**МІНІСТЕРСТВО ОСВІТИ І НАУКИ УКРАЇНИ**

***РІВНЕНСЬКИЙ ДЕРЖАВНИЙ ГУМАНІТАРНИЙ УНІВЕРСИТЕТ***

КАФЕДРА ІНОЗЕМНИХ МОВ


# *Навчальний посібник з англійської мови для здобувачів вищої освіти, спеціальності 016 Спеціальна освіта. Логопедія*

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**English for Speech-Language Therapy: навчально-методичний посібник з англійської мови для здобувачів вищої освіти, спеціальності 016 Спеціальна освіта. Логопедія / Уклад. Л. В. Мороз, К. М. Павелків, Л. В. Денисюк, С. К. Романюк, Л. М. Ясногурська, Н. Р. Данілова, В. М. Трофімчук, В. В. Ковалюк, Н. М. Мічуда, І. В. Краля. – Рівне : РДГУ, 2024. – 138 с.**

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**Навчально-методичний посібник розроблено для здобувачів-логопедів педагогічного факультету денної та заочної форми навчання. Структура посібника дає можливість викладачеві вибрати оптимальні шляхи організації як аудиторної, так і самостійної роботи з урахуванням рівня їх знань. Спеціальні тексти для читання, перекладу та переказу сприяють розвитку навичок одержання інформації та її аналітичної обробки. Більшість текстів аутентичні та адаптовані. Навчально-методичний посібник можуть використовувати студенти та наукові працівники відповідного профілю.**

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# ПЕРЕДМОВА

Навчально-методичний посібник “ English for Speech-Language Therapy” для здобувачів денної та заочної форми навчання педагогічного факультету створено відповідно до вимог програми з іноземних мов для студентів 1курсу.

Мета, яку ставили перед собою автори посібника, полягає в підготовці майбутніх фахівців до самостійного опрацювання, читання та розуміння фахово спрямованого навчального матеріалу англійською мовою. Усі тексти посібника тематично співвідносяться з майбутніми професіями студентів.

Навчально-методичний посібник складається з двох змістових модулів і Module Test. Усього посібник містить 11 тем, які розбиті на дві частини: одна опрацьовується студентами під час аудиторної роботи, а частина Self-study має на меті самостійне опрацювання студентами матеріалу, вивченого разом з викладачем.

Щодо самих текстів, то їх побудовано з дотриманням дидактичного принципу наростання лексико-граматичних труднощів. Це стосується як дібраних із фахових першоджерел і відповідним чином опрацьованих і адаптованих англійських текстів, так і створених авторами, з використанням тих чи інших джерел. Як ті, так і інші тексти опрацьовувались і вносились до посібника з метою виробити у здобувачів вміння читати, перекладати літературу зі свого майбутнього фаху, розуміти, орієнтуватися в ній і видобувати з неї необхідну фахову інформацію.

Поряд із основним завданням, що має виконуватись за допомогою цього посібника - навчання читанню та розумінню фахово-орієнтованої літератури, використання його служить також реалізації й іншої мети - вироблення навичок підготовленого і непідготовленого мовлення в межах засвоєної професійної тематики. Саме тому вправи у посібнику поділяються на мовні та вправи для самостійного опрацювання здобувачем (Self-study). Вправи для самостійного опрацювання виконуються вдома, деякі завдання спрямовують студентів до відповіді на будь-яке питання за текстом, ряд завдань виконується письмово і носить тестовий характер. Мовні завдання виконуються в аудиторії.

# MODULE I

## THEME I. Communication in Medicine

***1. Read and memorize new vocabulary.***

1. concern - стурбованість, участь, інтерес
2. to convey - передавати, висловлювати
3. to cope with – справлятися з
4. to denote - означати, значити
5. empathy - співчуття, співпереживання
6. genuineness - справжність, непідробленість, щирість
7. goodwill - доброзичливість
8. to imply - припускати
9. to impose - нав'язувати
10. to invade - зазіхати, вторгнутися
11. message - повідомлення, послання
12. to promote - сприяти, підтримувати
13. rapport - контакт, порозуміння, згода
14. respect - повага
15. to reveal - показувати, виявляти, виявляти
16. self-awareness - самосвідомість
17. to share – розділяти, поділяти
18. sincerity - щирість
19. to trust (v), (n) - довіряти, вірити; довіра, віра
20. to violate - вторгатися, порушувати

***2. Learn the following phrases. Make up sentences with the following phrases:***

to be directed to, to be sparked by, by written word, lack of smth, to impose smth on smb, according to, to work on smth, to look at, a sign of, for example, to be sensitive to.

***3. Translate the definitions of the following concepts that appear in the text:***

 **rapport** – intrapersonal relationship characterized by emotional unity;

 **empathy** – capacity to understand what another person is experiencing from within the other's frame of reference;

 **trust** – confidence, belief in the honesty, goodwill, reliability of a person;
 **verbal intelligence** – ability to understand and use spoken and sometimes written language;
 **language** – words and how we combine them to communicate meaning.

***4. Read and translate the text.***

**Communication** is the giving, receiving, and interpreting of information directed to any of the five senses (sight, hearing, touch, taste, or smell) by two or more interacting people. **Therapeutic communication** is communication that is beneficial and healing for one or more of the interacting people. It requires self-awareness and interpersonal skills. It promotes patient coping and motivation toward self-care.

Effective communication will play an important role in your medical career and your personal life. It is the foundation on which interpersonal relationships are built. The art of therapeutic communication does not come naturally. It is a learned skill. Harmony among individuals is sparked by personal characteristics of genuineness, caring, trust, empathy, and respect. This feeling of harmony is called rapport. When these attitudes are conveyed to another, it creates a social climate that communicates goodwill and empathy, even when fears or concerns cannot be fully expressed verbally. The physician should develop the ability to convey appropriate non-judgmental attitudes.

**Types of Communication**

As a doctor, you will communicate with your patients often and in varied ways. Two types of communication are verbal and nonverbal. Ideally, you and your patient should feel comfortable with both.

**Verbal communication** is the sharing of information by written or spoken word.

Doctors use verbal communication extensively. They share information with patients, write care plans, document information and assessments, chart, and give oral or written reports.

People reveal their education, intellectual skills and interests, and ethic, regional, or national backgrounds through verbal communication. Voice sounds reveal messages. The patient may say what you want to hear, but the patient's tone of voice might imply lack of sincerity. The person may make sounds that indicate true feelings. A snort, for example, may denote disgust.

**Verbal responses should be avoided.** Negative responses stop the communication process. The following are examples of negative responses; appropriate responses are in parenthesis.

 Offering empty reassurance. (Reassure appropriately: be factual.)
 Changing the subject. (Help the patient ventilate feelings.)
 Trite clichés such as «the doctor knows best». (Involve the patient in decision-making.)
 Imposing your values on patients and giving advice according to your values. (Help the patient explore and choose an alternative.)
 Disapproving or judging the patient. (Accept each patient as unique; consider cultural practices and values.)

 Voicing personal experiences, especially those medically related. (Allow the person to discuss their concerns. Answer questions factually. Offer patientoriented reference material.)

***Explanations to the text:***

• *to be sparked by* – надихатися, стимулюватись
• *nonjudgmental attitude* – нерозсудливе ставлення
• *background* – походження
• *snort* – пирхання
• *parenthesis* – дужки
• *trite cliches* - банальні фрази

***5. Find in the text the equivalents of the following phrases:***

obtaining information, acquired skill, mental abilities, origin, lack of sincerity, mean contempt, acceptance, decisions, interpersonal relationships, empty consolation, cliché,
imposing their own criteria, impartial attitude.

***6. Ask questions to the underlined words or parts of sentences:***

1. Therapeutic communication requires *self-awareness and interpersonal skills.*
2. Effective communication will play an important role in *your medical career and your personal life.*
3. Harmony among individuals is sparked by *personal characteristics of genuineness, caring, trust, empathy, and respect.*
4. The physician should develop the ability *to convey appropriate non-judgmental attitudes.*
5. People reveal their *education, intellectual skills and interests, and ethic, regional, or national backgrounds* through verbal communication.

7. ***Fill in the missing prepositions:***

1. Therapeutic communication is directed … the patient's coping and motivation toward self-care.
2. A psychologist should not impose his experiences and values … his patients.
3. The patient's voice or intonation may reveal the lack … sincerity.
4. Harmony among individuals is sparked … personal characteristics of genuineness, caring, trust, empathy, and respect.
5. Verbal communication is the sharing of information … written or spoken word.

***8. Translate the following sentences into English using the material from the text:***

1. Почуття гармонії між співрозмовниками називається контакт.
2. Існує два види комунікації: вербальна та невербальна.
3. Вербальна комунікація означає передачу інформації за допомогою слів у усній чи письмовій формі.
4. У спілкуванні з пацієнтом не слід нав'язувати йому своїх критеріїв.
5. Не можна засмучувати чи розчаровувати пацієнтів.
6. Невербальне спілкування можна назвати язиком тіла.
7. При спілкуванні з людиною не потрібно зазіхати на її особистий простір.

***9. Answer the questions to the text:***

1. What is communication?
2. How is therapeutic communication defined?

3. Is it easy to perform?
4. What kind of feeling is called rapport?
5. What types of communication are distinguished?
6. How can verbal communication be used?
7. What are the rules to be followed during the communication process?

***10. Retel the text.***

## SELF-STUDY

***1. Read the text.***

### Components of Nonverbal Communication

**Nonverbal communicati**on is the sharing of information without the use of words or language. It also can be called body language. Sometimes body language differs from what the patient states verbally.

**The following will assist you in communication skills.**

**Nonverbal communication**

**Personal Space.** Each person has a space around him or her called personal space. That space should not be violated. If you come too close, you invade the person's space; if you are too far away, you give the person a feeling of isolation. When speaking with a person, you can sense the boundaries of their personal space.

**Eye Contact.** If the person does not look at you, it may mean that he or she is nervous, shy, or lying. It also may be a sign of respect, as in some cultures.

**Facial Expressions.** An apparently happy expression, such as smiling, may be misleading; for example, the patient may laugh inappropriately throughout the interview. Practice acting out facial expressions with a classmate, and see if the person can tell what emotion you are expressing.

**Body Movements and Posture**. A twitching or bouncing foot may indicate anger, impatience, boredom, nervousness, or side effects of certain medications. A slouched appearance may indicate depression. Wringing hands may indicate fear or pain. Many other body positions and gestures also have special meaning.

**Personal Appearance and Grooming.** Personal hygiene, body weight, and general appearance relate information about the patient. These nonverbal messages may convey patient's true feelings about themselves, or they may be misleading, especially in illness. The person is trying to meet basic physiologic needs and may not have the physical or emotional energy to work on higher order needs, such as cleanliness.

**Therapeutic Touch.** Touch can say «I care». A firm touch may discourage a child from doing something dangerous; a light touch may be all that a person needs to have enough confidence to walk down the hall. In some cases touch may make the person anxious. Some people do not like to be touched; it invades their personal space. The doctor must be sensitive to the feelings of all patients.

***Explanations to the text:***

- *twitching or bouncing foot* – посмикування ноги
- *side effects* – побічна дія
- *to wring one's hands* – «ламати» собі руки
- *boredom* – нудьга
- *slouched appearance* – незграбність, сутулість
- *grooming* – тут. одяг

***2. Answer the questions:***

1. Nonverbal communication does not imply the use of verbal means, does it?
2. What are the main components of nonverbal communication?
3. Why is it important to mind personal space?
4. What can human eyes express?

5. What can some of body positions and gestures mean?
6. Do personal appearance and grooming always convey patients' true feelings about themselves?
7. What is the role of therapeutic touch?

