

3. The paper had to publish a *correction* to the story.

4. Other cities had removed monuments to Confederate history, which was alternately viewed as a necessary *correction* and as a whitewashing of the past.

5. This record is *subject to correction*.

6. In a year that already has been anything but normal, Chicago surprised residents with an unexpected return to *tradition* for St. Patrick's Day.

7. On March 17, the kitchen will focus on corned beef and cabbage, shepherd's pie, Irish beef stew and, in a nod to another March *tradition*, brownie sundaes with Thin Mints Girl Scout Cookies.

8. The world of fine jewelry is no stranger to *tradition*.

9. They *broke with tradition* and got married quietly.

10. He's a politician *in the tradition of* Kennedy.

10. Write about *traditions in speech correction* for 10 minutes. Comment on your partner's paper.

11. Read the texts. Divide into 3 groups. Group (a) studies Text B, group (b) - Text C, group (c) – Text D. Discuss the questions before the texts within the groups and then share the information in the texts with the students from the other groups.

(a) What do you think are the most common speech disorders?

Text B

Prevalence of speech disorders

In the United States, statistics from the early 21st century compiled by the National Institute on Deafness and Other Communication Disorders revealed that approximately 5 percent of American children had detectable speech disorders by age six or seven. About 7,5 million Americans were found to be unable to use their voice normally. Disorders of articulation among young children were frequent.

Studies in Germany, Austria, and other central European countries suggest that the incidence and prevalence of speech disorders in these countries follow patterns similar to those observed among other Western countries. There are, however, deviations from these trends. For

example, the incidence of cleft palate is very high among Native Americans, while it is much lower among blacks than in whites. Studies of stuttering that have focused on specific populations, including Americans, Europeans, and Africans, have indicated that the prevalence of the disorder among these populations is highly variable. However, generalization of the data suggests that roughly 2,5 percent of children under age five are affected by stuttering.

(b)What do you think determines the success in the treatment and rehabilitation of speech disorders?

Text C

Treatment and rehabilitation

The selection of methods in the medical treatment or educational rehabilitation of communication disorders depends primarily on the underlying basis for the disturbance. Any case of chronic hoarseness should be evaluated first by a laryngologist to establish a precise diagnosis. This is particularly important in the older age groups in which an incipient laryngeal cancer is often overlooked because the patient does not pay attention to his or her deteriorating voice. The prognosis of all cancers becomes rapidly poorer the longer the disease remains unrecognized. As soon as disease of the larynx is excluded as a cause of the vocal complaint, vocal rehabilitation by a competent speech pathologist should be considered.

Malformations, diseases, or injuries of the peripheral speech mechanism are treated by appropriate specialists. The plastic surgeon repairs a cleft of the palate. The neurologist and internist treat the stroke patient until he or she has recovered sufficiently to be referred for reeducation of language abilities. The pediatrician treats the child with intellectual disability, while the geneticist counsels the family regarding the possible inheritance of the disorder and its future avoidance. Deafness or severe hearing loss in early childhood is a typical cause for severe delay of language development and should be promptly recognized through appropriate examination by the ear surgeon (otologist) and hearing specialist (audiologist). Cases of childhood autism (withdrawal, severe eccentricities) or early schizophrenia are recognized with increasing frequency by speech pathologists, child psychiatrists, pediatricians, and clinical psychologists. This multitude of various professional interests in the recognition and rehabilitation of such exceptional children is well served by the

coordination of these efforts in the modern team approach. But again, the largest group of disorders of voice and speech has causes other than these grossly organic lesions. They belong within the province of speech rehabilitation by experts in speech pathology and other functional practitioners.

In the 21st century, researchers from diverse fields, including neuroscience, bioengineering, and linguistics, worked to develop state-of-the-art devices capable of generating a synthetic voice controlled by activity in the speech centres of a person's brain. Part of this research entailed mapping sound produced by the voice of healthy individuals to movements of the vocal tract, which allowed for the subsequent development of algorithms that associate brain activity generated during speech with specific vocal tract movements. Those movements could then be used to produce a synthetic version of an individual's voice. In an early trial, one such neural decoder successfully generated understandable sentences that had been silently mimed by a person with intact speech.

12. Homework.

1. Search the Internet and find out the material about the IALP and ASHA policies. What organization of speech pathologists exists in Russia? Share what you discover with your partner(s) in the next lesson. Give a 2-minute talk.

2. Write a newspaper article about the contribution of I.P. Pavlov in the development of Speech correction in Russia. Read what you wrote to your groupmates in the next lesson. Give each other feedback on your articles.

SUPPLEMENTARY READING

1. Read the text and translate it into Russian.

Text 1

The Benefits of New Technology: Speech-Language Therapy Using the iTouch

Using an Apple iTouch for working on speech-language therapy goals has opened a new avenue that students really seem to enjoy. I first began using some of the different iTouch applications in March (2010) to work on "wh" questions. One of my students is highly distractible and using the iTouch helps him focus on the task much better than placing the traditional picture cards in front of him. I do not completely rely on the iTouch to meet all of my students' therapy needs, but I do mix the applications in sporadically to provide a different avenue for drill/practice and to assist with the carrying over of skills.



While using the iTouch, I sit directly beside my student. I have the application loaded and ready for him/her to use during a particular part of the therapy session. I use my own, personal, iTouch with my students because I have the flexibility to add applications quickly/easily that I feel benefit them (or delete those that do not). Currently, I only incorporate the use of the iTouch when I am working individually with students or, at most, with a group of two.

My articulation students enjoy using the Pocket SLP application to work on specific sounds in various contexts. I have observed improved accuracy during sound practice when using the iTouch compared to traditional picture cards! Most of the applications available will store the student's data (percentages) for you to assist with progress monitoring. My students enjoy the crisp digital photos presented by the application which increases their interest; they are captivated by the activity. With a few of my students, I like to begin the therapy session with an oral-motor warm-up (i.e., Oral Motor app).

I hand the iTouch over to the student who goes through 5 of the different oral-motor exercises in preparation for the articulation therapy that follows.

My language-disabled students benefit from applications that address vocabulary development (e.g., Watch Me Learn app), identification of sentence parts (e.g., Mad Libs, Silly Stories, Describing apps), identification of parts of a story (e.g., Story Kit app), as well as learn to answer abstract questions and create responses based on inference (e.g., Question Builder app) using the question forms: why, where, how, and what. We work on developing categorization skills by using digital photos under the following applications (each is a separate app): fruits & nuts, instruments, shapes, sports, playing, wearing, eating, vegetables, vehicles, features, functions, class, actions, and emotions. There is also a receptive application that works on following directions addressing auditory skills (e.g., Farm Sounds, Zoo Sounds). I have even incorporated using a weather application (i.e., The Weather Channel) to work on science vocabulary, graphing of data, etc.

While working with some students with Asperger's syndrome, I have incorporated such applications as Emotions, Face-Cards B, C, F, G, H, Going Places, Everyday, and QuickCues. There is also an application (for older students) that provides cues addressing the Hidden Curriculum. I have uploaded video clips from YouTube to demonstrate nonverbal communication cues (e.g., clips of Pixar Shorties and Wallace & Gromit).

I have used Google and Bing search engines to help students find information related to research topics they have been assigned by classroom teachers. This allows me to model, and/or the student to practice, vocabulary skills and the importance of using concise wording while performing a search. We've used the application, FreeSaurus, to work on synonyms and Dictionary, to work on multiple-meaning words.

Needless-to-say, the iTouch has allowed me to incorporate numerous applications to supplement and support my common therapy goals with students demonstrating a variety of disabilities regardless of age. Having technology at my fingertips allows me to not only motivate my students but to provide me with additional enthusiasm when helping students learn necessary communication skills. To see the excitement on their faces when they correctly answer a question and are verbally reinforced by the application as well as by me is very rewarding.

I, personally, enjoy the challenge of discovering new therapy applications and incorporating them to help my students learn using different forms of technology.

(<https://www.asha.org/slp/schools/apps-success-story/>)

2. Answer the questions.

1. What is iTouch?
2. What opportunities do iTouch technologies open for speech-language therapy, its specialists and speech-therapy patients?
3. How do they help to speech-therapy students?
4. Why is it handy to use iTouch in a therapy session?
5. How do iTouch technologies develop?
6. How do iTouch technologies encourage speech-therapy patients' independent work?
7. In your opinion, how does this technology differ from classical therapy sessions? What are the advantages and disadvantages of it?
8. Do Russian speech pathologists have possibilities and needs to use iTouch?
9. Should speech-therapy patients work only with iTouch not being supported by a specialist? Explain your answer.
10. Have you learned some new information from the text? How is it useful and important for you?

Text 2

Effective Reading Interventions for Kids with Learning Disabilities

1. Read the text and translate it into Russian.

You'll be glad to know that, over the past 30 years, a great deal of research has been done to identify the most effective reading interventions for students with learning disabilities who struggle with word recognition and/or reading comprehension skills. Between 1996 and 1998, a group of researchers led by H. Lee Swanson, Ph.D., Professor of Educational Psychology at the University of California at Riverside, set out to synthesize (via meta-analysis) the results of 92 such research



studies (all of them scientifically-based). Through that analysis, Dr. Swanson identified the specific teaching methods and instruction components that proved most effective for increasing word recognition and reading comprehension skills in children and teens with LD.

Some of the findings that emerged from the meta-analysis were surprising. For example, Dr. Swanson points out, "Traditionally, one-on-one reading instruction has been considered optimal for students with LD. Yet we found that students with LD who received reading instruction in small groups (e.g., in a resource room) experienced a greater increase in skills than did students who had individual instruction."

Dr. Swanson points out that, according to previous research reviews, sound instructional practices include: daily reviews, statements of an instructional objective, teacher presentations of new material, guided practice, independent practice, and formative evaluations (i.e., testing to ensure the child has mastered the material). These practices are at the heart of any good reading intervention program and are reflected in several of the instructional components mentioned in this article.

"The most important outcome of teaching word recognition," Dr. Swanson emphasizes, "is that students learn to recognize real words, not simply sound out 'nonsense' words using phonics skills."

