

## **SPEECH OR LANGUAGE RESOURCES, DEFINITION & CRITERIA**

### **Local Resources**

Center for Hearing & Speech  
314-968-4710

[www.hearing-speechstlouis.org](http://www.hearing-speechstlouis.org)

Center's primary goal is to identify, treat, and prevent communication disorders by offering speech/language and audiology services to infants, children, and adults, whether or not they have the insurance and/or financial resources to afford these services.

Eardley Family Clinic for Speech,  
Language and Hearing  
Fontbonne University  
314-889-1407

<https://www.fontbonne.edu/academics/colleges/college-of-education-and-allied-health-professions/the-eardley-family-clinic-for-speech-language-and-hearing/>

Speech and language clinic provides evaluation and treatment in articulation phonology, language, voice, fluency, augmentative communication and associated communication disorders.

Good Shepherd School for Children  
314-469-0606

[www.goodss.org](http://www.goodss.org)

Inclusive preschool and childcare center for all children ages 6 weeks to 6 years. Therapies include speech/language, occupational, physical and developmental.

Knights of Columbus Developmental  
Center

3800 Park Ave  
St. Louis, MO 63110  
314-577-5609

<http://www.cardinalglennon.com/medicalspecialties/developmental%20pediatrics/Pages/default.aspx>

Diagnostic and therapeutic evaluations for developmental language disorder, ages birth to 18.

Miriam School/Academy/Learning  
Center

314-968-3893

[www.miriamstl.org](http://www.miriamstl.org)

Offers services and specialized therapy to children ages four through high school with learning disabilities, behavior disorders, attention deficit disorder, speech/language disorders and fine and gross motor delays. Consultation services to schools and individual families.

Missouri First Steps Program  
1-866-583-2392

<https://www.mofirststeps.com/>

Offers coordinated services and assistance to young children with special needs and their families. Designed for children, birth to age 3, who have delayed development or diagnosed conditions that are associated with development disabilities.

Ranken-Jordan Pediatric Bridge Hospital  
314-872-6400

[www.rankenjordan.org](http://www.rankenjordan.org)

Provides 24-hour, sub-acute nursing care, rehabilitation and treatment for children with complex medical needs ages 2 weeks to 18 years. On-site parent training, respite care, speech-language and other therapy.

St. Louis Children's Hospital  
314-454-6154

## Parent Handbook — Section IV

[www.stlouischildrens.org](http://www.stlouischildrens.org)

Evaluation and treatment for speech-language disorders.

St. Louis Children's Hospital Cleft Palate & Craniofacial Institute  
314-454-KIDS

<http://www.stlouischildrens.org/our-services/cleft-palate-and-craniofacial-institute>

Offers comprehensive evaluation, diagnosis and treatment for congenital (from birth) and acquired head and neck deformities.

Speech-Language-Hearing Clinic  
St. Louis University  
Communication Sciences & Disorders  
314-977-1615

<http://www.slu.edu/departments-of-communication-sciences-and-disorders-home/speech-language-hearing-clinic>

Provides clinical services to people with speech, language or hearing problems on a sliding fee scale.

United Cerebral Palsy (UCP) Heartland  
636-227-6030

<http://www.ucpheartland.org/>

Provides parent-infant program, early learning center, home and center-based supports, occupational, physical and speech-language therapy, LEKOTEK program.

Walker Scottish Rite Clinic for Childhood Language Disorders  
314-529-9200

[www.srclinic.org](http://www.srclinic.org)

Provides speech and language screenings, speech and language Evaluations, individual or group speech and language therapy, audiological screenings and evaluations (limited to those enrolled in therapy programs), parent education and training.

### State Resources

Missouri Speech-Language-Hearing Association

888.729.6742

[www.showmemsha.org](http://www.showmemsha.org)

### National Resources

American Speech-Language-Hearing Association (ASHA)

[www.asha.org](http://www.asha.org)

American Cleft Palate-Craniofacial Association (ACPA).

[www.cleftline.org](http://www.cleftline.org)

Council for Exceptional Children  
Division for Children with Communication Disorders

[www.cec.sped.org](http://www.cec.sped.org)

Stuttering Foundation of America

[www.stutteringhelp.org](http://www.stutteringhelp.org)

### Speech, Language & Communication

Speech:

- Oral expression of language
- Complex set of motor activities
- Speech sounds
- Includes articulation, voice and fluency

Language:

- A shared system of verbal symbols and rules
- Language rules and symbols are arbitrary, creative and learned

Communication:

- The function of both speech and language
- Can occur without the use of speech or language

### **Helpful Hints**

Sometimes speech and language skills are not separated but considered globally as communication skills. In order to develop communication, the child must have:

- Reason to communicate
- Something about which to communicate
- Method of communication
- Someone with whom to communicate

It is also important to remember the basic reasons to communicate:

- Communication of needs and wants
- Information transfer
- Social closeness
- Social etiquette

All children communicate in some way. Sometimes inappropriate behavior is an attempt to communicate. Each person wants to choose his or her preferred mode or style of communication. A primary goal may be to develop increasing complex or age-appropriate communication skills. Remember that no one wants to use his or her best communication abilities all the time. Acknowledging the content of your child's message rather than "correcting" the method will reinforce communication attempts and build social closeness.