3. ***Choose one of the words that are closest in meaning to the underlined word in the sentence.***

1. Therapeutic communication promotes patient coping and motivation toward self-care.
a) violates
b) conveys
c) contributes to

2. Harmony among individuals is sparked by personal characteristics of genuineness, caring, trust, empathy, and respect.
a) concern
b) belief
c) message

3. If you come too close, you invade the person's space.
a) violate
b) denote
c) respect

4. People reveal their education, intellectual skills and interests, and ethic, regional, or national backgrounds through verbal communication.
a) share
b) imply
c) demonstrate

5. You should avoid imposing your values on patients and giving advice according to your values.
a) dictating
b) implying
c) revealing

***4. Name in English the main types of communication, explain their main differences. Specify the main components of non-verbal communication.***

| noun | verb |
|---|---|
| **promotion** | **violate** |
| | **impose** |
| **invasion** | |
| | **imply** |
| **respect** | |

**THEME 2. Factors Influencing Communication**


***1. Learn the following words and phrases:***

1. aceptance - прийняття, схвалення
2. advantage - перевага
3. be accustomed to- мати звичку
4. bearing - значення, ставлення, вплив
5. to clarify - з'ясовувати
6. to comprehend - розуміти
7. to dwell - докладно зупинятися
8. embarrassed -обмежений, збентежений
9. faith - віра
10. to follow smth. - слідувати чомусь, дотримуватися
11. gender – рід, стать
12. to lend support - давати, надавати підтримку
13. oneliness - самотність
14. to obtain - отримувати
15. to refuse - відмовляти(ся)
16. to resent – обурюватися, ображатися
17. resist - чинити опір, перешкоджати
18. survival - виживання
19. to threaten - загрожувати

***2. Learn the following phrases, paying attention to the prepositions. Make sentences with these phrases:***

close to, to be accustomed to, to cope with, at home, to dwell on, need for, to believe in, to be in conflict with, to react by, to have a bearing on, to relate to, to be influenced by.

***3. Translate into Ukrainian:***

effect, to survive, to embarrass, to accept, religion, affect, proper, to resist, emotion, care, lonely, ill, belief.

***4. Find pairs of antonyms:***

advantage, to borrow, to refuse, male, to lend, disadvantage, to speak, to listen, to accept, female.

***5. Find pairs of synonyms:***

| | |
|---|---|
| 1) to lend | a) to get |
| 2) to understand | b) female |
| 3) to obtain | c) to keep to |
| 4) gender | d) belief |
| 5) woman | e) to comprehend |
| 6) to follow | f) to oppose |
| 7) faith | g) to react |
| 8) to resist | h) to suggest |
| 9) to respond | i) sex |
| 10) to offer | j) to give |

***6. Read the text, find in each paragraph one or two sentences expressing the main information:***

**Factors Influencing Communicati**on

The effectiveness of communication is influenced by many factors.

**Attention.** A listening barrier or attention barrier can occur because of lack of concentration or selective listening. In this case, the person hears only what he or she wants or expects to hear. The physician may not hear because he or she is responding emotionally. Patients sometimes listen carefully. On the other hand, their pain may be so great that they will not comprehend what they are being told.

**Age.** Your age may be an advantage or a disadvantage. Some patients would rather work with people close to their own age. Others refuse to follow instructions given by a person younger than themselves. The reverse also may be true.

**Gender.** Gender roles may influence patient-physician interactions. For example, a man who is accustomed to: «being the boss» may resent being told what to do by a female physician. If you feel men should be tough, it may be difficult for a female physician to see a male patient cry. A female patient may feel embarrassed to have personal care procedures performed by a male physician.

**Family Situation.** People who live alone may not be able to cope with illness because there are no loved ones at home to lend support. In their loneliness, they may not want to go home from the hospital and may resist getting well. Elderly patients are often lonely and may dwell on illness to obtain the attention they need for emotional survival.

**Social Factors.** Social acceptance of a particular illness plays a role in a person's reaction to the illness. For example, a sexually transmitted disease may be more difficult for the patient to cope with than influenza.

**Religion.** Members of some religious groups do not go to physicians or hospitals (e.g., Christian Scientists). Others do not believe in receiving blood transfusions (e.g., Jehovah's Witnesses). Some religions believe in faith healing only. Such religious beliefs may be in direct conflict with procedures and goals of an institution.

**History of Illness.** People who have never been sick may feel threatened. They

may react by becoming depressed, hostile, or resistive to the people who want to help. Chronic or continuing illness can affect a patient's coping skills and motivation toward self-care and independence.

**Body Image.** How patients feel about themselves and their illnesses has a bearing on communication. The body part affected, its symbolic meaning, and the visibility of the bodily changes influence how the patient relates to others.

**The Healthcare Team.** An individual's attitude toward illness may be influenced by healthcare team members. The physician must put aside personal needs and anxieties. Therefore, he or she must set aside personal feelings, clarify what the patient is experiencing, and offer appropriate pain-relieving measures.

***Explanations to the text:***

• *reverse* – зворотний

• *tough* – міцний, впевнений

***7. Find in the text the equivalents of the following phrases:***

insufficient concentration; react emotionally; carefully listen; on the other hand; follow instructions; woman doctor; cope with the disease; interfere with recovery social acceptance (acceptance by society); a sexually transmitted disease; feel danger; offer appropriate treatment.

***8. Complete the sentences using the information from the text.***

1. The effectiveness of communication is influenced by ….
2. A listening barrier can occur because of … .
3. Age may be ….
4. Gender roles may influence … .
5. People who live alone may ….
6. It is more difficult for a patient to cope with … .
7. Some religious beliefs may be in direct conflict with ….
8. People who have never been sick may feel … .
9. The illness may have a bearing on …
10. An individual's attitude toward illness may be influenced by … .

***9. Ask questions to the underlined words or parts of sentences:***

1. A listening barrier or attention barrier can occur because of <u>lack of concentration</u>.
2. <u>Your age</u> may be an advantage or a disadvantage in the process of communication.
3. People who have never been sick may feel <u>threatened</u>.
4. Patients may react by becoming <u>depressed, hostile, or resistive</u> to the people who want to help.
5. An individual's attitude toward illness may be influenced by <u>healthcare team members.</u>

***10. Translate the following sentences into English using the text material:***

1. Через хворобу чи емоційний стан пацієнти, які не завжди розуміють усе, що каже їм лікар.
2. Вік лікаря може бути як перевагою, так і недоліком у спілкуванні з пацієнтом.
3. Стать лікаря може впливати на взаємовідносини лікаря та пацієнта.
4. Пацієнтка може хвилюватися, якщо її обстежує лікар чоловік.

5. Літні пацієнти часто довго описують свої симптоми та проблеми у розмові з лікарем.
6. Соціальне сприйняття хвороби грає значну роль в одужанні пацієнта.
7. Лікар повинен з'ясувати все про хворобу пацієнта, а потім запропонувати відповідне лікування.

***11. Translate the following sentences into Ukrainian:***

1. To listen to a patient carefully is very important for the effectiveness of communication.
2. Barbara Korsch was the first to show interest in the study of communication and its role in physician-patient relations.
3. He began to investigate the case carefully.
4. The sample to be analyzed is in the laboratory.
5. We know that to digest the different types of food, the digestive system produces various juices.
6. The patient was so threatened as to be unable to speak.
7. There was no need to hospitalize the patient.
8. In order to identify the cause of the disease it is essential to have all tests and analyses taken.

***12. Answer the questions to the text:***

1. Can lack of concentration interfere with effective communication?
2. Is older age always an advantage in communication process?
3. How can gender influence patient-physician interactions?
4. Are lonely people easy to treat?
5. Are there any socially unacceptable diseases?
6. Religion affects the process of therapeutic communication and treatment of some diseases, doesn’t it?
7. Does body image have a bearing on communication?

## SELF-STUDY

***1. Read the text.***

### Physician-Patient Relationship

The nature of the physician-patient relationship has evolved significantly over the past few centuries. In the early days of medicine, doctors were often unable to diagnose, let alone treat or cure an affliction. As both science and technology have progressed, doctors have become more and more able to have an impact on a patient's health. The burgeoning medical knowledge and technological developments have led physicians to a 'disease-oriented' focus, in violation of the "treat the patient, not the disease" principle. Managed care, with its stress on cutting costs and rigid time schedules, has only encouraged minimizing the level of interaction between physician and patient. As a result, patients have become frustrated, fearful, and mistrusting of doctors and medical care in general.

In the 1970s, Barbara Korsch triggered interest in the study of communication and its role in physician-patient relations with the results of her revolutionary study. After reviewing hundreds of videotapes of practitioner-patient medical interviews, she reported a link between communication, patient satisfaction and improved health outcomes. Research from the past thirty years clearly shows that interpersonal communication, especially during the medical interview, is critical in:

- creating overall patient satisfaction;
- eliciting all the relevant physical and emotional information for proper diagnosis;
- improving patient decision-making;
- supporting the patient during difficult times (life-threatening illness or near death);
- committing the patient to change behavior and follow through on treatment plans.

Despite the thirty odd years of research, communication theory has only recently become incorporated into mainstream medical practice. It is hoped that patient trust, confidence and security can be rebuilt by showing doctors how to effectively utilize this critical communication instrument.

***Explanations to the text:***

• *let alone* – не кажучи про те, що
• *to trigger* – посилювати, провокувати
• *affliction* – горе, нещастя
• *to have an impact* – мати вплив, впливати
• *bourgeoning knowledge* – знання, що розвиваються
• *costs* – витрати
• *to incorporate* – впроваджувати
• *near-death* – передсмертний стан

***2. Answer the questions to the text:***

1. What factors influenced the significant changes in the medical treatment?
2. Why has the level of interaction between physician and patient minimized?
3. How has patients' attitude toward a doctor changed?
4. What is the role of interpersonal communication in treatment?

***3. Complete the sentence by choosing one of the suggested words.***

1. Your age may be an ... or a disadvantage.

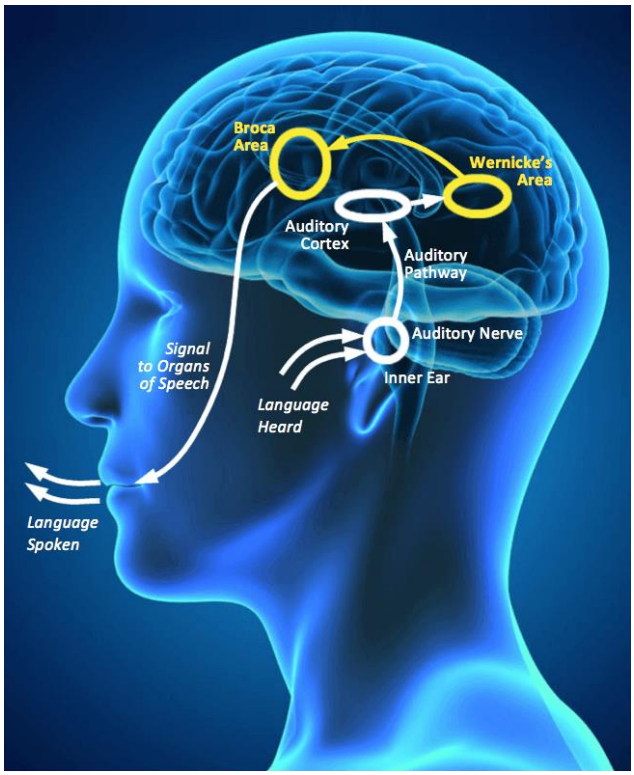
a) advantage b) treatment c) survival

2. Some patients ... to follow instructions given by a person younger than themselves.
a) dwell b) threat c) refuse
3. ... roles may influence patient-physician interactions.
a) religious b) acceptance c) gender
4. A man who is accustomed to «being the boss» may ... being told what to do by a female physician.
a) insist b) believe c) resent
5. Elderly patients are often lonely and may ... on illness to obtain the attention they need for emotional survival.
a) dwell b) insist c) follow
6. The patients' pain may be so great that they will not ... what they are being told.
a) threat b) lend c) comprehend
7. How patients feel about themselves and their illnesses has a ... on communication.
a) bearing b) cure c) benefit
8. Some religions believe in ... healing only.
a) faith b) treatment c) advantage

***4. Determine if these pairs of words and expressions are synonyms or antonyms:***

| | |
|---|---|
| to promote | to contribute to |
| to spark | to inspire |
| concern | empathy |
| to reveal | to mask |
| to violate | to intervene |
| advantage | disadvantage |
| gender | sex |
| to lend | to borrow |
| to obtain | to send |
| to comprehend | to understand |
| to resist | to conform |
| to be accustomed | to be in the habit of |
| to follow | to keep to |
| male | female |
| male | man |

## THEME 3. Speech and Language Processes




***1. Learn the following words and phrases:***

1. facial expressions – міміка, вираз
2. обличчя
3. seemingly - здавалося б
4. brain- мозок
5. according to- відповідно до
6. the vocal cords *(folds)* - голосові зв'язки
7. to require - вимагати
8. palate - піднебіння
9. tongue- язик
10. jaw - щелепа
11. sound - звук
12. sound waves – звукові хвилі
13. to convert - перетворювати
14. message - повідомлення
15. to interpret – тлумачити, пояснювати, інтерпретувати
16. to recognize - впізнавати
17. feedback - зворотній зв'язок
18. successful - успішний
19. to differentiate – розрізняти, диференціювати
20. to facilitate - полегшувати
21. to cope - зуміти, оволодіти, справитися
22. laryngitis - ларингіт
23. research study – наукове дослідження
24. to discover – відкривати, дослідити
25. hemisphere - півкуля
26. windpipe - трахея
27. larynx - гортань
28. speech disorder - порушення мовлення

***2. Read and translate the text.***

***Anatomy and Physiology***

Communication is the ability to share experiences, exchange ideas and transmit knowledge. We communicate in many ways, through sign language, writing, gestures, facial expressions and even smoke signals, but the most common way is through speech. Two people conversing is such a seemingly simple process, but what is really happening is a complex series of processes that involve speaker and listener roles.