(<https://www.readingrockets.org/article/effective-reading-interventions-kids-learning-disabilities>)

2. Answer the questions.

1. Who reveals the best approach to teaching kids with LD to read?
2. What analysis did Dr. Swanson use in her research?
3. What results did she achieve via meta-analysis to correct reading problems in students with LD?
4. How is it more optimal, according to Dr. Swanson's studies, to improve the skills of word recognition and reading comprehension in children and adolescents with LD?
5. Why do you think it is better for students with LD to experience reading in small groups?
6. What is the main finding of Dr. Swanson in eliminating reading disorders?
7. What instructional practices does Dr. Swanson point out?
8. What is "the most important outcome of teaching word recognition"?

Text 3

Combination of stem cell therapy and educational intervention can help kids with ASD

1. Read the text and translate it into Russian.

Results of a clinical trial released today in *STEM CELLS Translational Medicine* indicate that a combination of stem cell therapy and educational intervention can significantly help children with autism spectrum disorder (ASD).

Social communication, language, and daily skills improved markedly within 18 months after stem cell transplantation. Conversely, repetitive behaviors and hyperactivity decreased remarkably."

Dr. Liem, director of Vinmec Research Institute of Stem Cell and Gene Technology in Hanoi, is internationally recognized for his work in applying stem cells for different neurologic conditions. He and his Vinmec team collaborated with researchers at Stanford University and Keele University on the two-year study.



ASD affects more than 18 out of every 1,000 children over the age of 8, according to the U.S.-based Centers for Disease Control. It involves a complex spectrum of disorders characterized by a deficit of social communication and interaction, restricted interest and repetitive verbal and nonverbal behavior. Multiple approaches including behavioral therapy, occupational therapy, speech therapy and medications are required to ameliorate its symptoms.

Educational and behavioral interventions are crucial. The evidence indicates that young children with ASD benefit from interventions that focus on improving social interaction, communication and challenging behaviors. Unfortunately, however, many children who receive those treatments remain significantly impaired. "In search of better outcomes in the management of ASD,

alternative and complementary treatments are being investigated," Dr. Liem said. "As stem cell therapy has shown promise in clinical trials treating several different types of neurological conditions such as cerebral palsy, cerebral trauma, spinal cord injury, researchers have theorized that it might be useful in treating ASD, too."

Thirty children ranging in age from 3 to 7, with a confirmed autism diagnosis received an infusion of their own stem cells via injection; six months later, the procedure was repeated.

After the first transplantation, all patients underwent eight weeks of educational intervention based on the Early Start Denver Model, a widely adopted play-based program that fuses behavioral and developmental principles. The children were then evaluated at intervals of six, 12 and 18 months.

«This study showed improvements in various aspects after transplantation combined with educational intervention," Dr. Liem said. "Positive changes in social communication, eye contact, language, behaviors and daily skills were observed and learning ability also remarkably improved, especially after 18 months. Also, the rate of children with hyperactive disorder decreased by 50 percent and the number of children who can go to school without support increased."

The improvement increased progressively according to the follow-up duration, implying that the treatments have a sustainable long-term effect.

"Our study demonstrates the importance of balancing basic research and scientific rigor with compassionate use in translational medicine," the study authors emphasized. "While the mode-of-action of stem cell therapy is not yet completely understood, the positive results of this trial are testament to the safety and feasibility of applying stem cells toward treating diseases that have otherwise no, or only palliative, treatment options.

(<https://www.news-medical.net/news/20200909/Combination-of-stem-cell-therapy-and-educational-intervention-can-help-kids-with-ASD.aspx>)

2. Answer the questions.

1. What form of treatment can significantly help children with ASD?
2. What did Dr. Liem and researchers at Stanford University and Keele University get recognition for?
3. What is the severity of ASD according to the U.S.-based Centers for Disease Control?

4. What symptoms does ASD include?
5. Why are specialists required to use multiple approaches to improve ASD symptoms?
6. How many children with a confirmed autism diagnosis participated in the study?
7. What way was the research conducted?
8. What are the results of the study?
9. What does Dr. Liem's study demonstrate?

Text 4

Beyond Baby Talk: Helping Early Language

1. Read the text and translate it into Russian.

Teaching parents how to talk to their babies could help boost their children's language development, researchers say.

The University of Washington study didn't look at so-called baby talk, which typically consists of silly sounds and nonsense words.

Instead, the researchers focused on what's called parentese. This is proper speech with elongated vowels and exaggerated tones of voice that attract babies' attention and encourage them to respond.

"We've known for some time that the use of parentese is associated with improved language outcomes. But we didn't know why," said Patricia Kuhl, co-director of the Institute for Learning & Brain Sciences.

"We believe parentese makes language learning easier because of its simpler linguistic structure and exaggerated sounds. But this new work suggests a more fundamental reason," Kuhl said in a university news release.

The study found that parents who were given individual coaching used parentese more often than parents who were not coached. Coaching led to more parent-child "conversations" and increased the child's language skills months later.

"We now think parentese works because it's a social hook for the baby brain – its high pitch and slower tempo are socially engaging and invite the baby to respond," Kuhl explained.



Parents willingly altered their speech once told the way they speak could help their baby learn, the researchers noted.

At 18 months, parent surveys estimated that the children's vocabulary averaged around 100 words among kids of coached families, compared to 60 words among children with no parent coaching.

"Language evolved to facilitate the social communication skills that are essential for survival of the species. In this study, we observe firsthand how parents' language and social engagement can promote baby's initial responsive coos, which become words, and then sentences – educating infants in the art of human communication," Kuhl said.

(<https://consumer.healthday.com/kids-health-information-23/child-development-news-124/beyond-baby-talk-helping-early-language-754464.html>)

2. Answer the questions.

1. How is parent's language called?
2. What way do parents speak to attract baby's attention?
3. How does "parentese" influence baby's language outcomes?
4. Why does it ("parentese") make language learning easier?
5. What kind of research was conducted?
6. How did Kuhl explain that "parentese" was helpful?
7. Why did parents realize the usefulness of "parentese"?
8. What do you think is the most important aspect of a child's development: biological or social? Why?

Text 5

Vocal Cord Surgery Hits High Notes for Grammy Winners

1. Read the text and translate it into Russian.

Just ahead of Sunday's Grammy Awards telecast, new research shows the voice-saving powers of vocal cord surgeries for 18 Grammy Award-winning singers.

Insights gleaned from those procedures may help everyday Americans with vocal cord issues, the research team say.

For their new study, investigators reviewed laser microsurgery done on award-winners who had vocal cord damage. Ninety percent of their injuries were from vocal trauma and overuse.

The singers were treated at Massachusetts General Hospital in Boston, where many of the surgical techniques evaluated in the new report were created.

MGH researchers assessed the effectiveness of surgery in the Grammy winners, including the use of something called a KTP or "green light" laser, which has been shown to be highly effective in improving vocal function in such cases.

"During the past 20 years of treating vocal cord damage in singers, we've been able to make great strides not only in preserving patients' voices but also in restoring these elite singers to the highest levels of their profession," lead author Dr. Steven Zeitels said in a hospital news release.

Zeitels is director of MGH's Center for Laryngeal Surgery and Voice Rehabilitation.

"The strategies we have identified in treating these individuals have also improved our ability to treat patients who, while not professional singers, sustain vocal cord injury through other means and professions – such as teaching, the law, broadcasting and others that require prolonged speaking," he said.

The report appears in a special supplement to the March issue of the journal *Annals of Otology, Rhinology and Laryngology*.

It also addresses emotional and psychosocial factors that must be considered when treating vocal cord damage.

"In the mid-1990s, many singers were reluctant to undergo surgical treatment for fear of making their condition worse," Zeitels said. "Now with the demonstration of repeatable success treating these patients, many choose to tell their story publicly and encourage others to see a physician when their vocal function is strained or interrupted."

Anyone – singer or not – can develop vocal cord problems, including cancer, he emphasized.

"If you feel that your voice is underperforming, hoarse and/or strained for over a month, you should seek out a specialist for careful examination of your vocal cord vibration," Zeitels said. "Whether it's



vocal trauma, cancer or other conditions, successful treatments are available."

(<https://consumer.healthday.com/health-technology-information-18/lasers-and-laser-surgery-news-439/vocal-cord-surgery-hits-high-notes-for-grammy-winners-742555.html>)

2. Answer the questions.

1. What is the study at Massachusetts General Hospital in Boston devoted to?

2. Whom was the study done on?

3. What means of surgery did the researchers review to treat the Grammy laureates?

4. How did they treat their damaged vocal cords?

5. How long have they been using the experience of treating vocal cord damage in singers?

6. What professionals might also need help in restoring of their vocal cords?

7. Why did the recovered singers encourage people to see a physician when their vocal cords are damaged?

Text 6

Childhood Music Lessons May Offer Lifelong Benefits

1. Read the text and translate it into Russian.

Older adults who took music lessons during childhood seem to have a faster brain response to speech than those who never played an instrument, according to the results of a new, small study.



The findings suggest that musical training early in life has a long-term, beneficial effect on how the brain processes sound.

"This study suggests the importance of music education for children today and for healthy aging decades from now," said study author Nina Kraus, of Northwestern University.

The study included 44 adults, aged 55 to 76, who listened to a recorded speech sound while the researchers measured electrical activity in the auditory brainstem, the region of the brain that processes sound.

The more years that a person spent playing instruments during childhood, the faster their brains responded to the speech sound, according to the findings, published in the Nov. 6 issue of the *Journal of Neuroscience*.

"The fact that musical training in childhood affected the timing of the response to speech in older adults in our study is especially telling because neural timing is the first to go in the aging adult," Kraus added in a journal news release.

The researchers noted that the people in the musical training group had not picked up an instrument in nearly 40 years.

As people age, they often undergo brain changes that affect hearing. For example, the brains of older adults have a slower response to fast-changing sounds, which is important for interpreting speech, Kraus explained.

The study participants with four to 14 years of music training had the fastest response to the speech sound, about a millisecond faster than those without music training.

"Being a millisecond faster may not seem like much, but the brain is very sensitive to timing and a millisecond compounded over millions of neurons can make a real difference in the lives of older adults," Michael Kilgard, who studies how the brain processes sound at the University of Texas at Dallas and was not involved in this study, said in the news release.

"These findings confirm that the investments that we make in our brains early in life continue to pay dividends years later," he added.