### **DEFINITION AND ELIGIBILITY CRITERIA FROM APPENDIX A OF THE MISSOURI STATE PLAN**

#### **Language Impairment Definition**

A language impairment is a communication disorder consisting of inappropriate use in any of the structures of language (e.g. morphology, syntax, semantics and pragmatics), which

adversely affects educational performance.

#### **Criteria for Initial Determination of Eligibility – Language**

##### **A child exhibits a language impairment when:**

- A. The child consistently exhibits inappropriate use in any of the structures of language (e.g., morphology, syntax, semantics, and pragmatics) as indicated by language sampling or structured clinical tasks
- B. The child's language functioning is significantly below the child's cognitive abilities as measured by two or more standardized language assessments. Significantly below is defined as two standard deviations below the mean for children 3 to 5 years of age but not eligible for kindergarten; and 1.5 standard deviation below cognitive ability for children who are kindergarten age eligible through and older
- C. The language disorder adversely affects the child's educational performance
- D. The language disorder is not a result of dialectal differences or second language influence

#### **Professional Judgment**

A child may also be deemed eligible if the evaluation documents through formal and informal assessment that a language deficit is present even though the standard scores do not meet the criteria in B above. In such cases, sufficient data must be presented in the evaluation

## Parent Handbook — Section IV

report to document the existence of the language deficit.

### **Speech Impairment Definition**

A speech impairment refers to any type of disorder that involves the quality of speech that adversely affects educational performance. Speech impairments can be categorized by one or more categories pertaining to speech quality: Sound system disorder, speech voice and/or speech fluency.

A sound system disorder is present when a child exhibits a delay in sound production including articulation and/or phonology. In other words, a child is unable to make the sounds that are age appropriate to his or her peers.

Speech fluency disorders refer to impairments that affect the flow or rhythm of typical speech, such as stuttering. Examples of dysfluency can include repetitions, prolongations, blockages or hesitations.

Voice disorders are exhibited through deviations in one or more of the parameters of voice – pitch, quality or volume. Children with a voice disorder may have heightened nasality to their speech or have difficulty regulating the volume of their speech.

### **Criteria for Determination of Initial Eligibility - Sound System Disorder**

A Sound System Disorder, which includes articulation and/or phonology, is present when:

A. The student exhibits a delay of correct sound production based on accepted normative data. The child's sound system is evaluated

based on a single word test and/or a sentence/phrase repetition task and a connected speech sample;

B. Consideration must be given to the type of error recorded (substitutions, omissions, distortions and/or additions). These errors may be described as single sound errors or errors in phonological patterns;

C. A Sound System Disorder may also be present if multiple errors in the child's speech compromise intelligibility and/or listener perception even though the recorded errors are considered within normal developmental guidelines;

D. The Sound System Disorder adversely affects the child's educational performance;

E. The sound system disorder is not a result of dialectal differences or second language influence.

The evaluation report must include sufficient data to document the existence of the Sound System Disorder and if, during the collection and analysis of the data, the child's language abilities appear to be impaired, a language evaluation will need to be completed prior to a designation of language disorder.

**Criteria for Initial Determination of Eligibility - Fluency**

A fluency disorder is present when:

A. The child consistently exhibits one or more of the following symptomatic behaviors of dysfluency:

- 1) Sound, syllabic, or word repetition;
- 2) Prolongations of sounds, syllables, or words;
- 3) Blockages; or,
- 4) Hesitations;

B. The child's fluency is significantly below the norm as measured by speech sampling in a variety of contexts. A significant discrepancy is defined as five (5) or more dysfluencies per minute or a 10 percent dysfluency rate and distracting to the listener;

C. The fluency disorder adversely affects the child's educational performance

**Professional Judgment**

A child may also be deemed eligible if the evaluation documents through formal and informal assessment that a fluency deficit is present even though the criterion in B above is not met. In such cases, sufficient data must be presented in the evaluation report to document the existence of the fluency deficit.

**Criteria for Initial Determination of Eligibility - Voice**

A voice disorder is present when:

A. The child consistently exhibits deviations in one or more of the parameters of voice: pitch, quality, or volume;

B. The child's voice is discrepant from the norm as related to his/her age, sex, and culture and is distracting to the listener;

C. The voice disorder is not the result of a temporary problem such as: normal voice changes, allergies, colds, or other such conditions;

D. The voice disorder adversely affects the child's educational performance.