**Speaker:**

1. Decides what to say.
2. Selects the right words that are stored in the language centre of the brain.

3. Puts the right words in grammatical order according to the grammatical ‘rules’ of our language.
4. The brain sends ‘instructions’ along the motor nerves to the muscles to activate the ‘Organs of Speech’.

*(Denes & Pinson 1993)*

**The organs of speech are:**

 The lungs (to produce air to make sound)
 The vocal cords (to vibrate as the air from the lungs passes through and creates sound)
 The hard and soft palate
 The tongue
 The lips/face
 The teeth

The tongue, lips/face, hard and soft palate, jaw, nose as well as the teeth are used to shape this vibrated sound into the specific sounds and words required.

Think of how your tongue, teeth and lips move to say ‘bee’ and then ‘ooo’.

**Listener:**

1. The speech sound waves travel through the air to the listener’s ear.
2. The ear analyses the sound waves and converts it to messages that the brain can interpret.
3. This hearing mechanism sends messages to the brain to recognise, understand and interpret the spoken messages.

Interestingly, there are actually two listeners — the person who speaks also listens to what they say. We call this feedback and it helps us to monitor what we are saying.

Hearing is extremely important for successful communication; it allows us to differentiate speech from non-speech sounds, one accent from another, and facilitate understanding between speaker and listener


***Think for a minute about how you would cope alone in a foreign country, for example: if you were in France and you didn’t have any knowledge of the French language.***

- What can you do to get your message across?
- How are you able to communicate?
- Or, imagine you had severe laryngitis.
- How can you communicate?
- What difficulties would you have?

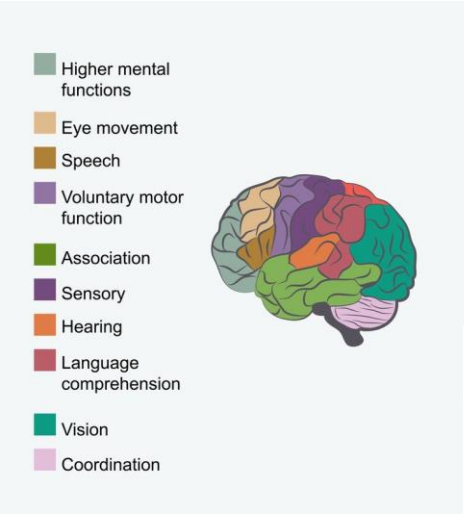
## The Brain and Language

Currently there are many international research studies that are using new technologies to analyse the brain and how it processes speech and language. These new studies are discovering the complexity of how the brain works and which areas are involved. The following are basic diagrams that show the parts of the brain involved in speech, language and hearing, as well as other recognizable functions.

***Diagram 1: The Brain and Language***

The brain is divided into two hemispheres – right and left. The right hemisphere controls the left side of the body and the left hemisphere controls the right side. The two hemispheres have some separate functions as explained by the diagram below.

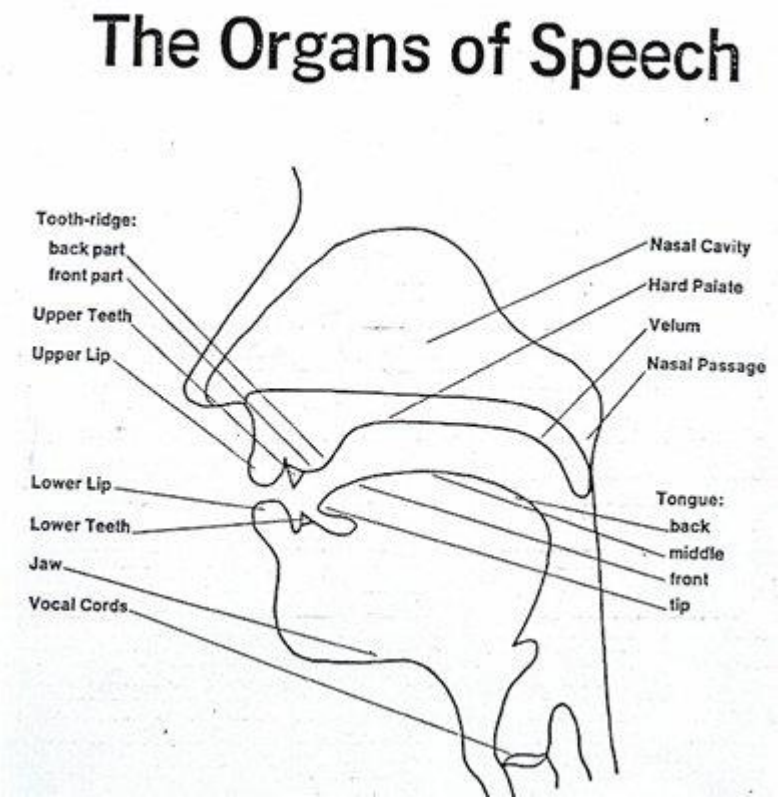
Language-based tasks are mostly controlled by the left hemisphere.




**The Organs of Articulation**

This diagram clearly displays the organs involved in speech production.

To produce speech, air passes from the lungs via the windpipe (or trachea). The air passes through the voice box (or larynx) where the vocal cords vibrate, creating a sound. This sound passes up into the mouth and is shaped by the movement and position of the lips, tongue, soft palate, teeth and jaw.




***3. Complete the words in the sentences.***

1. One of the largest and most complex organs in the human body is **b**_____.
2. Voice is produced by vibration of the **v**_____**c**_____.
3. A person's **p**_____ is also the ability to taste and judge good food and drink: I let my *palate* dictate what I eat.
4. **L**_____ is when your voice box or vocal cords in the throat become irritated or swollen (*набряклий*). It usually goes away by itself within 1 to 2 weeks.
5. The airway that leads from the larynx (voice box) to the large airways that lead to the lungs. Also called **w**_____.
6. The **l**_____ commonly called the *voice box*, is an organ in the top of the neck involved in breathing, producing sound and protecting the windpipe *(trachea)* against food.
7. A **s**_____ **d**_____ **is a condition in which a person has problems creating or forming the speech sounds needed to communicate with others. This can make the child's speech difficult to understand. Common speech disorders are:**

**articulation disorders and phonological disorders!!!!!!!!! LEARN BY HEART!!!!!**

***4. Mark the sentences T (true) or F (false).***

1. Communication is the disability to share experiences, exchange ideas and transmit knowledge.
2. The speech sound waves travel through the air to the listener's ear.
3. The ear doesn't analyse the sound waves and converts it to messages that the brain can interpret.
4. This speaking mechanism sends messages to the brain to recognise, understand and interpret the spoken messages.
5. Hearing is extremely important for successful breathing.

***Activity 1: Origin of Sound***

Try the following activities and answer the questions. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

1. Stand up tall, put your hand to your throat and take a deep breath and then release the air.

- This time take a deep breath and then release saying a long loud 'ah'.
- Round and protrude the lips for 'oo' and spread the lips for 'ee'.
- Could you feel the vibrations when you said 'ah'? This is because your vocal cords are vibrating to make sound. This is called 'voicing'.
- Try it again with the sounds 'ssss' and 'zzzz'. Which one is 'voiced'?

2. This time when you release the sound 'ah', use your tongue to make 'la', your teeth to make 'sa' and your lips to make 'pa'.

- Can you think of another sound which uses the tongue? The teeth? The lips?

3. Now try some other sounds and think about where they are made in the mouth.

- 'ma' – this is made using the lips which come together, sound travels through the nose and then the lips release more sound from the mouth.
- 'ka' – this is made at the back of the mouth, where the back of the tongue comes up to meet the soft palate
- 'la' – we talked about this sound before. Is it the tip or the back of the tongue that is moving to make the sound?

4. Now try describing what moves or touches to make these sounds:
‘pa’_____
‘da’_____
‘ga’_____
‘va’_____
‘th’_____

To us, this all seems fairly straight forward (*досить просто*); however, when you have a speech disorder, you may need to think about every sound you make, and how you make it.
***Retell the text.***

## SELF-STUDY
## Language and Behaviour

**Text. The Nature of Language and Symbolic Behaviour**

***1. Read and translate the text into Ukrainian.***

**Part 1**

**The use of language is one of the basically distinguishing characteristics of man.**

Man's behavior is predominantly symbolic in nature. Thus, the process of language acquisition and language functioning become fundamental problems in the scientific appraisal of human behavior.

Symbolic behavior is not limited to language symbols. Music, art, and religion entail symbols which are not specifically language symbols. Therefore, man's symbolic behavior is not limited to language, but language is his most predominant type of symbolization and is the main basis of his ability to communicate. This discussion is limited essentially to that aspect of man's symbolic behavior which can be described as being attributed to the use of language.

Language is an organized set of symbols which may be either auditory or visual. It is the task of every infant to acquire the particular set of symbols which are characteristic of his culture. The auditory symbol is basic to the total language process. Genetically, it is the first language symbol which is acquired. Furthermore, it is the auditory or spoken symbol which is predominant in any cultural group. Man's symbolic behavior is determined predominantly by this auditory symbol.

It is language which makes symbolic behavior possible. Symbolic behavior is that behavior which occurs on the basis of a sign or symbol instead of the actual object, idea, or feeling. After the symbol has been acquired, an individual can relate to another individual on the basis of this symbol and this in turn makes the presence of the actual object, idea, or feeling unnecessary. When this occurs, abstract behavior has been achieved and such behavior occurs only under the circumstances of symbolization.

The most primitive of people have a highly developed language and behave in-a highly symbolic manner. Nevertheless, it seems possible that abstract behavior is rather directly related to the subtlety of the language system which any specific group of human beings uses. Likewise, in language pathology, when the symbolic process has been disturbed, man is reduced in his abstract functioning; this varies greatly with the type of language pathology encountered. Before considering the complex problem of disturbed language functioning in children, it is necessary to explore the basic problem of how the normal child acquires language.

The process of language acquisition in children has been studied mainly in terms of normative data. For example, the age at which a child first speaks a single word and then speaks in sentences has been well established.

Such information is only indirectly suggestive of the process of language acquisition itself. Furthermore, the study of language has been primarily in terms of expressive language. Other aspects, such as inner and receptive language, only recently have been considered scientifically. Similarly, the study of language acquisition traditionally has considered mainly organic factors and has tacitly

assumed psychological factors. It is now apparent that this is an oversimplification of the process of language acquisition. Language acquisition and language pathology are interrelated theoretically, and inclusive consideration entails concern for organic and psychological aspects simultaneously. However, the infant first lives through a non-symbolic period.

***2. Comprehension question to part I.***

1. What is the basically distinguishing characteristic of man?
2. How can we describe man's symbolic behaviour?
3. Is there a difference between the people's and animal's language?
4. What is the process of language acquisition in children?

***3. Read and translate part II.***

***Part II***

Functionally, language can be divided into three types: inner, receptive, and expressive. Genetically, inner language is acquired first, receptive language is acquired next, and expressive is acquired last.

*Inner language* can be described as the use of language symbols for purposes of inner life or thought; that is, it might be described as that language which in the individual uses for autistic purposes or for "talking to himself." As the individual matures (on the average after six years of age), this inner language might be either auditory or visual; one might think in "heard words "or "seen words." *Receptive language* might be considered as that language which an individual uses to understand others. This, too, might consist of either spoken or written symbols after a certain degree of maturation has occurred. Genetically, the ability to understand the spoken word precedes that of being able to understand the written word by approximately five years. *Expressive language* can be viewed as that language which the individual uses to make himself understood to others. Again, such symbols may be either spoken or written. In general, the functional classifications of language can be viewed simply in these terms: inner language is that language which the individual uses autistically, receptive language is the language which he uses for the purpose of comprehending others, and expressive language is that language which he uses in making himself understood to others.