The study uncovered a link between playing a musical instrument when young and brain health in later life. It did not prove cause-and-effect.

(<https://www.medicinenet.com/script/main/art.asp?articlekey=175016>)

2. Answer the questions.

1. What effect does musical training have?
2. What does the study suggest?
3. How do scientists estimate the time spent in childhood playing a musical instrument?
4. How do the brains of older adults process speech?

5. What is, according to the results of the study, the difference between older adults with musical education and those who did not receive it?

6. Why are scientists convinced that music training in childhood is important?

Text 7

Pivotal response training works better than other therapies at motivating kids with autism to talk

1. Read the text and translate it into Russian.

Pivotal response treatment involving parents works better than other existing therapies at motivating children with autism and significant speech delays to talk, according to the results of a large study by researchers at the Stanford University School of Medicine.

Because children with autism are less socially motivated than typically developing children, parents' instincts about how to engage them often don't succeed, said Grace Gengoux, PhD, clinical associate professor of psychiatry and behavioral sciences. PRT gives parents a way to breach this barrier.



"I was really worried and anxious about not knowing if he would ever be able to talk," said Heidi Pim of Palo Alto, California, who participated in

the study with her son, James, a toddler with autism and speech delays.

She was impressed by the changes she saw in James, who was 3 at the time of the study. "I feel so grateful now to see how many words and phrases he knows," she said. "He's able to speak clearly and socialize as well, to go up to people and ask them questions."

What is Pivotal Response Treatment? Drawn from applied behavior analysis, PRT is a play-based method that targets improving "pivotal" development areas instead of individual behaviors. It's based on the idea that changes in pivotal responses would spark widespread progress in other developmental areas. PRT was initially established in the 1970s by Dr. Robert Koegel and Dr. Lynn Kern Koegel at the University of California- Santa Barbara.

Pivotal response treatment strives to thwart negative, self-stimulatory behaviors associated with autism by addressing four main “pivotal” areas. The central area is motivation. PRT therapy works to increase children’s desire to learn and perform skills associated with good consequences. PRT uses the child’s interests to reinforce pro-social behaviors and trigger enthusiasm. The second “pivotal” area is initiations. PRT encourages the child to initiate social interaction by asking questions or obtaining attention. Next comes self-regulation. This “pivotal” area teaches children to self-evaluate and discriminate their behaviors for greater independent. Finally, PRT trains autistic youth to respond to multiple cues rather than focus on specific details or stimuli.

PRT therapy sessions involve using positive reinforcement to address the above “pivotal” areas, which will result in broad progress for sociability. Lessons could include taking turns, imitation, joint attention, or peer interaction. For example, if the child verbally expresses a desire for a doll, they’ll be rewarded with the toy. Parents or guardians should also adopt PRT methods in the home environment for consistency.

Practitioners of pivotal response treatment typically need special certification beyond their training and licensing. PRT is most often provided by school psychologists, special education teachers, speech-language pathologists, and occupational therapists.

(<https://www.news-medical.net/news/20190806/Pivotal-response-training-works-better-than-other-therapies-at-motivating-kids-with-autism-to-talk.aspx>)

2. Answer the questions.

1. What purpose was Pivotal response treatment developed for?
2. What is the main difference between children with autism and typically developing children?
3. Is it difficult for parents to raise such children? Why?
4. What is PRT based on and targeted?
5. Whom was this method of treatment developed by?
6. What idea is laid behind this method?
7. What does PRT strive to?
8. What are the four main key areas that PRT is aimed at?
9. Where can this method be treated?
10. What specialist should perform this treatment?

Text 8

Augmented tongue ultrasound for speech therapy

1. Read the text and translate it into Russian.

A team of researchers in the GIPSA-Lab (CNRS/Université Grenoble Alpes/Grenoble INP) and at INRIA Grenoble Rhône-Alpes has developed a system that can display the movements of our own tongues in real time. Captured using an ultrasound probe placed under the jaw, these movements are processed by a machine learning algorithm that controls an "articulatory talking head". As well as the face and lips, this avatar shows the tongue, palate and teeth, which are usually hidden inside the vocal tract. This "visual biofeedback" system, which ought to be easier to understand and therefore should produce better correction of pronunciation, could be used for speech therapy and for learning foreign languages.

For a person with an articulation disorder, speech therapy partly uses repetition exercises: the practitioner qualitatively analyzes the patient's pronunciations and orally explains, using drawings, how to



place articulators, particularly the tongue: something patients are generally unaware of. How effective therapy is depends on how well the patient can integrate what they are told. It is at this stage that "visual biofeedback" systems can help. They let patients see their articulatory movements in real time, and in particular how their

tongues move, so that they are aware of these movements and can correct pronunciation problems faster.

For several years, researchers have been using ultrasound to design biofeedback systems. The present team of researchers propose to improve this visual feedback by automatically animating an articulatory talking head in real time from ultrasound images.

The strength of this new system lies in a machine learning algorithm that researchers have been working on for several years.

This system, validated in a laboratory for healthy speakers, is now being tested in a simplified version in a clinical trial for patients who have

had tongue surgery. The researchers are also developing another version of the system, where the articulatory talking head is automatically animated, not by ultrasounds, but directly by the user's voice.

(<https://www.cnrs.fr/en/augmented-tongue-ultrasound-speech-therapy>)

2. Answer the questions.

1. What is "articulatory talking head"?
2. What does "articulatory talking head" control?
3. What can specialists see using this avatar?
4. What is this artificial intelligence used for?
5. How can it be useful in learning languages?
6. What do speech therapists usually do to eliminate articulation disorders?
7. What determines the success of such treatment?
8. How effective are "visual biofeedback" systems?
9. How does the present team of researchers propose to improve this visual feedback?
10. How far has progress in the development of "visual biofeedback" systems taken a step recently?

Text 9

Sign language may be highly effective in treating children with apraxia of speech

1. Read the text and translate it into Russian.

Using sign language with intensive speech therapy may be an effective treatment for children with a rare speech disorder called apraxia of speech, according to Penn State College of Medicine researchers. They suggest further exploration of the results of a case study showing the effectiveness of using several therapies together in cases of early diagnosis.

Childhood apraxia of speech occurs when children have difficulty saying words or sounds because the muscles involved do not coordinate properly. It is generally diagnosed in children at about two-and-a-half years of age and



confirmed at age three or later. In the case study, the child was diagnosed earlier at 18 months.

"Because early intervention is beneficial in other developmental conditions, we wondered if a similar approach might also yield better progress in a child thought to have apraxia," said Dr. Cheryl Tierney, associate professor of pediatrics. "Very little is scientifically proven when it comes to 'best practices' but there is a growing body of literature that is helping to guide treatment for this rare speech sound disorder."

The child in the case study was taught sign language as a way to communicate while his verbal speech developed. While research has been done about using alternative methods of communicating while speech develops – like devices that provide an electronic voice – none has been done on using sign language exclusively.

"There is a common misperception that if you teach a child sign language or give them a device to speak for them that this will slow down their progress when learning to speak using their voice," Tierney said.

Previous research has shown, however, that sign language can be a way to encourage attempts at verbal speech and reduce frustration.

In the case study, the patient underwent intensive speech therapy using two known therapeutic programs – one to develop mouth muscle control and the other to develop sounds. His mother was also given a home program to use to help with the patient's tongue movement. Before the treatment, he had limited verbal communication skills. After treatment, he was able to hold conversations with his parents, who reported understanding at least 90 percent of what he said. His speech therapist understood at least 80 percent of what was said. The patient discontinued use of sign language on his own as his speech developed. Researchers reported the results in *Pediatrics*.

"We suspect that early introduction of sign language by the family proved to be a highly effective form of language development that, when used with sound therapy and therapy to improve the functioning of the mouth muscles, helped correct speech issues quickly," Tierney said. "More research is needed to determine how much the use of sign language contributed to such rapid correction of apraxia of speech. However, our case highlighted that when we combined early detection, early treatment and the use of sign language we had an optimal outcome which suggests an area of further study

"Future studies should be designed to determine which children may respond best to early intervention, use of several treatment methods

at the same time and the use of sign language and other alternative communication techniques to promote more rapid resolution of symptoms.

(<https://www.news-medical.net/news/20160901/Sign-language-could-be-highly-effective-in-treating-children-with-apraxia-of-speech.aspx>)

2. Answer the questions.

1. When and why does Childhood apraxia of speech occur?
2. When is it usually diagnosed?
3. What is sign language for children with apraxia?
4. What other alternative methods of communicating were used in the case study?
5. How long should alternative methods of communicating be used?
6. What programs was intensive speech therapy undertaken?
7. What did specialists and parents use as a means to develop the patient's speech?
8. What were the results of the treatment?
9. What conclusion did the researchers finally make about the treatment of apraxia of speech?

Text 10

Children with dyslexia show higher emotional reactivity

1. Read the text and translate it into Russian. Children diagnosed with dyslexia show greater emotional reactivity than children without dyslexia, according to a new collaborative study by UC San Francisco neuroscientists with the UCSF Dyslexia Center and UCSF Memory and Aging Center.

In the study, published online in an early form November 20, 2020 in *Cortex*, children with dyslexia who watched emotionally evocative videos showed increased physiological and behavioral responses when compared to children without dyslexia. This higher emotional reactivity was correlated with stronger



connectivity in the brain's salience network, a system that supports emotion generation and self-awareness.

The results broaden current conceptualizations of typical dyslexia and suggest the syndrome is much more complex than just a weakness in reading skills, adding support to the growing awareness that dyslexia is often associated with hidden interpersonal strengths.

There are anecdotes that some kids with dyslexia have greater social and emotional intelligence. We don't want to say that all kids with dyslexia are necessarily gifted in this way, but we can think about dyslexia as being associated with both strengths and weaknesses." – says Virginia Sturm, PhD, the John Douglas French Alzheimer's Foundation Endowed Professor, UCSF Memory and Aging Center and member of the UCSF Weill Institute for Neurosciences.

The researchers recruited 32 children between the ages of 8 and 12 with the classic "phonological" form of dyslexia to participate in the study, as well as 22 children without dyslexia. The team tested the children with dyslexia to confirm that they all had difficulty reading, assess their comprehension of emotional terms and measure their performance on a range of cognitive tests. Children and parents also responded to questionnaires regarding their emotional and mental health.