As indicated previously, although expressive language has been studied more extensively than either inner or receptive language, it seems that the expressive use of language can occur only after both inner and receptive language have been partially established. This is emphasized by the genetics of language development, which indicate that inner 1anguage must have been established, before receptive language can become functional and expressive language occurs only if inner and receptive language have become useful within certain minimal levels of adequacy. During approximately the first eight months of life, the infant receives sensations and through gradual integration he develops basic and fundamental inner language. At the age of approximately eight or nine months he has acquired sufficient inner language so that he begins to comprehend some of the spoken language which he hears. He then begins to use receptive language, which is the second step in the genetics of language development. After he has received or comprehended the spoken word for approximately another four months, he begins to use expressive language. It is a well-

established finding that children on the average use their first word at approximately to 13 months of age. It is apparent that much of the language process in terms of language acquisition has preceded this specific occurrence of being able to use a word expressively.

***1. Classify the language types according to the functional point.***

***2. Say when the expressive use of language can occur.***

***5. Discuss the text, parts I, II, in the form of a dialogue. Use the clichés and set expressions given below:***

It is important to say that...
It is necessary to point out...
I fully agree with the statement...
Well, I don't think...
I'd like to draw .your attention to the fact that...
I can't agree with you, as...
I'm afraid you're mistaken in your opinion...
I would ascertain that...

# THEME 4. Normal Speech and Language Processes


***1. Learn the following words and phrases:***

1. frequently – часто
2. to define – визначити
3. separately – окремо
4. speech – мовлення
5. fluent - вільно (володіти)
6. to convey – передати
7. birth – народження
8. to startles in response – злякати у відповідь
9. substantially – істотно
10. adulthood - доросле життя
11. complex comprehension - комплексне розуміння
12. receptive language - рецептивна мова
13. expressive language - виразна мова
14. communicative intent - комунікативний намір
15. to intend - мати намір
16. to be aware of - бути проінформованим про
17. investigation – дослідження, розслідування

***2. Read and translate the text.***

As we are frequently using the terms speech and language throughout this guide, it is important to define them separately.

**Speech** – is the verbal means of communication, which is the ability to articulate sounds using the organs of articulation, as described above. It can also refer to aspects such as how loud and how fluent we are.

**Language** - is the knowledge and use of a system of shared rules or symbols (usually words) that are understood in our society. It refers to our ability to know the meaning of words, and how to put them together (both structurally and socially) to convey meaning Language–Hearing Association n.d.c). Language can also be verbal (spoken) or non-verbal (use of gestures and body language) as both involve sending and receiving messages.

Our language learning starts at birth. We can see this when a newborn displays listening when she startles in response to a new sound or cries to communicate when she is hungry.

Language can be broadly divided into two areas:

**1. Receptive language** or comprehension – understanding what is communicated to us via auditory sound, gesture or by reading.

**2. Expressive language** – communicating to others by speaking, writing or using gestures.

We can follow the typical developmental milestones by age. It is important to note that there can be a normal variation in development from child to child.

**0-3 months** – A baby can turn to you when you speak and can sometimes appear to 'recognise' familiar voices. They start to use different cries to express their different needs, for example tired and hungry.

**4-6 months** – This is the time when 'babbling' appears, and babies can make sounds which can be referred to as 'communicative intent' as the sounds can convey different messages. This change means that the baby is now intending to communicate.

**7-12 months** – The baby will listen when spoken to, starts to recognise their name and the names of familiar objects. They can produce many more sounds and will have spoken their first words.

The normal development of speech is usually completed by the age of seven or eight. Language is substantially developed by then but continues to develop up until early adulthood, for example in complex comprehension.

**1-2 years** – They can follow simple commands such as 'Sit on the seat', and understand simple questions such as 'Where's your water?' The child will move on to two word sentences and their words will become clearer and easier to understand.

**2-3 years** – They will understand two-stage commands 'Take off your shoes and put them in your room', and will appear to have a word for almost anything. They can produce three-word sentences.

**3-4 years** – They can understand simple questions and their sentences expand. They can usually speak fluently and can enjoy talking about experiences.

**4-5 years** – They should be able to construct long sentences, using correct grammar.

They should be able to understand all that is said to them. They may still have difficulty with the sounds 'r', 'th' and 'v'.

***(Bowen 1998)***

When we think of these milestones, it is interesting to note that children's 'receptive' language also needs time to develop. This means that when we talk to a child we should be aware of the level of their receptive language and keep our language simple.

*Simple language does not mean 'babytalk', rather breaking our sentences down to key words and phrases.*

*For example, if we want to teach a child the concept or meaning of the word 'more', then using this word in a context when the child wants more of a favourite food, such as banana, will assist his understanding of the concept. It will be more effective to ask 'More?', 'More banana?' or 'Do you want more?' when he/she points to the banana, rather than, 'Would you like to have some more banana?'*

*The latter statement is long and it would be challenging for a young child to work out which of the words relate to the concept of 'more'. When a child is learning words, keeping our language simple and specific helps them link a word to the object or concept. The same principles may apply to an adult who has a communication disorder where isolating specific words and structuring tasks makes learning easier. Word meanings can also be learned in everyday interactions through repetition and experience.*

**Speech Sounds**

Speech sounds develop just as language does, which is why it is harder to understand a two year old than a four year old. Some sounds such as 'th' (for example in theatre) are not consistently used by until ages seven or eight.

**Normal Communication changes associated with Ageing**

As we age there may be some normal changes in speech, language and hearing that can affect how well we are able to communicate with those around us. The extent to which the ageing process affects individuals varies from person to person.

These changes can include loss of hearing, changes to voice quality, decrease in attention, declining memory and slower speed of processing information. Many older people may also have difficulty remembering names and retrieving well known words.

It is important to be aware of communication changes that are part of the normal ageing process and those changes that may suggest an underlying medical condition that requires investigation. ***(Busacco 1999)***

If you work closely with older people in your work as an AHA your speech pathologist can provide further information relevant to your local workplace.

***3. Answer the following questions.***

1. What is speech?
2. What is language?
3. What is receptive language?
4. What is expressive language?

***4. Make up the own sentences with appropriate words:***

Speech, fluent, adulthood, receptive language, expressive language, to be aware of, investigation.

***5. Complete the sentences with the words below.***

*adulthood non-verbal fluent speech verbal be aware of language*

1. ……..– is the verbal means of communication, which is the ability to articulate sounds using the organs of articulation, as described above.
2. It can also refer to aspects such as how loud and how……. we are.
3. ……..- is the knowledge and use of a system of shared rules or symbols (usually words) that are understood in our society.
4. Language can also be……. or…….. as both involve sending and receiving messages.
5. Language is substantially developed by then but continues to develop up until early…….. .
6. When we talk to a child we should …….. the level of their receptive language and keep our language simple.

***Activity 1: Normal Speech and Language Processes***

Read the case study below and select the most appropriate response. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.


**Case Study: Normal Speech and Language Processes**

Tommy is 12 months old and is starting to acquire his first words; he is also listening to the words around him to try to learn the names for things. When he wants to get out of his cot in the morning, he usually just puts out his hands and makes an 'eeh, eeh' sound.

***1. Which of the following would be the most effective way to demonstrate the word 'up' to Tommy?***

a. 'Oh Tommy, would you like to get up from your cot *(ліжко)* now?'
b. 'Up, up?' and then when he is up in your arms reinforce repeat 'Up'
c. 'Aw, Tommy uppy wuppy, uppy wuppy?'

***2. Provide a reason for your answer***

_____

_____

_____

**Key Points**

- *Basic knowledge of anatomy, physiology and normal development of speech and language.*
- *Communication is a complex process that involves a speaker and a listener.*
- *The brain mechanisms for communication are complex. It includes the ability to send messages to the muscles that control our organs of communication.*
- *Communication is a process of conveying or sharing information, and can be verbal or non-verbal.*
- *Communication involves speech, language, hearing, vision, pragmatics, fluency and voice.*

## SELF-STUDY
## The Role of Home language Environment
## Text 1
### *Language development and the Home*

***1. Read the text and make up a plan of it. Discuss it with the students.***

The early childhood years for children with exceptionalities are crocus to their long-term development. It is at this stage of development that young children begin to develop the motor, social, cognitive, and speech and language skills they will use the rest of their lives. Children (and adults) spend less time at home with family than ever before. For example, in 1985 parents spend 40 percents less time with their children than they did in 1965, and that was only 17 hours per week. Some evidence hints that today's parents spend even less time with their children: About 7 million children of working parents, as early as 11 weeks old, spend thirty hours per week in child care. Regardless, the child's parents and the home environment provide the foundation for these skills. Even for those children who spend most of their days away from home. Those whose home environment is rich in language - where parents talk to their children, where children are given the opportunity to explore the use of language, and where experiences are broad - usually develop fine speech and language skills. When children do not have appropriate language models - why they do not hear language used often, when they do not have experiences to share or a reason to talk - it is not uncommon for their language to be delayed and can even become impaired. Children are individuals; so too are parents and the language environments they provide at home. It is important for educator not to make generalizations about either parents or students. For example, it in unfair and incorrect to assume that parents are responsible for their child's stuttering.

Generalizations about families from diverse backgrounds are inappropriate. Diversity is heterogeneous, where no assumptions are accurate.

Language is normally acquired in a rather orderly fashion. During the first year of life, infants hear language spoken around them and organize what they hear so that they can gain meaning from it. Toward the end of their first year, infants are able to respond to some of the language they hear. For example, they know their names, respond to greetings, respond to simple verbal commands, and use objects in their immediate environment. At this time; infants also seem to copy the voice patterns they hear by babbling, regardless o the language they hear. Babies begin to talk by first using one- and two-worse utterances that are easy to say and have meaning to them *(mama, cookie).* Throughout their second year of life, children use a growing vocabulary and longer sentences, and more complexity. Regardless of the language heard, children seem to develop language in much the same way across cultures - by interacting with their environment.

To make sense of the language they hear and, ultimately, to learn how to use that language, children employ various strategies. All do not use the same ones but children who develop language normally apply some structure to make sense of what they hear. For example, some young children, who do not yet understand oral language, might come to understand an adult's intentions by watching nonverbal clues and comprehending the context of the situation. Through such repeated

experiences, they come to learn language as well. Other children attend more selectively and learn more vocabulary for objects they can act on or interact with *(ball, key, sock)* or objects that change or move *(clock, car).* Still others focus on specific characteristics of objects *(size, shape, sound).* All these children are learning to categorize and organize objects and their thoughts, skills that are necessary for learning academic tasks later.

When children do not develop language at the expected rate, intervention is needed. In almost every community, speech and language specialists are available to provide therapy and instruction to children and to assist parents in helping their children acquire language. With training and guidance from SLPs, parents can be excellent language teachers for children with language impairments. In fact, when home-based intervention is provided by parents, children's language scores improve more than when only clinic-based instruction is provided by professionals. Specialists suggest that family members specifically label or name objects in the home. They also suggest that simple words be used more often to describe the objects the child is playing with: "This ball is red. It is round. It is soft". They can encourage repetitions of correct productions of sounds and repeat the child's end to help make a comparison. They can play a game of "fill in the blank" sentence. They can ask the child questions that require expanded answers. The family should include the child in activities outside of the home, too, such as visits to the zoo, the market, or a shopping centre, so that the child has more to talk about practicing good language skills can be incorporated into everyday events. Family members should model language and have the child imitate good language models. For example, a parent might say, "This pencil is blue. What colour is this pencil?" and the child should be encouraged to respond that the pencil is blue. It is also suggested that parents encourage children to engage in the act of "storytelling". Through these stones, children should describe, explain, and interpret their experiences or the stories they have read. Children need a reason to talk, and the home environment can foster children's oral expression by providing many rich and diverse experiences for children to talk about and by providing good language models tor children to imitate.

*Language development and the Home Deborah Deutsch Smith* (from "Introduction to special Education. Teaching in an Age of Challenge". University of New Mexico, 1998.)

***2.Give a summary of the article according to the patterns and enrich go variants with facts from the text.***

1. What kind of text is it?
2. Who is the author of it?
3. What is the author’s idea about the child's parents and the home environment?
4. What do we learn about the fashion language is normally acquired?
5. How do they make sense of the language they hear?
6. When is intervention needed and why?
7. How can intervention be provided?
8. What is the role of parents in home-based intervention?