The researchers found that children with dyslexia displayed greater emotional facial behavior and were more physiologically reactive while watching the film clips than children without dyslexia. In children with dyslexia, those with stronger emotional facial expressions also had greater parent-reported social skills but also greater symptoms of anxiety and depression.

These findings suggest that many children with dyslexia may possess strengths around social acumen, since stronger emotional responses can be a key element of successful social relationships. Some adults with dyslexia report that they made it through school by "charming their teachers". This ability to make social connections, often interpreted as a purely compensatory strategy, could instead be a sign of enhanced emotional abilities at a neurological level.

Still, a dyslexia diagnosis is not a guarantee of social success. As the parent reports indicate, higher emotional reactivity and sensitivity can also be a risk factor for developing anxiety and depression, as these children could possibly be detecting emotional cues differently from neurotypical individuals. One more reason to make sure that these children are protected and appropriately served in schools, college but even in the workplace as adults.

"Our findings have implications for education for children with dyslexia," said Sturm, also an associate professor in the UCSF departments of Neurology and of Psychiatry and Behavioral Sciences in the UCSF Weill Institute for Neurosciences. "We need to base teaching on strengths as well as weaknesses. For example, kids with dyslexia may do better in one-on-one or group teaching scenarios depending on how they connect emotionally with teachers or peers. But we also need to be aware of their vulnerability to anxiety and depression and be sure they have adequate support to process their potentially strong emotions."

Despite some unanswered questions, the study is a major advance in our understanding of dyslexia, the researchers say.

"It's novel for a medical institution to take on dyslexia because it's often considered an academic and educational problem. But dyslexia is based in the brain and we need an integrated approach between neurology, psychiatry, psychology and education to better serve these children and their families," said Gorno-Tempini, who is also a professor of neurology and of psychiatry and behavioral and director of the Language Neurobiology Laboratory at the UCSF Memory and Aging Center.

(<https://www.news-medical.net/news/20201201/Children-with-dyslexia-show-higher-emotional-reactivity.aspx>)

2. Answer the questions.

1. What are the increased physiological and behavioral responses of children with dyslexia connected with?
2. Why is dyslexia considered a more complex syndrome?
3. What positive and negative aspects of dyslexia were identified during the study?
4. Why can children with this disorder be successful in life?
5. How can this study help children with dyslexia to study at school?
6. What approach should be used to eliminate this disorder?

Text 11

Impatient Child? Why Some Kids Can't Wait Their Turn

1. Read the text and translate it into Russian.

When your child wants to join a conversation, what happens? Do other people get to finish their thoughts before your child jumps in?

What about playing board games? Does your child often snatch up the dice even though it's someone else's turn?

It's not easy for kids to wait their turn when there's something they really want to say or do. That's especially true for young kids, who are still developing self-control. But as kids get older, they can usually hold off and wait.



Kids who struggle with patience might blurt out answers in class instead of waiting to be called on, push to the front of the line when there's something fun to do, interrupt conversation so they can share their thoughts immediately, grab toys from other kids or

insist on playing with them first, try to rush other people through what they're doing.

Keep in mind that kids who can't wait their turn might get frustrated with themselves, too. They know how they're supposed to behave, but they have to battle their strong desire to do things *now*.

All kids are impatient at one time or another. They might be so excited about something or want something so badly, they just can't wait. But when it happens all the time, there may be another cause.

Lacking patience is related to impulsivity. Impulsive kids aren't "acting out." They just don't yet have the self-control to hold back and wait.

Kids with ADHD (Attention-deficit/hyperactivity disorder) are often impulsive and impatient. They have a hard time slowing down to think before they act.

Kids who struggle with social skills can also have trouble waiting their turn. They might have trouble following social rules, like taking turns in conversation.

How to help such kids? First, try to catch your child being patient, and then give specific praise: "Thanks for waiting so calmly for breakfast."

Practice how to have conversations and work on developing self-control. Keep an eye on how your child is doing. Is the practice helping your child build patience, or is it still a struggle?

If your child continues to struggle, take notes on what you see. When does your child get impatient? Who else is around? Is your child showing any other signs of ADHD?

From there you may start to notice patterns. Share what you're seeing with your child's teacher or other caregivers, and ask what

they've seen. Together you can come up with a plan to get your child the right support.

Keep in mind that these challenges can take a toll on kids' social lives. Their impatience can turn off other kids and make them targets of bullying. That's why it's also key to talk with your child about what you're seeing. Having the conversation will help you understand what's going on and reminds your child that you're there to help.

(<https://www.understood.org/en/learning-thinking-differences/child-learning-disabilities/hyperactivity-impulsivity/impatient-child-child-cant-wait-turn>)

2. Answer the questions.

1. How does an impatient kid manifest himself?
2. Is he aware of his behaviour? Yes/No/Why?
3. What causes kids impatience?
4. What does a kid with ADHD mean?
5. What, in your opinion, should parents be to help the child overcome his impulsivity?
6. How to help an impatient child?
7. Why is it so important for parents to be patient themselves in eliminating this problem?

Text 12

Getting Interventions for Learning Disabilities

1. Read the text and translate it into Russian.

Learning disabilities vary in terms of severity, with sensory systems (e.g., visual, motor or auditory) and functions (e.g., difficulty speaking, reading, or writing) being affected. Parents who observe that their child is struggling to learn should ask their school to provide comprehensive testing by a team composed of a psychologist, occupational and physical therapists, a speech language pathologist, and an educational specialist. They can also have their child privately evaluated, typically by a neuropsychologist, for a second opinion.



A team approach to interventions may best address the child's complex learning needs. Speech and language pathologists can provide classroom strategies and direct treatments to improve articulation, reading comprehension, and the ability to distinguish sounds. "Occupational therapy services can help normalize the child's sensory experiences by increasing his or her underlying capacity to process sensory input and by making minor 'sensory smart' modifications to tasks and environments," Biel says. According to Dr. Moskowitz, "to compensate for this unique visual perceptual or language-processing problem, school-based occupational therapists may collaborate with the classroom teacher to develop three approaches to help kids: accommodations (exploring keyboard alternatives to handwriting), modifications (allowing oral instead of written reports), and remediation (skill training with visual cueing or self-monitoring.)" It's important that early identification and interventions help children reach their potential.

(<https://www.talkactiveclinic.com/blog/could-your-child-have-a-learning-disability>)

2. Answer the questions.

1. How do learning disabilities vary?
2. What systems are affected then?
3. How should parents respond to learning disabilities?
4. What specialists are able to help you solve this problem?
5. What approaches can speech and language pathologists provide?
6. Why are occupational therapy services so important?
7. What results can specialists achieve working together?

Text 13

Many people have a hard time swallowing. Here's how that affects their lives

1. Read the text and translate it into Russian.

Swallowing food, drink, and saliva is a central part of our lives. It's something we do about 900 times a day, yet we barely give it a second thought. We're mostly unaware of the many food decisions we make every day.

But if you have a swallowing disability, the traditional roasted nuts and dried fruits of Christmas fare are a choking risk, and enjoying a festive bite at the markets could mean an emergency trip to the hospital.

Swallowing is a complex, precisely coordinated act involving 32 paired muscles and sensory and motor nerves, carried out in a beautifully timed sequence. So it makes perfect sense many different health conditions affecting the brain or the body impact on a person's ability to swallow.

Swallowing disabilities affect an estimated 8 % of the world's population. Affecting the majority of residents in aged care, swallowing disability also impacts around 80 % of children and adults with developmental disability, most people with motor neurone disease or Parkinson's, and many people with traumatic brain injury, head and neck cancer, and those who have had a stroke.



Speech pathologists often take a lead role in teams of health professionals who provide services to people with swallowing disability. They assess the person's swallow, make recommendations about modifying food textures, and identify ways to increase the person's participation, inclusion, and independence at mealtimes. At the same time, they determine ways for the person with disability to communicate with family members and direct support workers about food preferences and mealtime assistance needs.

The treatment for swallowing difficulties depends on the cause. Speech pathologists can teach the person techniques to improve their oral skills, from taking the first bite to moving the food back and chewing it to swallow. They can provide advice on head and neck postures and mealtime behaviours to help prevent choking.

Recently, the National Disability Insurance Agency refused funding of speech pathology services to people with swallowing disability. Not considering the person's lifelong difficulty in eating and drinking to be a social issue affecting participation and inclusion leaves people and their families at risk of further isolation and exclusion.

People with swallowing disability need more support and want better access to services to adjust to emotional, psychological and social changes as a result of their swallowing difficulties.

(<https://theconversation.com/many-people-have-a-hard-time-swallowing-heres-how-that-affects-their-lives-108426>)

2. Answer the questions.

1. What shouldn't people with swallowing disability do?
2. What is swallowing?
3. What can cause swallowing disorder?
4. What groups of people are particularly subjected to this disorder?
5. How do speech pathologists work with people with swallowing disability?
6. What help do they provide?
7. What difficulties do people with swallowing disability have to overcome?
8. Why do people with swallowing disability need more support?

Text 14

Early stuttering intervention: speaking is living

1. Read the text and translate it into Russian.

An online treatment program for children who stutter is currently being developed by Faculty of Health Sciences researchers at the University of Sydney.

Professor Mark Onslow who leads a team dedicated to solving the mysteries of stuttering says early intervention is crucial and encourages parents to seek help at the first sign of their toddler stuttering.



Stuttering typically starts in two to three year old children and can hinder educational and occupational success also causing serious psychological problems later in life states Professor Onslow.

"Untreated stuttering can lead to a lifetime of social anxiety and social phobia. Social phobia is a constant fear of social humiliation and embarrassment," says Professor Onslow.

He says that early intervention is the best way of getting rid of stuttering for young children, using behaviour modification. Professor Onslow believes that the future of early intervention lies with an online treatment program.

"I hope that one day many families who need assistance with a stuttering child can access an online treatment program and children won't have to go to a clinic. In cases where this is not enough, a speech pathologist could treat the child using Skype or a similar program."

The director of the Australian Stuttering Research Centre (ASRC) says despite decades of research the reasons behind why people stutter remain unknown.

"We are leaning toward understanding stuttering as a problem with neural speech processing. People who stutter do not organise their muscles to get their speech out as well as others," says Professor Onslow.

Recent research undertaken by ASRC has also shown a negative relationship between stuttering severity and educational attainment. In other words says Professor Onslow, the more severe your stuttering the less likely you are to attain the educational qualifications you want. That research has prompted further calls for early intervention and treatment for pre-school and school age children.

The ASRC is a world leader in stuttering research, widely recognised for its work in speech pathology. The centre provides support to individuals who stutter and their families.

(<https://www.sydney.edu.au/news/84.html?newsstoryid=11334>)



2. Answer the questions.

1. What treatment program is being developed?
2. What does Professor Mark Onslow's team deal with?
3. Why does he encourage parents to seek help at the first sign of their toddler stuttering?
4. Why is "untreated stuttering" dangerous?
5. How will early intervention to stuttering be implemented in prospect?
6. What is the convenience of the online treatment program?
7. What is the main purpose of Professor Onslow's research?
8. How does the quality of education depend on the severity of stuttering?
9. What is ASRC?
10. What does this organization do?

Text 15

In a chatty world, losing your speech can be alienating. But there's help

1. Read the text and translate it into Russian.

Sam is a high school drama teacher – articulate, funny, smart. It's an ordinary day and she isn't feeling great, but pushes through. At morning tea, she spills coffee down her shirt; at lunch she notices a strange sensation in her lips and tongue. Then her speech starts to sound odd, slurred, and indistinct.

Sam is having a stroke. In the following months, her speech is still painstakingly slow, full of mistakes, hard to understand.

Sam is still funny and smart but no-one can see that. She can't work. Her friends are impatient or embarrassed, condescending at times, and they gradually disappear.

Fortunately, help is available. But the path to recovery will test Sam's mettle and redefine her identity.

Speech disorders like Sam's can affect people at any age. But people aren't generally aware these problems can arise as an adult.



In Australia, someone has a stroke every nine minutes. That means about 153 people have a stroke every day. Up to 70 % of people who survive a stroke cannot speak clearly and intelligibly. For about

a quarter of these stroke survivors, these effects persist for months to years.

Sam's stroke damaged the area of the brain that controls her mouth movements, causing a motor speech disorder. There are different types. But Sam has the type called apraxia of speech. Her muscles still work fine for eating but, when it comes to speech, she can no longer control precisely where they move and when.

Sam told me, as part of yet-to-be published research, out of all the difficulties after her stroke:

[...] speech was by far the most alienating one.

If you lose your speech, you can lose your job, your social network, your independence, your identity.

People rarely realise learning to speak required thousands of hours of practice. By the time children turn four, they produce on average 1,900 speech vocalisations a day. These not only include words, but also phrases produced on one breath.

But you can't remember this, so developing your speech seemed effortless. In fact, most of us take our speech for granted.

The good news is, speech is like any other complex motor skill. It is like swimming or playing the piano, or relearning to walk after a stroke. If you use it, you can improve it.

As Sam realised:

If I work as hard as I can, there's no way I can't get a little better.

So, what type of help is available? A good place to start is a speech pathologist.

They work with you to build a program of practice and activities to improve your speech.

(<https://theconversation.com/in-a-chatty-world-losing-your-speech-can-be-alienating-but-theres-help-121943>)

2. Answer the questions.

1. What symptoms didn't Sam pay attention to?
2. What disease do these signs indicate?
3. What does it affect?
4. How long was Sam's speech painstakingly slow, full of mistakes, hard to understand?
5. How does stroke affect her inner circle and activity?
6. What is the statistics of stroke in Australia? / In Russia?
7. Why is Sam's type of stroke called apraxia of speech?
8. Why do you think stroke is dangerous?
9. When are people after stroke aware the severity of their condition?
10. What specialist should they see to improve their speech?

Рекомендации по написанию эссе

Что такое эссе?

Essay (Эссе) в английском языке – это короткое сочинение, в котором вы выражаете свою точку зрения по заданной теме.

Формальный стиль повествования – одна из особенностей английского эссе. Англичане серьезно относятся к стилю изложения мыслей в эссе, поэтому не рекомендуется использовать сокращения. Любое эссе, вне зависимости от темы, имеет определенную структуру:

1. Заголовок – название эссе, отражающее тему повествования. Заголовок эссе похож на название статьи: в него должна быть вынесена основная мысль, которая будет подробнее раскрыта в тексте.

2. Введение – постановка проблемы (2–4 коротких предложения, раскрывающих тему эссе). Здесь необходимо сообщить читателю тему вашего эссе, перефразировав ее. Затем следует четко определить и написать вашу позицию.

3. Основная часть – 2–3 абзаца, описывающих суть сочинения. Это главная часть эссе, в которой раскрывается проблема, приводится ваше мнение по ней в зависимости от выбранного типа изложения. Здесь приводятся аргументы и примеры, а также другие точки зрения по теме. В конце основной части текст должен плавно подводить читателя к заключению.

4. Заключение – 2–4 предложения, подводящих итог написанному. В этой части вы делаете общий вывод по теме эссе.

Типы эссе

В английском языке выделяют три основных типа эссе.

For and against essay (эссе «за и против»)	Opinion essay (эссе-мнение)	Suggesting solutions to a problem essay (эссе – предложение решения проблемы)
<p>в этом эссе нужно привести аргументы «за и против» по заданной теме.</p> <p><u>План написания:</u> во введении вы подводите читателя к проблеме; в основной части нейтрально описываете аргументы «за и против», не выражая собственного мнения; в заключении – высказываете свое мнение о проблеме и делаете вывод</p>	<p>Эссе-мнение призвано выразить свою мысль по теме.</p> <p>Особенность opinion essay состоит в том, что вам нужно не только выразить собственное мнение по проблеме, но отразить в эссе другие точки зрения, т.е. взглянуть на тему под разными углами.</p> <p><u>План написания:</u> во введении указываете тему рассуждения; в основной части — выражаете свое мнение на проблему, подкрепляя его уверенными аргументами, а также, описываете, какие еще точки зрения бывают; в заключении вы подводите итоги, которые подкрепляют высказанное вами мнение по проблеме</p>	<p>Вам дается какая-то глобальная проблема, а ваша задача – предложить наиболее возможные и актуальные пути ее решения.</p> <p><u>План написания:</u> введение описывает проблему и причины ее возникновения; в основной части вам нужно предложить несколько вариантов решения описанной проблемы и возможные последствия каждого из них; в заключении подводятся итоги и финальное решение или рекомендации</p>

Useful Words and Phrases to write an Essay

Introductory words

Вводные фразы для эссе по английскому языку универсальны и подойдут для любого типа сочинений:

This essay deals with... – Это эссе посвящено...

This assignment will examine... – В этой работе рассматривается...

This essay will consider... – В этом эссе будут рассмотрены...

It is believed that... – Полагают, что...

Некоторые фразы, которые помогут очертить план эссе и пояснить содержание:

The essay is divided into four sections... – Данное эссе состоит из четырех частей...

It will first consider... – Сначала рассматривается...

It will then continue to describe... – После чего мы продолжим описывать...

The third part compares... – В третьей части приводится сравнение...

Finally, some conclusions will be drawn as to... – И, наконец, будут сделаны некоторые выводы относительно...

Linking Words and Phrases

Linkers for sequencing ideas (слова-связки для упорядочивания мыслей):

Finally – наконец, в конце концов.

First(ly)... second(ly)... third(ly) – первое (во-первых)... второе (во-вторых)... третье (в-третьих).

Lastly – наконец, в конце.

The first point... the second point... the third point – во-первых (первый пункт)..., во-вторых (второй пункт)..., в-третьих (третий пункт).

The former... the latter – первый ... последний.

To begin with... then... to conclude — для начала... затем... наконец.

Linkers for expressing opinions (слова-связки для выражения мнения):

According to... – Согласно...

It is said/believed that... – Говорят / считают, что ...

Some people say that... – Некоторые люди говорят, что ...

There is no doubt that... – Без сомнения...

We must admit that... – Мы должны признать, что ...

От первого лица:

As far as I am concerned – Насколько я знаю, ...

From my point of view – Мне кажется, что...

I am against the idea of – Я против идеи...

I believe that – Я верю, что...

I disagree – Я не согласен

In my opinion – Я считаю, что...

Linkers for giving examples (слова-связки для приведения примеров):

As follows – следующий, как указано далее...

For example For instance – например...

Namely – а именно...

Such as – такой как.

Linkers for giving reason (слова-связки для пояснения причин):

As – так как... .

Because – потому что... .

Because of – из-за того, что... .

Due to – согласно... .

Owing to – благодаря... .

Since – с тех пор, как... .

Linkers for contrasting ideas (слова-связки для противопоставления):

Although / even though – хотя, даже если... .

But – но... .

However – однако... .

In comparison – в сравнении... .

In contrast – в отличие от... .

In spite of – несмотря на... .

Nevertheless – несмотря на, все-таки... .

Nonetheless – тем не менее... .

On the contrary – наоборот... .

On the one hand – с одной стороны... .

On the other hand – с другой стороны... .

Whereas – тогда как... .

While – в то время как... .

Linkers for adding information (слова-связки для дополнительной информации):

Also – также... .

And – и... .

Apart from – кроме, наряду с... .

As well as – так же, как...

Besides – кроме того, к тому же... .

Furthermore – более того... .

In addition to – в дополнение к... .

Moreover – кроме того, более того... .

Linkers for summarizing information and showing the result (слова-связки для подведения итогов):

In conclusion – в заключение.

In summary – в итоге, подводя итог вышесказанному.

Therefore – поэтому.

Thus – таким образом.

To conclude – делая выводы.

To summarise – подводя итог.