***Summary***

1. It's an article from...
2. The author is...

3. They provide the foundation for the development of vitally important skills children use the rest of their lives:...
4. It is normally acquired in a rather orderly fashion...
5. To make sense of the language they hear and to learn how to use it children employ various strategies.
6. Intervention is needed when children do not develop language at the expected rate.
7. It can be provided by parents, so it is home-based intervention.
8. The parents should (give your variants).

***3.Comment on the main periods of speech development of a baby.***

**Перші навички (від 0 до 12 місяців)**

**Вік**

**Від 0 до 3 місяців**

Ближче до 3 місяців немовля починає лише намагається вимовляти поодинокі голосні звуки

**Від 3 до 6 місяців**

У цей період життя «лопотіння» стає більш активним, а звуки протяжними, вперше з'являється звук «м».

**Від 6 до 9 місяців**

Малюк в цьому віці може варіювати тон голосу, пробує «співати». Він активно демонструє те, що дорослі називають дитячим лепетом. Дитина чітко вимовляє склади: -Ба,-ма, -так і ін. Своєю інтонацією він вже може багато висловити, наприклад, задоволення або навпаки. Він намагається копіювати знайомі звуки і інтонації**.**

**Від 9 до 12 місяців**

Дитина повторює за оточуючими склади, копіює інтонації. Намагається говорити слова «мама», «тато», «баба». Відтворює мелодику знайомих фраз, які часто вимовляє мама з розчуленням: «Ох, ти ж миленький мій!», А то й з несхваленням: «Ай-яй, як погано!».

***4.Imagine that you are a speech-language pathologist. What would you advise y our patient's parents in home language environment.***

**Text 2**

***4. Render the text in English. Name the text.***

Логопед - скоріше не лікар, а вчитель. І якщо він займається з вашою дитиною, це не означає, що вона хворий, просто в неї поки не все виходить.

Дворічний малюк вже дізнається про імена найближчих і назви предметів. На початку другого року його активний словниковий запас становить від 50 до 70 слів. Здебільшого це іменники. Поступово словничок розширюється, а кількість слів зростає до 200-400. Ваша донечка чи синочок вже пробує складати прості речення: «Мама, гуляти!», «Папа, дай пити». Кроха ще не відносить до себе слово «я» - це поняття увійде в побут дитини тільки до двох років, поки він називає себе по імені. Точно так само малюк ще не навчився відмінювати дієслова і найчастіше використовує їх у неозначеній формі. Маленький чоловічок охоче допомагає своїй промові жестами. Так, не знаючи назви предмета, він просто тицяє в нього пальчиком, запитуючи «Що це?».

Дитина починає користуватися розгорнутою фразою і, правильно її вибудовуючи, все активніше спілкується з оточуючими. До трьох років малюк вже правильно вживає прийменники, узгодження, закінчення. У лексиці малятка тепер тисяча слів. Прийшов час активного пізнання навколишнього світу, і девіз цього віку - **«Чому?»**

На думку фахівців, саме на цьому етапі мовного розвитку малюк отримує максимум інформації і вбирає її як губка. Він поповнює свій словник, наділяючи знайомі слова новими значеннями, діями, ознаками. На практиці це виглядає так: якщо в рік маля знає слово «баба», - в два - що це «баба Люба, мама й тато », в три - що« бабуска Люба добле, баба любить Івана і маму з татом ». Батьки повинні допомогти дитині в засвоєнні нових мовних форм. Що корисно про це знати?

З перших днів говоріть з малюком. Він не все розуміє, але чує, відчуває. Говоріть, змінюючи інтонацію, співайте йому, читайте віршики. Ще до того, як вашому малюку прийде пора святкувати свій перший день народження, починайте вчити з вислову: мама, тато, дід та баба. І, звичайно ж його власне ім'я.

Спілкуючись з малюком, стежте за своєю мовою, намагайтеся вимовляти слова ясно, чітко, не сюсюкайте, наслідуючи немовля!
Показуйте на предмет, який ви називаєте. Уникайте спрощених дитячих слівець. Недоліки виправити легше, ніж навчати новим словам.

Вивчайте його, які звуки вимовляють тварини.

З двох років корисно займатися мовним масажем. Багато батьків, на жаль, і не підозрюють, що розвиток дрібної моторики (руху) рук допомагає загальному розвитку і правильному освоєнню мови Активізуючи певні точки на руках, на обличчі дитини, ми допомагаємо йому покращувати мовні здібності.
Найпростіший приклад мовного масажу - добре відома гра «Сорока-злодійка». Спершу мама водить пальчиком по долоні малюка, зачіпаючи великий палець. Потім загинає по черзі його пальчики, при цьому розповідаючи примовки. Малюк сміється, намагається заховати той самий «ледачий» мізинчик, який залишився без каші Йому це явно подобається.

Подібних ігор безліч. Наприклад, п'ять пальчиків на руці - це сам малюк, мама, тато, дідусь, бабуся. І ось кожен з пальчиків цілує малюка (він у нас великий пальчик!), роблячи при цьому «кілечка». Згадайте і «хлопчика-з-пальчик», коли одна рука ловить по черзі кожен пальчик на інший: ви напевно придумаєте свої варіанти. Головне в цих іграх - активна робота всіх м'язів і нервових закінчень на руках дитину. Під час гри мама розповідає щось малюкові, і поступово він сам, без її допомоги, починає влаштовувати подібні уявлення, намагаючись їх озвучити.

**Text 3**

***5. Speak on the main speech and language problems of pupils at school.***

**Відрізнити хворобу від поганої звички**

Дуже важливо правильно і вчасно відрізнити просту неуважність від складних логопедичних порушень, таких, як дисграфія (специфічне порушення письма) і дислексія (специфічне порушення читання). В основі цих порушень

можуть лежати як фізіологічні, так і функціональні і психологічні проблеми. Подібними порушеннями страждає багато дітей у віці 7-8 років, причому у хлопчиків це спостерігається в п'ять разів частіше, ніж у дівчаток: усунення подібних порушень - це складний і досить тривалий процес, в якому беруть участь психологи і логопеди.

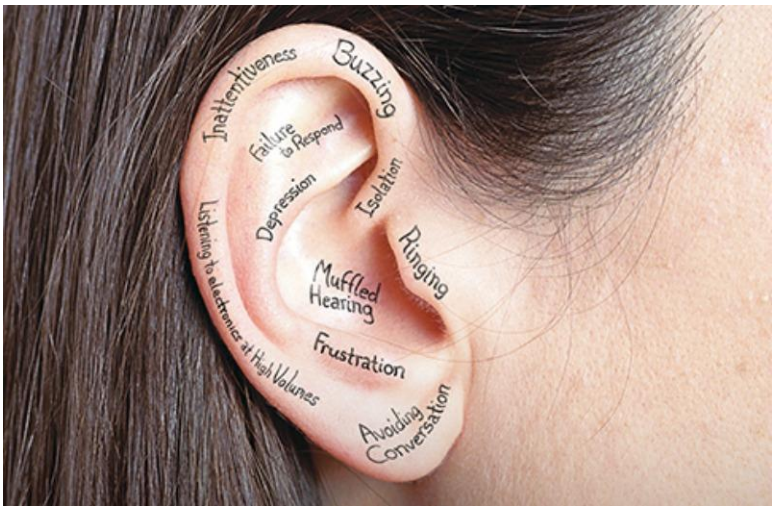
До чого ж можуть призвести в майбутньому ці порушення? Крім безграмотного письма і несформованої мови у дитини яскраво виражені бідність словникового запасу, нерозуміння причинно-наслідкових зв'язків. Остання обставина призводить до різких ускладнень при засвоєнні математичних предметів. У старшому віці підліток буде практично не здатний викладати свої думки, а отже, писати твори. Невдачі у навчанні сформують у дитини низький рівень самооцінки, викличуть складнощі у взаєминах з однолітками в класі і з учителями. Все це з віком прогресує і призводить до втрати інтересу до навчання і небажанню відвідувати школу. Батьки повинні бути особливо уважними до навчання своєї дитини в початковій школі.

Придивіться до помилок, які робить ваш першокласник (пропуски або перестановка букв і складів, недописування букв або слів, заміна однієї букви на іншу, злите написання слів або їх довільний розподіл, неправильне узгодження прикметника з іменником в роді, числі чи відмінку). Не тягніть, звертайтеся відразу до фахівців. Найбільш ефективні результати лікування досягаються при роботі з дітьми до 10-11 років.

***Revision***

*Let's arrange a round-table talk. The problem of the discussion is «The role of parents in speech and language development of their children and the integration of the family and school».*

# THEME 5. Communication Disorders. Range of Communication Disorders




***1. Learn the following words and phrases:***

1. sound errors - звукові помилки
2. in order to aid - щоб допомогти
3. to refer - належати, посилатися
4. speech production – утворення мовлення
5. subsystem – підсистема
6. Speech Pathologist – логопед
7. Phonological delay/disorder - фонологічна затримка/розлад
8. articulation difficulties - труднощі артикуляції
9. cleft lip and palate - розколина губи і піднебіння
10. surgery – хірургія
11. cancer – рак
12. weakness or paralysis - слабкість або параліч
13. dysarthria – розлади артикуляції, дизартрія
14. courteous – ввічливий
15. language delay - затримка мовленнєвого розвитку
16. sequence – послідовність
17. Specific Language Impairment - специфічні порушення мови
18. aphasia – афазія *(порушення мови, втрата можливості розуміти мовлення того, хто говорить)*
19. literacy – грамотність
20. treatment – лікування

***2. Read and translate the text.***

**Range of Communication Disorders**

A communication disorder affects the individual's ability to communicate effectively and can be described as a disorder of:

- Speech
- Expressive and receptive language
- Reading and writing (literacy)
- Pragmatics
- Fluency, Voice and Resonance (not covered in detail in this learning module).

Other brain or 'cognitive' functions may also impact on communication (e.g. memory, attention, new learning and problem solving).

Communication disorders can have varying degrees of severity from simple sound errors to the inability to use words or communicate needs and can affect a number of areas of communication.

Although it is important to look at each separate area of communication and what difficulties/disorders can occur in that area, when looking at a client's speech, we must also look at their communication issues as a whole.

One area of difficulty can affect another. For example, a person with both memory problems and **aphasia** (a language disorder that can develop following a traumatic brain injury or stroke) may have difficulty saying a person's name. In this case, it may be difficult to decide if it is their memory or their aphasia that is affecting their 'word finding ability' more.

Most importantly we must consider how well they can communicate, in the world around them, despite these difficulties.

In order to aid our understanding, each aspect of communication will be listed and the range of communication difficulties or disorders that affect that aspect will be discussed in detail.

**Speech**

When we refer to 'speech', we mean the way that we articulate our words and the sounds we use. To help us think about this, consider that language is made up of words, and words are made up of little units called sounds or 'phonemes'. Although phonemes are small units, a change in one can make a huge difference to what we want to say. Think about the words 'big' and 'bag', the initial and final sounds are the same, with only the middle sound changing, however such a small change makes a big difference to the meaning of the word.

***(Denes & Pinson 1993).***

You may like to refer to the previous information regarding the organs involved in speech production. Each, or many, of the 'organs' or 'subsystems' of speech may be affected in in different combinations in different people. You may need to discuss with your Speech Pathologist the different kinds of speech disorders frequently encountered in your workplace.

**Communication difficulties affecting speech**

Phonological delay/disorder - when children start to make words, they usually go through a period of normal phonological processes, where they may make a series of sound errors as part of normal speech development. One example might be that a child will always replace one sound with another, for example 'f' becomes 'b' and 's' becomes 'd', so 'fat' becomes 'bat' and 'sun' becomes 'dun'. These errors can be a normal occurrence for children up until the age of 3 ½ years but are not expected as the child gets older. If it continues, that child may have a phonological delay or disorder. Other sound errors are not part of 'usual' speech development and are termed 'disordered'. The speech of these children is often more difficult to understand.

Articulation difficulties - there are many reasons why these difficulties can occur.

One of the main structural conditions seen in childhood is cleft lip and palate. Surgery for cancers affecting the organs of articulation, for example the tongue and lip, also cause structural change, which can affect speech. Articulation disorders can also occur due to a sudden or progressive weakness or paralysis of the muscles of

speech (e.g. dysarthria) or difficulty planning and coordinating movements for speech (e.g. dyspraxia of speech).

**Expressive and receptive language**

Language is the knowledge and use of a system of shared rules or symbols (usually words) that are understood in our society. It refers to our ability to know the meaning of words, and how to put them together (both structurally and socially) to convey meaning. In the same way, it is our understanding of words that enable us to comprehend others (American Speech–Language–Hearing Association n.d.c). Receptive and expressive language also includes reading comprehension and written expression.