Useful Argumentative Essay Words and Phrases

Введение	Основная часть аргументы «за» и «против»	Мнение экспертов	Заключение
<p>Many people think ... but others do not agree.</p> <p>Let us consider what the advantages and disadvantages of ... are.</p> <p>Let's consider some pros and cons of it.</p> <p>Let us start by considering the facts.</p> <p>Let us start by considering pros and cons of it.</p> <p>It is generally agreed today that ...</p>	<p>To begin with, You can</p> <p>Firstly, ... / Secondly, ... / Finally,</p> <p>One argument in support of The first thing that needs to be said is</p> <p>First and foremost On the other hand, we can observe that</p> <p>The other side of the coin is, however, that Another way of looking at this question is to One should, nevertheless, consider the problem from another angle</p>	<p>Experts... ... believe that say that suggest that point out that emphasize that According to some experts... Perhaps we should also point out the fact that ...</p>	<p>In conclusion, I can say that although ... , To draw the conclusion, one can say that So it's up to everybody to decide whether ... or not. The arguments we have presented ... suggest that ... / prove that ... / would indicate that From these arguments one must ... / could... / might ... conclude that ...</p>

For and against essay (Example)

In western countries after secondary school, students very often do not continue immediately with their studies, but they take a one year break, called a 'gap year', when they travel or do voluntary work. Write an argumentative essay presenting arguments for and against the gap year.

A Gap Year

Введение в тему. In today's world of fierce competition, it is important for young people to get well-prepared for the challenges of

the future. Thus the institution of gap year can be regarded as a step in the right direction though it is also not without its problems.

Аргументы «За». In its favour, the gap year seems to be useful psychologically as it helps young people understand their needs and interest better before they actually commit themselves to any particular career path. Besides, the gap year has educational advantages because it offers a lot of opportunities to learn about the world and one's own place in it. For all these reasons, the gap year can be regarded as a positive social institution.

Аргументы «Против». However, as critics are quick to point out, the gap year can in fact be harmful as it interrupts with the rhythm of learning and often makes it difficult for students to return to their studies. Apart from that, unfortunately not every young person can afford to travel around the world and many of them end up sitting around at home, which can be very demotivating.

Заключение. All in all, the gap year may arouse mixed feelings, but still thousands of people every year take a year off. One can only hope they will use it fruitfully, minimizing the dangers and taking full advantage of its benefits.

Рекомендации по составлению аннотаций. Список рекомендуемых выражений

Аннотация (от лат. *annotatio* – замечание) – краткая характеристика содержания произведения печати или рукописи. Она представляет собой предельно сжатую описательную характеристику первоисточника. В ней в обобщенном виде раскрывается тематика публикации без полного раскрытия ее содержания. Аннотация дает ответ на вопрос, о чем говорится в первичном источнике информации. В аннотации указывают лишь существенные признаки содержания документа, т.е. те, которые позволяют выявить его научное и практическое значение и новизну, отличить его от других, близких к нему по тематике и целевому назначению. Рекомендуемый объем – 100–150 слов.

При составлении аннотации не следует пересказывать содержание документов (выводы, рекомендации, фактический материал). Нужно свести к минимуму использование сложных оборотов, употребление личных и указательных местоимений.

Язык аннотации

К аннотациям как на русском, так и на английском языках предъявляются следующие требования:

1. Лаконичность языка, т.е. использование простых предложений (глаголы употребляются всегда в настоящем времени в действительном или страдательном залоге. Модальные глаголы, как правило, отсутствуют).
2. Строгая логическая структура аннотации.
3. Обязательное введение в текст аннотации безличных конструкций и отдельных слов, например: «Сообщается...», «Подробно описывается», «Кратко рассматривается...», «Излагаются...», «Комментируются...» и др., с помощью которых происходит введение и описание текста оригинала.
4. Недопущение повторений в заглавии и тексте аннотации.
5. Точность в передаче заглавия оригинала, отдельных формулировок и определений.
6. Использование общепринятых сокращений слов, таких как: напр., и т.д., и т.п., и др.
7. Единство терминов и обозначений.

План аннотации

1. The title of the article	The article is headlined... The headline of the article I have read is
2. The author of the article, where and when the article was published	The author of the article is... The author's name is ... Unfortunately the author's name is not mentioned ... The article is written by... It was published in ... (<i>on the Internet, in the newspaper, magazine...</i>), on the 23d of April 2021
3. The main idea of the article	The article is about... The main idea of the article is... The purpose of the article is to give the reader some information on...
4. The contents of the article. Some facts, names, figures	The author (of the article) writes (<i>reports, states, stresses, thinks, notes, considers, believes, analyses, points out, says, describes</i>) that... / <i>draws reader's attention to...</i> In conclusion the author writes (<i>reports, states, stresses, thinks, notes, considers, believes, analyses, points out, says, describes</i>) that... / <i>draws reader's attention to...</i>
5. Your opinion	<i>I think / In my opinion</i> /I found the article (rather) interesting (important, useful, instructive, relevant, topical, up to date, emotional, exciting, informative...) <i>as / because</i> ...

**Фразы для ведения дискуссии
на английском языке**

Формальное согласие	<ul style="list-style-type: none"> • I completely (absolutely, totally) agree with you. • I couldn't agree more. • Exactly..., absolutely... . • There is nothing more to add to this. • This is perfectly true... . 	<ul style="list-style-type: none"> • Я полностью (абсолютно, полностью) согласен с вами. • Я не могу не согласиться. • Точно..., абсолютно... . • К этому больше нечего добавить. • Это совершенно верно... .
Абсолютное согласие с добавлениями оппонента	<ul style="list-style-type: none"> • Well, I agree with you on the whole, but • I agree in principle with you that...; however... . • I can agree with you to a certain extent but • You definitely have the point here but I'd like to add that • I take your point, however it seems to me that 	<ul style="list-style-type: none"> • Ну, в целом я с вами согласен, но • Я в принципе согласен с вами, что...; однако... . • Я могу согласиться с вами в определенной степени, но • Здесь вы определенно правы, но я хотел бы добавить, что • Я понимаю вашу точку зрения, однако мне кажется, что

<p>Фразы согласия при неформальной беседе</p>	<ul style="list-style-type: none"> • I'm with you on this point. • I couldn't agree more. • Yes, absolutely (of course). • Sure. • There's no doubt about it 	<ul style="list-style-type: none"> • В этом вопросе я с вами согласен. • Я не могу не согласиться. • Да, абсолютно (конечно). • Конечно. • В этом нет никаких сомнений
<p>Несогласие в формальном языке</p>	<ul style="list-style-type: none"> • Do you really think so? • I can't say I share your view on this... . • I feel I must disagree... . • I respect your opinion of course, but on the other hand... . • I wouldn't say that, really 	<ul style="list-style-type: none"> • Ты действительно так думаешь? • Не могу сказать, что разделяю ваше мнение на этот счет... . • Я чувствую, что должен не согласиться... . • Я, конечно, уважаю ваше мнение, но с другой стороны... . • Я бы так не сказал, правда
<p>Для более мягкого несогласия используются фразы</p>	<ul style="list-style-type: none"> • I'm not sure you're right. • I agree up to a point but • You could be right but • But I thought • That's another pair of shoes... . 	<ul style="list-style-type: none"> • Я не уверен, что ты прав. • Я согласен до определенного момента, но... . • Может быть ты и прав, но • Но я думал • Это совсем другое дело... .

Выражение заинтересованности в теме	<ul style="list-style-type: none"> • Really? • Amazing! • How interesting! • That's a good idea... • Is it right? • Unbelievable! 	<ul style="list-style-type: none"> • Действительно? • Удивительно! • Как интересно! • Это хорошая идея... • Правильно ли это? • Невероятно!
И менее формальные	<ul style="list-style-type: none"> • Cool! • Awesome! • Wow! Great! • You're kidding! 	<ul style="list-style-type: none"> • Круто! • Потрясающе! • Ух ты! Отлично! • Ты шутишь!
Как вежливо перебить собеседника	<ul style="list-style-type: none"> • Sorry to interrupt you but. • Sorry for the interruption but. • Pardon me / Excuse me ... • I hate to interrupt you but ... • Yes, but if I can interrupt you 	<ul style="list-style-type: none"> • Извините, что прерываю вас, но ... • Извините за вторжение, но... . • Простите меня / Извините меня ... • Мне очень неприятно прерывать вас, но ... • Да, но если я могу вас прервать... .
Для более неформального варианта подойдут фразы	<ul style="list-style-type: none"> • Hang on! • Hang on a minute! • One moment! • What? 	<ul style="list-style-type: none"> • Держись! • Подожди минутку! • Одну минуту! • Что?

Рекомендации по написанию резюме на английском языке

Особенности резюме студента на английском языке.

Резюме на английском языке называется «Resume» или «CV» (сокр. от лат. *Curriculum Vitae* – «жизнеописание»). В CV можно более подробно рассказать о своих карьерных целях, знаниях, умениях, публикациях и увлечениях. Особое внимание следует уделить личным качествам, дать информацию об окончании курсов, участии в конкурсах, олимпиадах, семинарах, конференциях, проектах, наличии наград, грамот. Если есть неофициальный опыт работы, об этом также стоит написать.

Составляя резюме студента, главное не акцентировать внимание на небольшом опыте работы или полном его отсутствии. Сделайте акцент на навыках и достижениях, т.е. пишите не об опыте, а о том, что вы умеете делать. Нужно выделить образование и личные качества, а также дополнительные знания.

Структура резюме

Эффективное резюме на английском языке предлагает информацию в лаконичном виде и включает в себя шесть основных блоков и три необязательных.

1. Personal Information (Личная информация).

Этот блок должен содержать:

- имя студента (First Name);
- фамилию (Surname);
- адрес проживания (Address);
- контактные телефоны (Phone: мобильный (Cell phone));
- электронный адрес (E-mail).

Помните правило написания ФИО в английском языке: сначала пишем имя, затем первую букву отчества, а затем фамилию. Как правило, контактные данные располагают посередине листа. ФИО выделяют более крупным, полужирным шрифтом. Можно отчество на английском не указывать.

Блок может выглядеть таким образом:

Svetlana V. Bykova

11-106 Amurkaya str., Moscow, Russia

Phone: +7(495)924-97-32

E-mail: svetlana92@mail.ru

Этот раздел резюме можно расширить за счет таких деталей (по желанию):

- Date of birth (дата рождения);
- Age (возраст);
- Marital status;
- Nationality (национальность).

Например:

Personal information

Name: Viktoria Savina

Address: 33716, Saint-Petersburg, Russia

Bogatyrskiy avenue 53/3, app. 160

Phone: +8-812-100-38-94

E-mail: savina_vik@gmail.com

Date of birth: 16 August 1994

Age: 20

Marital status: Single

Nationality: Russian

2. Objective (цель).

Здесь нужно указать должность, на которую претендует студент, либо сферу, в которой он планирует развиваться.

Есть два варианта заполнения блока:

1) Вы просто указываете должность, на которую претендуете. Все слова в названии должности в английском пишутся с большой буквы.

Objective: Sales Manager (менеджер по продажам)

Или

Objective: Executive Secretary (исполнительный секретарь)

2) В одном-двух предложениях напишите, что бы вы хотели сделать для той компании, в которую обращаетесь, и в какой должности. Вот список полезных фраз на английском, с которых студент может начать описание:

Objective:	<p>To obtain a position as ... (получить должность в качестве...)</p> <p>или</p> <p>To apply skills as ... (применить навыки в качестве...)</p> <p>или</p> <p>A career in ... (карьера в ...)</p> <p>или</p> <p>To provide services ... (обеспечить услуги...)</p>
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Например:

Objective:	<p>Apply my skills as a regional sales manager with a company focused on quality, dedication and ingenuity (применить свои навыки в качестве торгового представителя в компании, концентрируясь на качестве, лояльности и изобретательности)</p>
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Или:

Objective:	<p>To provide advanced administrative services for your company, carry out office management and information management tasks (применить свои навыки в качестве торгового представителя в компании, концентрируясь на качестве, лояльности и изобретательности)</p>
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Или:

Objective:	To contribute outstanding skills to achieving your company's goals as a sales manager (внести вклад в развитие вашей компании, используя свои выдающиеся способности менеджера по продажам)
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Если вы составляете CV, а не резюме, то этот раздел можно обозначить на английском как «Career goals» (карьерные цели). В этом случае нужно определить предполагаемое место данной позиции в вашей карьере. Студенты могут описать свои достижения в будущей профессиональной области. Укажите причины, по которым вы считаете себя достойным претендентом на эту вакансию.

Чтобы показать, чем вы превосходите других кандидатов, можно использовать английские слова и выражения, подчеркивающие вашу активность и достижения:

- directed, managed, supervised (управлял);
- achieved (достигал), generated (производил), increased (повышал), initiated (предпринял), established (основал) and launched (начал);
- cut (сократил), reduced (уменьшил);
- created (создал), developed (развил), performed (выполнял), produced (производил) и т.д.

В резюме студента на английском **стоит избегать таких клише** как:

- dynamic (динамичный), people-oriented (ориентированный на людей), results-oriented (ориентированный на результат), selfmotivated (целеустремленный), visionary (дальновидный).

3. Work Experience (опыт работы).

Опыт работы приводите в обратном хронологическом порядке. Укажите Dates (период работы), Position (должность), Title of company (название компании), City (город), Major Duties или Responsibilities (обязанности), Special Projects (особые проекты), Accomplishments (достижения). Не забудьте правильно перевести на английский язык название компании и должности.

Если же у вас нет опыта работы, то этот блок в свое **резюме студента на английском** вы не включаете. Конечно, студент

не может в полной степени представить свою кандидатуру из-за отсутствия опыта работы. С другой стороны, работодатель это понимает, когда берет на работу студента. Так что свое резюме усильте за счет других пунктов: образование и навыки.

Пример оформления:

Work Experience

May 2011 – September 2011 Receptionist

(LLC) “Tradecontact”, Tver, Russia

Responsibilities: answer calls; negotiations arrangement; office work; business documentary; advertising.

Или:

Work Experience

20013 – present Sales Manager

ABC Company, Moscow

Responsibilities: Recommended computerized bookkeeping and supervised all data entry, improved sales projections, advertising and budget planning.

Accomplishments: Organized special holiday sales promotion, which increased sales by 15%.

4. Education (образование).

Эта часть резюме студента одна из самых важных. Сведения лучше расположить в таком порядке: Dates (период учебы), Major (специальность), Department (факультет), Degree (звание/ученая степень), Title of educational institution (название учебного заведения), City (город), Country (страна). Самое важное – правильно подобрать английский вариант названия специализации. Здесь можно упомянуть о дополнительном образовании (тренингах, курсах). Укажите на английском языке название курсов, название организации, город и страну. Годы обучения в вузе или на курсах (или год окончания) можно указывать в начале или в конце.

Пример оформления:

Education	
2010 – present	Agronomy, Agrarian faculty, 4th year study, The Peoples' Friendship University of Russia, Moscow, Russia
March – June 2010	Senior Management, Management courses at Moscow International Higher Business School, Moscow, Russia

Или:

Education	
Moscow State University	Candidate for Bachelor of Science Degree in International Relations, June 2013

Также этот раздел может включать и сведения о вашей школе:

Education	
2013 – present time	Law Department, 2nd year study, Baikal Institute of economics and law, Irkutsk, Russia
2003 – 2013	Secondary school № 1, Ivolginsk Russia

Дополнительное образование можно вынести отдельным блоком:

Additional Education	
2009–2012	Course of French Moscow school of foreign languages, Moscow, Russia

5. **Honours** (награды) или **Achievements** (достижения).

Этот блок резюме студентам заполнять не обязательно. Однако, если вы успешный студент, то это стоит указать. Достижения и награды – это отличный способ продемонстрировать важные качества. Обозначьте такие детали на английском: Title (название награды), Awarding Organization (организация, которая награждала), дата (Date).

Например:

Honours
2010 Moscow Business College – graduated with honours. 2012 Recipient of the President’s Scholarship, Moscow State University

6. **Publications** (публикации).

Этот блок также необязателен для заполнения студентами. Здесь указываются на английском публикации в газетах или журналах, если они есть. Важны такие пункты: Title (тема публикации) and Type (Note, Article, etc.) (тип: заметка, статья и т.п.), Publisher (в каком журнале или газете была опубликована), Date (дата).

7. **Skills** (навыки).

Этот блок называют также **Special** (профессиональные) или **Additional Skills** (особые навыки). Это важный пункт в **резюме студента на английском**.

Здесь приводится следующее:

- fluency in foreign languages (уровень владения иностранными языками),
- knowledge of a particular computer applications (уровень владения ПК, знание программ),
- driving license (наличие водительских прав).

При желании, раздел «Языки» можно выделить отдельным блоком, как в примере.

Выделяют такие уровни владения языками:

- native – родной язык;
- fluent – свободно владеете;
- working knowledge – можете читать и говорить, но не свободно;
- basic knowledge – читаете со словарем.

Иногда встречается допустимый вариант – свободный английский или эксперт (fluent English / expert). Если вы составляете

резюме на английском, то ваш уровень владения английским языком не может быть низким.

К примеру:

Skills	
Experience of computing:	Internet, Power Point, Internet, Outlook Express
Languages:	Russian – native English – expert

Или:

Skills	
Computer skills:	MS Office (Word, Excel), Internet, Outlook Express, 1C, Photoshop
Languages:	Russian – native English – working knowledge French – basic knowledge
Driving Licence:	Category B

Помимо знания английского и других языков студент может указать и другие полезные навыки, которыми он владеет, в зависимости от желаемой должности: знание языков программирования, навыки бюджетирования, навыки делового общения и деловой переписки, навыки работы с оргтехникой и т.д.

8. Interests / Activities (хобби / интересы).

Студенты могут заполнять этот блок резюме по желанию. Здесь можно перечислить на английском свои увлечения. Укажите только самое главное, это не та информация, которая интересует работодателя в первую очередь. Однако, если ваше хобби – изучение языков, кроме английского, об этом стоит написать!

Interests / Activities: Member of Moscow High School Tennis Team Piano Learning languages: Esperanto, Japanese
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Или:

Interests / Activities: Chess, volleyball, traveling, reading

References (рекомендации).

Если вы можете предоставить рекомендации с места учебы, укажите это в резюме. Рекомендации студентам могут дать декан или заведующий кафедрой.

Существует такой вариант заполнения этого блока:

1) ФИО, должность человека, который может дать вам хорошие рекомендации, название организации, ее местонахождение, адрес, контактный телефон, электронный адрес:

References

Letter of Reference is available upon request from:

Irina A.Smirnova, Chief of Sales Department, (LLC) “Vesta”,
Chkalov st., 7/2b,
Moscow, Russia.

Phone: +7(495)934-56-31

E-mail: vesta_most@mail.ru

2) Можно указать, что письменные рекомендации есть в наличии и будут предъявлены по первому требованию:

References Available upon request

Такие разделы резюме, как Honors, Publications, Personal Information, References, заполняют по желанию, при наличии соответствующих данных у студентов.

Дополнительным преимуществом при трудоустройстве студента будет наличие сопроводительного письма.

Образец резюме студента на английском языке:
Resume

Personal information	Name: Viktoria Savina Address: 33716, Saint-Petersburg, Russia Bogatyrskiy avenue 53/3, app. 160 Phone: +8-812-100-38-94 E-mail: savina_vik@gmail.com Date of birth: 16 August 1994 Age: 20 Marital status: Single Nationality: Russia
Objective	To provide advanced administrative services for your company, carry out office management and information management tasks as an Executive Secretary
Education	2012 – present time Teacher of History and Social Studies, Historical Department, 2nd year study, Moscow State University, Russia 2002–2012 Secondary school № 1, Saint-Petersburg, Russia
Work Experience	May 2013 – September 2013 Receptionist (LLC) “Tradecontact”, Moscow, Russia Responsibilities: answer calls; negotiations arrangement; office work; business documentary; advertising.
Skills	Computer skills: Microsoft Office (Word, Excel), 1C, Outlook Express Languages: Russian – native English – working knowledge French – basic knowledge Driving Licence: Category B
References	Letter of Reference is available upon request from: Irina A.Morozova, Executive Director (LLC) “Tradecontact”, Chkalov st., 7/2b, Moscow, Russia Phone: +7(495)934-56-31 E-mail: tele_most@mail.ru

SPEECH PATHOLOGIST RESUME EXAMPLE

Jane Applicant

123 Main Street • Chicago, IL 66666 • (123) 456-7890

• jane.applicant@email.com

SPEECH PATHOLOGIST

Providing professional speech pathology services to children and patients with disabilities

Respected Speech Pathologist with 10+ years' experience developing and implementing individualized and group therapy for school children and patients seeks a position with a top school district.