*Think for a minute about how it feels to be in a foreign country or with a group of people who do not speak or understand English. If you try to ask for a cup of coffee but don't know the non-English word for it, you cannot communicate your needs through spoken language. What if you do know the word for 'coffee' but not how to ask for it politely? You lose the ability to be courteous by not knowing the social/grammatical rules of that language.*

**Communication difficulties affecting language**

**Developmental language delay** – this is an identified inability to develop language at the normal language milestones or targets. It can affect a child's ability to understand what is said to him (receptive language) and his ability to use words and sentences to convey meaning (expressive language). We should note that this is a delay in language development and not a disorder, as children eventually reach their milestones in the normal 'sequence'.

**Developmental Language Disorder** (also known as Specific Language Impairment(SLI)) – this condition, which usually arises in early childhood, is defined as a difficulty acquiring (i.e. learning), understanding, producing or using language which significantly impacts on the person's ability to communicate. The language difficulties in this disorder cannot be explained by other factors such as hearing loss or neurological(brain) deficits, so appear to exist despite normal development in other areas. The child performs significantly below what might be expected for their age or intellectual ability. This condition is often called **Specific Language Impairment** (SLI) but the term is currently under review as there is controversy around its use in the speech pathology, health and education fields *(Ebbels 2014).*

**Aphasia** (also known as dysphasia) – this is a language problem caused by a stroke or other brain damage (most frequently on the left side of the brain).

It can affect:

- understanding
- speaking
- remembering the names of objects and people
- grammar
- reading, writing, spelling
- telling the time

 calculation, and
 understanding symbols, pictures and sign language/gestures

**Aphasia** can occur at any age, including childhood. It varies in severity, so one person may have a mild difficulty 'finding' the right word, and another may not be able to communicate their needs at all. "Aphasia can mask a person's intelligence and ability to communicate their thoughts and feelings."

**Cognitive Communication Disorder** - this is where a client's communication skills are affected by changes to their cognitive skills (memory, attention, new learning and problem-solving skills) and most commonly occurs after a brain injury (for example Traumatic Brain Injury or TBI). Everyday speech and language skills may be affected at different levels. Difficulties with complex language skills and interactions are features of this condition. Changes to cognitive skills can affect all aspects of higher level language skills for example listening and understanding, reading, talking and writing.

**Difficulties include:**

 understanding lengthy information or information presented quickly
 reading longer and complex information
 finding the words when talking
 trouble organising thoughts when talking
 trouble staying on topic both in speech and writing.

This can impact a person's ability to pick up the subtleties of language like humour and sarcasm, follow long instructions or even watch and understand a movie. If a person has difficulties paying attention, this can affect their spoken language. They may lose track when they are talking, repeat information, or be unable to effectively get their message across.

Other health professionals including Medical, Occupational Therapy, Neuropsychology and Nursing may be involved in working with clients with deficits with cognition.

**Reading and Writing (Literacy)**

Literacy is our ability to read and write. It is an acquired skill and is not considered 'innate' or instinctive, unlike speech. Written language to a large extent reflects the same rules and grammar as spoken language. The individual sounds we make can make correspond to the letters of the alphabet of that language, for example: English, French and Japanese. Where we use intonation, pitch and pause to create effect or emphasis in speech we use punctuation, such as exclamation marks in writing.

This interconnection is also evident from the way that people with spoken language difficulties and disorders may also have difficulty with reading and writing. It is well documented that spoken language skills prior to school entry, can be a strong predictor of the child's capacity to acquire reading skills at school.

Children with language disorders may have difficulty with developing literacy skills.

Similarly, adults with aphasia or brain injury may have difficulties with reading and writing as part of their aphasia.

There are other disorders that affect reading and writing skills:

**Dyslexia** - a specific learning disability involving difficulty learning to read words, letters and other symbols. Dyslexia is sometimes referred to as a:

- learning disability
- specific learning difficulty
- reading disorder/disability

Dyslexia can cause reading, writing and spelling problems due to a defect in the way the brain processes written and graphic material. Difficulties can range from mild to severe and may respond to treatment if found and addressed early in life.

***3. Translate into Ukrainian.***

sound errors, in order to aid, to refer, speech production, subsystem, Speech Pathologist, phonological delay/disorder, articulation difficulties, cleft lip and palate, surgery, cancer, weakness or paralysis, dysarthria, courteous, language delay, milestones or targets, sequence, Specific Language Impairment, aphasia, literacy, treatment.

***4. Answer the following questions.***

1. Explain the word **aphasia**.
2. What is developmental language delay?
3. What is **Dyslexia?**

***5. Mark the sentences T (true) or F (false).***

1. One area of difficulty can’t affect another.
2. **Aphasia** can occur at any age, including adulthood.
3. Everyday speech and language skills may be affected at the same levels.
4. Difficulties with complex language skills and interactions are features of this condition.
5. Literacy is our ability to read.

***6. Retell the text.***

## SELF-STUDY

## Speech impairments: types and treatment

### Text 1 Types of speech impairments

### Part 1. Voice problems

***Read the text and translate it.***

People with speech impairments have difficulty using the communica¬tion process efficiently. Speech is abnormal when it is unintelligible, is un¬pleasant, 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.

One type of speech impairment, voice problems, is not very common in schoolchildren, but when this speech impairment does occur it needs immedi¬ate attention from a professional. Voice is a measure of self; it is part of one's identity. We can identify many of our friends, for example, simply by hearing their voices. Voice distinguishes each person from others, and we typically do not think about how it functions. But when it does not function as usual, such, as when we have laryngitis, we find it frustrating. Many famous personalities are recognized by their unique voices. Think of how impressionists create men¬tal images of famous people through voice and gesture. Our voices also mirror our emotions; we often can tell when people we know well are happy, sad, an¬gry, or scared merely by hearing their voices.

Two aspects of voice are important: pitch and loudness. A voice problem usually involves a problem with one or both of these aspects. Pitch is the per¬ceived high or low quality of voice. Men typically have lower voice pitch than women. A man's voice whose pitch is high or a woman's pitch that is low at¬tracts attention. If the receiver of communication pays more attention to the voice than to the message, though, communication is impaired. When young boys' voice pitch changes during puberty, attention is drawn to the boys and their unintentional changes in voice. Of course, this pitch change is a normal part of development and disappears as the boy's body grows and voice pitch becomes stabilized.

Loudness is the other main aspect of voice. In some cases, people are1 labeled with certain personality traits because of the loudness of their voices: "She is such a soft-spoken individual". "He is loud and brash". Voice can communicate much of the intended message for delivery. In some cases, if the quality of voice is so distracting that the message is misunderstood or lost, speech therapy is probably necessary.

***1. Give a summary of the text.***

2. Point out the words cud word-combinations you need us your topical vocabulary to speak about voice problems

Part 2. Articulation Problems

Task 2.

***1. Read and translate the text.***

***2. Put 5 questions to the text.***

Articulation problems are the most common speech impairments. Ar¬ticulation is the process of producing speech sounds. The receiver of communi¬cation must understand the sounds of the words spoken to understand the full message. If speech sounds are incorrectly produced, one sound might be con¬fused with another, changing the meaning of the message. A child who substi¬tutes t / for a k sound might say "titty tat" instead of "kitty cat." In such cases, if the words are different or unintelligible the message has no meaning. Speech/language pathologists (SLPs), who specialize in correcting speech im¬pairments, spend a considerable portion of their time remediating articulation errors. They also work with language, voice, and fluency problems.

Articulation is related to the speaker's age, culture, and environment. Compare the speech of a 3-year-old child, a 10-year-old, and an adult. Some of the most common articulation errors young children make are substitutions and distortions of the s and z sound. A 3-year-old might say, "Thee Thuzi thwim" for "See Suzi swim," and is perceived by adults as being cute and acceptable. However, the same articulation behavior in a 10-year-old child or an adult is not developmental correct or acceptable. Articulation behavior that is developmentally normal at one age is not acceptable at another.

About 2 to 3 percent of all children require professional help to over¬come or compensate for their articulation errors. Teachers and others working with young children should be aware that children ages 2 to 6 generally make certain articulation mistakes as they go through a normal sequence of speech sound development. Adults should not pay too much attention to such misarticulations. However, if adults become concerned that a child is not acquiring articulation skills in a normal manner, the child should be referred to an SLP for a speech evaluation.

Articulation, as mentioned earlier, is also related to the geographical re¬gion in which a person lives. For example, some people from certain sections of New York substitute a d for the th sound, resulting in dese, dem, and dose. Bostonians often use an er sound for an a (idear for idea), and many Southern¬ers draw out vowels. Although these different articulations are apparent to peo¬ple who do not reside in a particular locale, they are normal in those regions. Differences in articulation due to regional dialects are not errors. Teachers should be careful not to refer children who have moved from one area of the country to another to an SLP solely because of dialectal differences in their speech.

3. Why do you think articulation problems are the most common speech impairments? Have you got any? Did you have any articulation problems in your childhood?

***Part 3. Fluency problems***

***Read and translate the text.***

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

Some young children (ages 3 to 5) often demonstrate dysfluencies (non-fluencies) in the course of normal speech development, but they are not usually indicative of a fluency problem. Adult speech is not always smooth and fluent either.

Even the best of speakers find times when they are dysfluent - when they hesitate in the middle of sentences, repeat parts of words, speak very quickly, or insert fillers such as "you know," "like," or "umm" in their speech. Dysfluencies are likely to occur in exciting, stressful, or uncommon situations.

As young children search for words or the rules to apply to their mes¬sages, they may become disfluent, and their manner of speech may suggest stuttering. The rate of their dysfluencies may even fit a definition of styttering. However, in young children (below age 6), the rate of spontaneous recovery is great, possibly as high as 75 percent. As with articulation, excessive attention to a perceived fluency problem early in a child's development can exaggerate rather than eliminate the problem. However, because of the remarkable results now being demonstrated by early intervention programs designed to remediate stuttering, it is inadvisable to delay intervention much beyond the age of 3 1/2., Individuals who have a stuttering problem persisting into childhood frequently experience some difficulty in speaking throughout their lives. Their ability to communicate, their interactions with other people, and their own self-concepts are affected, but their speech generally can be improved with professional help.

"Types of speech impairments" by Deborah Deutsch Smith (from "Introduction to Special Education. Teaching in an Age of Challenge." University of New Mexico, 1998).

***Task 4.***

***Sum up fluency problems children demonstrate in early age.***

***Task 5. Revision***

***Give the basic characteristics of types of speech impairments.***

***Task 6.***

***Read and render in English the text.***

Нові напрямки в корекції мінімальних дизартричних розладів

Мінімальні дизартричні розлади (МДР) - це порушення мови центрального генезу, що характеризуються комбінаторними розладами мовної діяльності: артикуляції, дихання, голосу, міміки і просодичного аспекту мови.

Мінімальні дизартричні розлади займають проміжне положення між дислалією і дизартрією, тому у вітчизняній спеціальній літературі для позначення цього порушення використовується термін «стерта дизартрія», запропонований О.А.Токаревою (1969). В іноземній літературі для подібних порушень використовується термін «мовна або артикулярна диспраксія розвитку» - "developmental apraxia of speech (DAS)" (F.Darley, R.Yoss, P.Sguare, B.Y.E.Mondelaers etc.).

Вибір терміна залишається дискусійним, тому що наявне термінологічне визначення даного мовного порушення не відображає клінічну і нозологічну самостійність даної групи мовних розладів.

Всі симптоми при МДР проявляються в різко вираженій формі. Основний симптом МДР - стійке порушення вимови, яке важко піддається корекції і негативно впливає на формування інших сторін мови.

Для всіх дітей з МДР характерно поліморфне порушення звукової вимови. Поширеність порушення вимови різних типів звуків у даній категорії

дітей характеризується певними особливостями, які обумовлені складною взаємодією мовно-слухового й мовленнєвого аналізаторів і акустичної близькістю звуків.

Поряд з вираженими розладами звукової вимови у дітей з цієї мовною патологією спостерігається порушення формування «фонаційної структури пропозиції». При цьому більш порушеним є процес слухової диференціації інтонаційних структур, процес їх самостійної реалізації.

Голосові порушення у дітей з МДР обумовлені нечіткою артикуляцією і легкими парезами м'язів гортані, в результаті чого порушені всі характеристики музичності мови.