Key skills include:

- Developing Speech Programs for Disabled Youth of Various Ages.
- Conducting Parent Workshops.
- Assessing and Treating Students and Patients with Speech Impairments.
- Assisting Students in Their Classes.

PROFESSIONAL EXPERIENCE

SUBURBAN SOUNDS CENTER, *Chicago, IL*

SPEECH PATHOLOGIST (September 2013 – Present)

Develop and implement individualized and group therapy for preschool, elementary, and middle school students with language delays, articulation disorders, and autism spectrum disorders.

Notable accomplishments:

- Work and communicate regularly with parents, teachers, and service providers.
- Develop and lead workshops designed to educate parents, caregivers, and teachers about speech-language disorders, impact on academics and social behavior, and strategies for development.

CLINIC FOR SPEECH, LANGUAGE,
AND HEARING SERVICES, *Oak Park, IL*

SPEECH PATHOLOGIST (June 2008 – September 2013)

Assessed and treated patients with impairments in speech, language, cognition, and dysphagia.

Notable Accomplishments:

- Conducted and analyzed modified barium-swallow studies over the course of two years.
- Facilitated workshops for parents on topics including social interaction and academic performance.

EDUCATION & CREDENTIALS

XYZ University, Chicago, IL

Master of Science in Speech Pathology (Graduated Summa Cum Laude),
May 2008.

XYZ University, Chicago, IL

Bachelor of Arts in English (3.75 GPA; Honor Roll Every Semester),
May 2006.

Licensures

ASHA Certification in Speech-Language Pathology • Illinois License in
Speech-Language Pathology.

Примеры других писем
Cover Letter Example

Jenny Livingston
10608 Alpine Court
Oxford, OH 45208
March 26, 2009

University of Ohio Medical Center
Division of Speech Pathology in the Department of Otolaryngology
Sarah Smith, MA, CCC-SLP
240 West Cherry St, Room C-104
Troy, OH 60622

Dear Mrs. Sarah Smith,

I am applying for the full-time, CFY position in speech-language pathology at the University of Ohio Medical Center. I learned of this opportunity through the www.speechpathology.com website. This spring I will complete my graduate studies in the Speech Pathology and Audiology program at Miami University in Oxford, OH, and I hope to relocate to the Troy area to be near family and to begin my career. During my undergraduate and graduate studies, I had the opportunity to assist clients with a variety of communication disorders and ranging in age from 6 years to adult.

One of the main reasons I am interested in the position at the University of Ohio Medical Center stems from a very successful clinical experience I had last summer at the University of Illinois Medical Center in Chicago. During that practicum, I spent a significant amount of time with adults who had speech, language, voice, and/or swallowing disorders. In addition, I spent last fall at the Cincinnati Children's Hospital Medical Center in the Division of Developmental and Behavioral Pediatrics where I provided services to infants, children, and adolescents, ranging in age from birth to age 21, who were experiencing developmental or behavioral problems. Through these experiences, I developed a passion for medical speech pathology and a desire to grow professionally in a medical setting.

The enclosed resume describes my experiences in the field and other related activities, all of which demonstrate my willingness to work hard and assume leadership responsibilities. I have a strong academic

background in anatomy, neuroscience, neurogenic cognitive/language disorders, voice, and dysphagia.

I am confident I have the knowledge, enthusiasm, and interpersonal qualities that will be a positive contribution to the University of Ohio Medical Center. I would appreciate the opportunity to interview for this position and would be happy to complete an application if necessary.

If you need additional information, please feel free to contact me. Thank you for your consideration.

Sincerely,
Jenny Livingston

Основные характеристики специалиста

Traits	Knowledge	Skills
Teachable	Articulation	Prevention
Strong ethics	Fluency	Evaluation
Good communication skills	Voice and resonance	Intervention
Capable technologically	Receptive and expressive language	Advocacy
Conversant with good business practice	Hearing, including the impact on speech and language	Reimbursement
Curiosity	Swallowing	Research
Entrepreneurship	Cognitive aspects of communication	Basic
Empathy	Social aspects of communication	Evidence-based
Social consciousness	Communication modalities	Collaboration with other professionals
Civility	Neuroanatomy and neurophysiology	
Objectivity	Acoustic aspects	
Analytic ability	Basic science	
Patience	Cultural and linguistic competence	
Advocacy for profession	Awareness of other professions and inclination to partner	
Positive		
Strong values		

Вопросы для беседы

1. What is your favorite movie and what happens in it?
2. Tell me about your family/pets or the pet you would like to have.
3. What kind of music do you like to listen to?
4. Tell me about what you watch on TV.
5. What is your favorite toy to play with or what toy do you wish you had?
6. Tell me about your favorite video games.
7. Tell me about a funny or scary dream you had.
8. What do you want to do when you grow up?
9. How do you celebrate ... holiday?
10. What do you do for this holiday? What did you dress up last time and what do you want to be this year?
11. What do you do for New Year and what is your favorite thing about it?
12. When is your birthday? What did you do for your last birthday? What do you want to do for your next birthday?
13. What is your favorite animal and why?
14. Do you have any hidden talents?
15. What is your favorite color and why?
16. What is your favorite holiday/ game/ sport and why?
17. What are you excited about that's going to happen soon?
18. Where have you lived and which was your favorite place?
19. What does your room look like?
20. Tell me about your favorite book?
21. What is your favorite thing about school and why?
22. What are some things you don't like to do and why?
23. What do you like to do when you're alone?
24. What do you like to do in the winter/summer?
25. What do you like to do with other people?
26. Tell me about a time you went camping or slept outside?
27. What animal would you be and why?
28. What would you change about yourself if you could change one thing?

29. What are your favorite candies and/or treats?
30. What are your favorite foods? What are some foods you don't like?
31. If you could buy anything you wanted, what would you buy?
32. If you could go anywhere on vacation, where would you go?
33. If you could live anywhere, where would you live and why?

Глоссарий

Aphasia – An acquired language disorder caused by damage to the language centers of the brain. Aphasia can impact auditory comprehension, verbal expression, reading, writing, and use of symbols.

Apraxia of Speech (AOS) – An acquired motor speech disorder that impairs the ability to form and execute the motor plans for speech.

Articulation – The movement of the tongue, lips, and jaw to make speech sounds.

ASHA – The American Speech-Language-Hearing Association is the organization that certifies Speech-Language Pathologists in the United States.

Assessment – The evaluation phase of therapy in which a speech therapist determines whether an impairment exists, the degree and nature of the impairment, and sets the direction for therapy, usually with a written report summarizing the findings.

Attention – A cognitive process of allocating processing resources to certain information. Attention is addressed in a hierarchy of focused, sustained, selective, and alternating. Attention is required for memory, and is frequently impaired after brain injury.

Auditory Comprehension – Understanding words through listening. Auditory comprehension is often impaired in aphasia.

Autism (ASD) – A neurodevelopmental disorder that often involves impaired social interaction, decreased communication skills, and repetitive behaviors.

Cognition – The mental processes related to knowledge, including awareness, attention, perception, reasoning, memory, language, and judgement.

Communication – The transmission of a message from a sender to a recipient through a medium (e.g. verbal, non-verbal, written).

Communication Disorder – Any disorder that impairs communication. Communication disorders may affect speech (speech-sound disorder, articulation disorder, motor speech disorder, apraxia of speech), language (aphasia, expressive language disorder), pragmatics (autism, frontal head injury), fluency (stuttering), literacy (dyslexia, agraphia, alexia), cognition (dyscalculia, dementia), or voice.

Comprehension – Understanding. Auditory comprehension is understanding through listening. Reading comprehension is understanding written words.

Conversation – The exchange of ideas through language.

Dysarthria – A motor-speech disorder that results in unclear speech, often due to stroke, TBI, Parkinson's, ALS, or cerebral palsy. This inability to speak clearly is because of weakness, slowness, or lack of coordination in the muscles of the mouth, voice, and lungs.

Dysphagia – Impaired swallowing. Dysphagia is common after a stroke, but also occurs from other neurological conditions or physical damage to the mouth, throat, or esophagus.

Language – A system for communicating. The words and rules for combining them understood by a community; can be spoken or written.

Memory – The cognitive process of storing (or encoding) and recalling (or retrieving) information in the brain. There are many types of memory: short-term, long-term, procedural, declarative, semantic, and episodic.

Motor Speech Disorder – A problem producing speech, typically a type of dysarthria or apraxia. Results from neurological, neuromuscular, or musculoskeletal problems with respiration, phonation, articulation, resonance, or prosody.

Occupational Therapy (OT) – A field of therapy that rehabilitates people with physical or mental illness through the performance of everyday tasks. Occupational Therapists often focus on the upper extremity (arm and hand), wheelchair mobility, activities of daily living, and visual-spatial skills in the rehab setting.

Phonemes – The sounds that are distinct in a language.

Phonological Awareness – A set of skills that allow a person to hear and manipulate the sounds in words regardless of the meaning.

Speech – The expression of language through articulated sounds. Speech consists of respiration, phonation, articulation, resonance, and prosody.

Speech and Language Therapist (SLT or SALT) – The same as a Speech-Language Pathologist. (UK(BE)).

Speech Therapy – The treatment of communication and swallowing disorders.

Speech-Language Pathologist (SLP) – The official title given to professionals who are trained to evaluate and treat communication and swallowing disorders. (AE) (For the US and Canada)

Strategy – A plan for achieving a goal.

Stroke – An event inside the brain in which there is a sudden loss of function, also known as a *brain attack* or *cerebrovascular attack (CVA)*.

Список источников

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2. <https://www.speechpathologygraduateprograms.org>
3. <https://www.wisegeek.com/what-is-speech-therapy.htm>
4. <https://www.speech-language-therapy.com/>
5. <https://www.nsseo.org/wp-content/uploads/slprole.pdf>
6. <https://fusionwebclinic.com/soap-notes-speech-therapy/>
7. https://en.wikipedia.org/wiki/Deaf_education
8. <https://www.additudemag.com/what-is-dysgraphia-understanding-common-symptoms/>
9. <https://www.britannica.com>
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11. <https://abilityinnovations.com/resources-info/speech-delay>
12. <https://puzzle-english.com/directory/essay-in-english>
13. <https://englex.ru/how-to-write-an-effective-essay-11-rules/>
14. <file:///C:/Users/user/Downloads/Рекомендации>
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