У дітей з МДР відзначається недорозвинення фонематичного сприйняття, що виявляється в порушенні слухової диференціації звуків і порушенні фонематичного аналізу.

Відхилення в розвитку лексики та граматичного ладу стають похідними і носять характер вторинних порушень.

В основі звукових мовних розладів при МДР лежать органічні порушення центральної нервової системи, які проявляються у формі легких парезів, зміни тонусу м'язів та гіперкінезів; моторна недостатність артикуляційного аппарату і загальної рухової сфери, обумовлена диспраксійними розладами. Диференційована корекція рухової сфери і артікуляційної моторики дітей дозволяє усунути порушення звуковимови, просодійної сторони мови, сприяє нормалізації лексико-граматичної сторони мовлення.

Діти цієї категорії представляють собою неоднорідну групу, як по прояву неврологічної симптоматики, так і за рівнем мовленнєвого розвитку.

Залежно від прояву неврологічних симптомів і стану нервово-м'язового апарату органів артикуляції можна виокремити три групи дітей з МДР:

-з правостороннім геміпарезом;

- з лівостороннім геміпарезом;

- з легким двостороннім парезом.

За рівнем розвитку лексико-граматичної будови і зв’язаності мови дітей можна умовно розділити на дві групи:

- МДР, який поєднується з фонетико-фонематичним недорозвиненням;

- МДР, який поєднується із загальним недорозвиненням мови.

Виділення різної структури дефекту при МДР є важливим фактором в реалізації диференційного підходу в процесі логопедійної роботи з даною категорією дітей.

Специфіка запропонованої нами корекційної роботи - нормалізація загальної і артикуляційної моторики та мовлення дітей з МДР за допомогою кінезотерапії (лікування рухом) і спеціально організованого корекційного навчання.

Дослідження Н.А. Бернштейна в області фізіології рухів та інших видів активності визначили ієрархічну рівневу систему регуляції рухових функцій, в тому числі й мовлення. Н.А. Бернштейн відносив мову до вищого рівня організації рухів, оскільки формування рухів у людини відбувається за участю зовнішньої мови під впливом абстрагуючої і узагальнюючої функції. Етапи та

розділи запропонованої нами системи в певній мірі відповідають рівням побудови рухів за Н.А.Бернштейном.

При розробці етапів корекційного впливу також враховувався рівневий підхід до корекції мовленнєвої діяльності, розроблений Р.Є. Левіною.

***Task 7.***

***Do you agree with the following annotation?***

***Give your own variant of it.***

## MODULE TEST

***1. Ask questions to the underlined words or parts of sentences:***

1. Therapeutic communication requires *self-awareness and interpersonal skills.*
2. Effective communication will play an important role in *your medical career and your personal life.*
3. Harmony among individuals is sparked by *personal characteristics of genuineness, caring, trust, empathy, and respect.*
4. The physician should develop the ability *to convey appropriate non-judgmental attitudes.*
5. People reveal their *education, intellectual skills and interests, and ethic, regional, or national backgrounds* through verbal communication.

2. ***Fill in the missing prepositions:***

1. Therapeutic communication is directed … the patient's coping and motivation toward self-care.
2. A psychologist should not impose his experiences and values … his patients.
3. The patient's voice or intonation may reveal the lack … sincerity.
4. Harmony among individuals is sparked … personal characteristics of genuineness, caring, trust, empathy, and respect.
5. Verbal communication is the sharing of information … written or spoken word.

***3. Translate the following sentences into English:***

1. Почуття гармонії між співрозмовниками називається контакт.
2. Існує два види комунікації: вербальна та невербальна.
3. Вербальна комунікація означає передачу інформації за допомогою слів у усній чи письмовій формі.
4. У спілкуванні з пацієнтом не слід нав'язувати йому своїх критеріїв.
5. Не можна засмучувати чи розчаровувати пацієнтів.
6. Невербальне спілкування можна назвати язиком тіла.
7. При спілкуванні з людиною не потрібно зазіхати на її особистий простір.

***4. Answer the questions:***

1. What is communication?
2. How is therapeutic communication defined?
3. Is it easy to perform?
4. What kind of feeling is called rapport?
5. What types of communication are distinguished?
6. How can verbal communication be used?
7. What are the rules to be followed during the communication process?

***5. Ask questions to the underlined words or parts of sentences:***

1. Therapeutic communication requires *self-awareness and interpersonal skills.*
2. Effective communication will play an important role in *your medical career and your personal life.*
3. Harmony among individuals is sparked by *personal characteristics of genuineness, caring, trust, empathy, and respect.*
4. The physician should develop the ability *to convey appropriate non-judgmental attitudes.*

5. People reveal their *education, intellectual skills and interests, and ethic, regional, or national backgrounds* through verbal communication.

***6. Fill in the missing prepositions:***

1. Therapeutic communication is directed … the patient's coping and motivation toward self-care.
2. A psychologist should not impose his experiences and values … his patients.
3. The patient's voice or intonation may reveal the lack … sincerity.
4. Harmony among individuals is sparked … personal characteristics of genuineness, caring, trust, empathy, and respect.
5. Verbal communication is the sharing of information … written or spoken word.

***7. Translate the following sentences into English:***

1. Почуття гармонії між співрозмовниками називається контакт.
2. Існує два види комунікації: вербальна та невербальна.
3. Вербальна комунікація означає передачу інформації за допомогою слів у усній чи письмовій формі.
4. У спілкуванні з пацієнтом не слід нав'язувати йому своїх критеріїв.
5. Не можна засмучувати чи розчаровувати пацієнтів.
6. Невербальне спілкування можна назвати язиком тіла.
7. При спілкуванні з людиною не потрібно зазіхати на її особистий простір.

***8. Answer the questions:***

1. What is communication?
2. How is therapeutic communication defined?
3. Is it easy to perform?
4. What kind of feeling is called rapport?
5. What types of communication are distinguished?
6. How can verbal communication be used?
7. What are the rules to be followed during the communication process?

***9. Complete the words in the sentences.***

1. One of the largest and most complex organs in the human body is **b**_____.
2. Voice is produced by vibration of the **v**_____**c**_____.
3. A person's **p**_____ is also the ability to taste and judge good food and drink: I let my *palate* dictate what I eat.
4. **L**_____ is when your voice box or vocal cords in the throat become irritated or swollen (*набряклий*). It usually goes away by itself within 1 to 2 weeks.
5. The airway that leads from the larynx (voice box) to the large airways that lead to the lungs. Also called **w**_____.
6. The **l**_____ commonly called the *voice box*, is an organ in the top of the neck involved in breathing, producing sound and protecting the windpipe *(trachea)* against food.

***10. Answer the following questions.***

1. What is speech?
2. What is language?
3. What is receptive language?
4. What is expressive language?

***11. Make up the own sentences with appropriate words:***

Speech, fluent, adulthood, receptive language, expressive language, to be aware of, investigation.

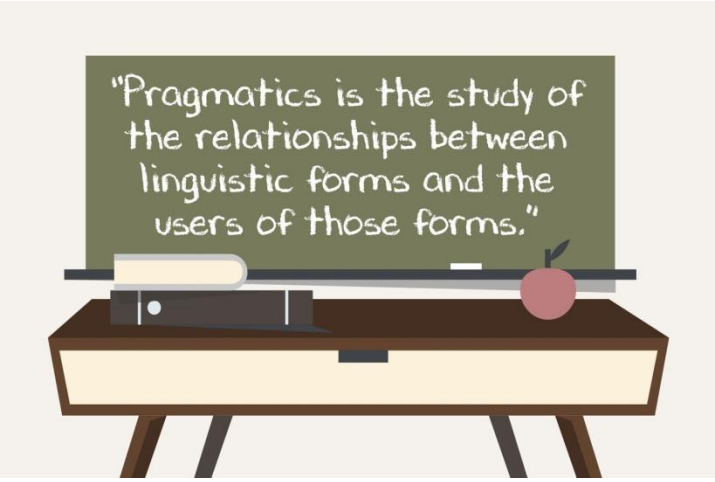
***12. Complete the sentences with the words below.***

*adulthood non-verbal fluent speech verbal be aware of language*

1. ……..– is the verbal means of communication, which is the ability to articulate sounds using the organs of articulation, as described above.
2. It can also refer to aspects such as how loud and how……. we are.
3. ……..- is the knowledge and use of a system of shared rules or symbols (usually words) that are understood in our society.
4. Language can also be……. or…….. as both involve sending and receiving messages.
5. Language is substantially developed by then but continues to develop up until early…….. .
6. When we talk to a child we should …….. the level of their receptive language and keep our language simple.

# MODULE 2

## THEME 1. Pragmatics



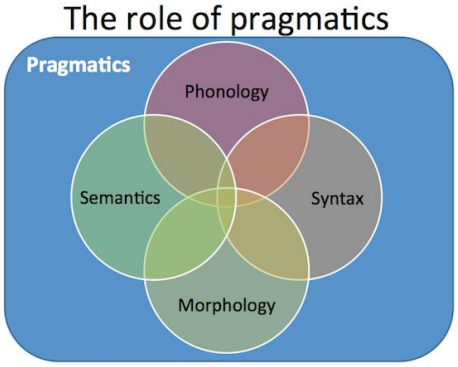

***1. Learn the following words and phrases:***

1. to convey - передавати
2. acceptable - прийнятний
3. overweight - надмірна вага
4. a poor grasp- погане сприйняття
5. to interrupt - переривати
6. inappropriate words - невідповідні слова
7. turn-taking and facial expressions - поворот і вираз обличчя
8. autistic behaviours - аутична поведінка
9. cerebrovascular accident - порушення мозкового кровообігу
10. fluency - плавність
11. smoothness - гладкість
12. stuttering - заїкання
13. to disrupt - порушувати
14. vocal tract - мовленнєвий канал
15. dysphonia – дисфонія (важкість, що виникає під час розмови)
16. hoarseness - хрипліть голосу
17. a vocal nodule - голосовий вузлик
18. a callus - мозоль
19. laryngectomy – ларингектомія, *(видалення гортані*)
20. a voice prosthesis – протез гортані (*відновлення голосових функцій*)
21. an electrolarynx – електрогортань
22. vocal misuse - неправильне використання голосу
23. dementia - деменція (*порушення короткочасної та довгочасної пам'яті)*
24. cognitive skills - когнітивні навички
25. intellectual impairment - інтелектуальні порушення
26. Geriatricians - лікарі геріатри (*лікар у галузі геріатрії проводить реабілітаційні заходи після ускладнень чи хронічного перебігу захворювання).*
26. shrinking vocabulary - скорочення словникового запасу
27. to fluctuate - коливатися
28. inaccurate – неточний, помилковий
29. irrelevant - неактуальний
30. abruptly - різко
31. consequently – отже; тому; в результаті
32. frustration and anxiety - розчарування і занепокоєння

***2. Read and translate the text.***

**Pragmatics**

This basically refers to the way we say something to convey meaning in a socially acceptable or polite manner. If we see someone who is overweight and eating a burger, to say ‘Don’t eat that or you will get bigger’ would be considered rude and may reflect a poor grasp of the rules of social language or Pragmatics.




Another example would be having a conversation with someone who did not look at you when you were talking, interrupted you when you were talking, and then walked away suddenly even though the conversation or discussion was not over. These are all examples of changes to, or difficulties with pragmatic skills.

Pragmatics can also include the use of inappropriate words, poor turn-taking and facial expressions in conversation.

**Communication difficulties affecting pragmatics**

**Autistic Spectrum Disorder** (**ASD**) – is a lifelong developmental disability

**VIDEO !!!!!!! *Autistic Spectrum Disorder***
https://www.mountsinai.org/health-library/diseases-conditions/autism-spectrum-disorder

that results in significant difficulties within areas of communication and social skills. It can affect each individual differently and to varying degrees of severity, and interferes with their ability to interpret and interact with the world around them.

**Autism** is usually diagnosed in childhood as children develop and display behaviours that are recognisable as autistic behaviours. Some of these behaviours or difficulties might include: poor development of expressive and receptive language; poor cognitive skills; poor eye contact; overly focused or obsessive about interests; inappropriate or difficulty managing emotions; sensitive to sound, light, smell, taste and/or touch; and poor pragmatics (social behaviour). There may also be delays in other areas of development such as fine motor skills. Although we have placed ASD under 'pragmatics', it affects many other areas of communication.

**Acquired Brain Injury** (ABI) - stroke (also known as a cerebrovascular accident or CVA) on the right side of the brain and traumatic brain injury (TBI) can cause changes to pragmatic skills, for example difficulty with staying on topic, taking turns and responding appropriately in social interactions or conversations.

**Fluency**

Refers to the smoothness or flow of our speech. Normally we are able to produce sentences with very little effort and without interruption to the flow of words.

**Stuttering** - is when the fluency of speech is disrupted. It is currently understood as a speech motor problem, which is quite common and usually begins between the age of three and four, but can continue or develop throughout a person's life.

Due to its impact on communication, stuttering, for older children and adults, can lead to negative thoughts about speaking and even avoidance of situations in which they have to speak.

**Voice**

**Voice** changes can occur because of problems with vocal cords, breathing or vocal tract. When changes in voice occur it is referred to as **dysphonia**. We

commonly recognise **dysphonia** as '*hoarseness*', though any negative changes to the voice fall under this term. These changes may be due to something structural, physical, neurological (from the brain), psychological, behavioural or other lifestyle factors.

There are professionals who use their voices a lot, such as teachers, actors and singers, who are more prone to voice problems than others.

The origins of dysphonia include:

**Structural -** such as a vocal nodule, which is like a callus on the vocal cords caused by misusing the voice.

Neurological – There are many medical conditions that can impact on voice or 'vocal' function. These include stroke, traumatic brain injury and progressive neurological conditions such as **Parkinson's Disease** or **Motor Neurone Disease**.

**VIDEO!!!!!! Parkinson's Disease.**
https://intrustcare.co.uk/our-services/neurological-conditions/parkinsons- disease/

If you are working with clients with these conditions, further information and training will be required at your workplace.

**Disease** – cancer of the vocal cords will cause dysphonia. In severe cases, sometimes the larynx has to be removed in an operation (called a laryngectomy) and the client must learn to communicate via other means such as a voice prosthesis or an electrolarynx.

**Lifestyle factors** – sometimes, psychological factors such as stress can affect the voice. Stress may cause tension, which in turn can affect the flexibility of the muscles surrounding the larynx. Other lifestyle factors (smoking, which dries the vocal cords and vocal misuse, for example shouting) can physically damage the vocal cords.

**Cognitive Skills**

**Cognitive skills** (memory, attention, new learning, problem solving) are brain functions used to process, gain or retain knowledge. When the brain is affected by damage/disease or disorders our ability to use these skills are impaired. This can occur at different levels. For example:

**High level cognitive communication disorder -** Refer to previous information.

Intellectual Impairment – an impairment in mental ability occurring before the age of 18 that impacts on a person's ability to learn, reason, problem solve and interact socially, which can impact significantly on the person's ability to perform self-care and daily routines.

**Dementia** – there are different kinds of dementia with the most common being **Alzheimer's disease**. **Speech pathologists** may be involved in working with Geriatricians, Occupational Therapists and Neuropsychologists in assessment and treatment of people with dementia in addition to working with their families with the aim of maximising communicative interactions.

**Dementia** impacts on cognitive function which in turn affects communication skills.

Different patterns of progressive communication impairment are associated with the different forms of dementia.

Features of dementia in conversation may include:
 difficulty following the ‘rules’ of conversation (pragmatics)
 less sensitive to others in conversation (focuses on self)
 shrinking vocabulary (smaller range of words)
 responses to questions may fluctuate and at times be inaccurate or irrelevant
 abruptly change topic in conversation
 take shorter and fewer turns in conversation
 listeners have difficulty following their conversation.

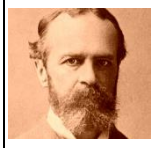
Consider someone with dementia who has experienced changes to their cognitive skills and how this affects their communication.

Firstly, when they have memory difficulties their communication is affected by their ability to recall information. This changes how they are talking, the amount and the meaning/content of what they say. Consequently, they often do not get their message across. This could be a cause of frustration and anxiety for the speaker and the listener.

Secondly, they may have difficulty with attention skills. When talking with someone, they may find it difficult to pay attention to what the other person is saying. This gets harder for longer conversations, so they may ‘miss’ important information. This would then affect their understanding of the conversation. Problem solving may also be affected, which could impact when sharing information or attempting to give directions.

***Explanation***

**Acquired Brain Injury** – черепно-мозкова травма (*набуте пошкодження головного мозку).*



**Parkinson’s Disease** or **Motor Neurone Disease -** Хворо́ба Па́ркінсона, або тремтли́вий пара́ліч — повільно прогресуюче хронічне неврологічне захворювання, притаманне особам літнього віку, особливо тим, що хронічно отримували травми центральної нервової системи

**Alzheimer’s disease - Хвороба Альцгеймера**, також **сенільна деменція Альцгеймерівського типу** — один з різновидів деменції, що уражає близько 6 % (одного з 16) людей віком понад 65 років. Названа на честь німецького психіатра і невролога Алоїза Альцгеймера. Існують різновиди цієї хвороби, які також уражають людей молодшого віку. Уражається «сіра речовина» головного мозку, що призводить до втрати пам'яті і прогресуючого слабоумства. Це порушення мозкових процесів, не фізичних функцій.

**Dementia** – синдром, який супроводжується погіршенням пам'яті, мислення, поведінки та здатності виконувати повсякденні справи, що робить людину залежною від оточуючих.

**Stuttering** - порушення мовлення, що виявляється у мимовільному повторенні окремих звуків, складів або цілих фраз, неприродному розтягуванні звуків або блоках мовчання, протягом яких людина, що заїкається, не може вимовити звук.

***3. Match Ukrainian vocabulary with English:***

| | |
|---|---|
| overweight | погане сприйняття |
| a poor grasp | надмірна вага |
| interrupt | аутична поведінка |
| inappropriate words | порушення мозкового кровообігу |
| turn-taking and facial xpressions | невідповідні слова |

| | |
|---|---|
| autistic behaviours | переривати |
| cerebrovascular accident | поворот і вираз обличчя |
| stuttering | дисфонія |
| vocal tract | мовленнєвий канал |
| dysphonia | заїкання |

***4. Choose the correct variant.***

| | | |
|---|---|---|
| 1. Acquired Brain Injury | **a** | there are different kinds of dementia with the most common being |
| 2. Dementia | **b** | is when the fluency of speech is disrupted |
| 3. Speech pathologists | **c** | may be involved in working with Geriatricians |
| 4. Lifestyle factors | **d** | sometimes, psychological factors such as stress can affect the voice. |
| 5. Stuttering | **e** | refers to any type of *brain damage* that occurs after birth. It can include *damage* sustained by infection, disease |

***5. Complete the sentences with the words below.***

***dementia voice stuttering dysphonia autism***

1. **A_____** is usually diagnosed in childhood as children develop and display behaviours that are recognisable as autistic behaviours.
2. **S_____** - is when the fluency of speech is disrupted.
3. **V_____**changes can occur because of problems with vocal cords, breathing or vocal tract. When changes in voice occur it is referred to as **d_____**.
4. **D_____** impacts on cognitive function which in turn affects communication skills.

***6. Mark the sentences* T *(true) or* F *(false). Correct the false sentences.***

1. Pragmatics can include the use of appropriate words, good turn-taking and facial expressions in conversation.
2. Autism is usually diagnosed in childhood as children develop and display behaviours that are recognisable as mental behaviours.
3. Cognitive skills are brain functions used to process, reach knowledge.
4. Firstly, when they have a good memory of their communication is affected by their ability to recall information.
5. When talking with someone, they may find it easy to pay attention to what the other person is saying.

***6. Retell the topic.***

# SELF-STUDY
## Stuttering
## Text 1
## What stuttering is

The stutterer generally has retained his early belief in the omnipotence of words, but such omnipotence is tied up with the power of destruction and death. He must cautiously guard against a word slipping out which would not only reveal his unconscious death wishes but which might actually bring such wishes to reality. He exerts a control over his words so that they can's slip out, and concentrates his energy more on the word itself than on the thought. Clinically it has been observed that once the child can face his aggression and can gain courage to express his hostility, he does not block on the "angry" words. However, often following such a session, the child's speech symptoms as well as his resistance to treatment of a therapist become intensified. Only when the negative transference is worked upon and interpreted is he again able to work in the areas of aggression, hostility, and guilt.

Since speech is an integral part of the personality structure of the individual, treatment must be centered not on the isolated symptom of the speech disturbance, but rather on the entire integrated organism. The defenses the child uses in all areas must be explored, and the fantasy life and distortions in thinking uncovered.

Unlike the adult, the child rarely takes the initiative to seek professional help. More frequently he is brought into treatment against his will, and once more must he submit to the authoritarian demands of his parents. The child, therefore, often offers strong resistance in the first session. The skill with which the therapist handles this resistance may determine the entire course of the treatment process. The child's willingness and decision to return independent of his parents' desire for him to return must be a goal on the part of the therapist for the first session as well as the succeeding sessions if treatment is to be successful. As long as the child feels that he is coming to the therapist be-cause of parental demands and against his own desire to do so, he intensifies his resistance and uses his nonproductivity in the treatment hours as an expres-sion of hostility against his parents who make him keep his appointments. Besides, if a therapist accepts a child under these circumstances, he is to some ex-tent at least condoning the overdependency relationship existent between the child.and a parent, since he permits the parents to make the decision for the child. The therapist in this situation has aligned himself on the side of the Parents, and must expect, therefore, a similar hostile relationship with the child hi the hours to follow.

Not only has the child rarely been consulted before the initial appointment is made, but he is often suspicious of adults whom he looks upon as being threatening and demanding. He has neither blind faith nor confidence in the lherapist or the therapeutic process, and it is therefore important for the therapist to respect the child's feelings and to convey to the child his approval and understanding of such skepticism or resistance..A treatment process may become only a tug of war between the child and the therapist, a further extension of the very problem with which the child is already struggling.

***Task 1.***

1. What does stuttering mean?
2. Does a stutterer have a specific behaviour while expressing his or her feelings and thoughts.
3. What effective ways of treatment of stutterers can you call?

The case of Tommy, a seven-year-old severe stutterer, is used to illus-trate this point. It was his first hour of treatment. When he came into the office the child was sobbing. His mother was telling him that he was acting like a baby, that he had to see the doctor, and that nothing he could say could change her mind. The therapist went up to Tommy and said, "Tommy, you seem very unhappy, I thought you wanted to see me". His speech was so blocked it was many moments before he could get the sentence out. "She made me come. I didn't want to come".

Therapist: Tommy, no child comes to see me who doesn't want to. I'm here to try to help children understand their problems - not to make them more unhappy. They don't соте to see me because their mothers want them to. They come because they feel they need help.
Tommy: Well, I don't need help.
Therapist: Then you shouldn't be here, Tommy.
The mother was aghast at this and said, "He's too young to know what's good for him".
Therapist: Tommy doesn't feel he has a problem. He doesn't want to be here.
Tommy: Just my speech.
Therapist: Would you like to come into the playroom for a few mo-ments, Tommy? As long as you're here, you may as well see our toys.
Tommy came without any hesitation. In a few moments he was playing with the guns and soldiers. He wanted to say something, but he couldn't get the words out.
Therapist: Speech can be an awful problem sometimes. We want to say something - and the words won't come.
Tommy continued to play. At the end of the hour he seemed reluctant to leave.
Therapist: Why don't you think it over, Tommy? You phone me tomorrow and let me know if you would like to return.
Tommy: Okay - but she'll make me.
Therapist: No, Tommy, only phone me if you want to return.

Now the responsibility for such an important decision has been placed on Tommy. This kind, of relationship with many children is a completely new experience. Up to this point, too often, they have been treated like automatons. The question of what is accomplished by this technique if the child should decide not to return arises. The answer to this might best be understood by asking the question: What is gained when the child is forced into a treatment process against his will? Are we not thereby furthering anxieties, tensions, and hostilities, thus increasing the load the child is already carrying, and are we not thereby defeating the very goal of therapy namely, the reduction of tension and anxiety and the release of hostility. It is true that children may not always know what is best for them. In this respect they are not too different from their parents. We must explore the motives of parents who are so eager that the child have treatment regardless of what ruse may be used to entice

the child to keep his appointments. It is often these very parents who become indignant when it is suggested that perhaps they are in need of treatment and that the child's problems might be more easily dissipated if the parents gained insight into their own conflicts.

***Task 2.***

***Describe the mean which was used in treating Tommy. Do children always know what is best for them or not and what is to be done in this case?***

***Task 3.***

***Comment on the behaviour of the therapist. Why is the treatment organised as a play? What would your do in the case of Tommy?***

***Task 4.***

***Read texts 2 and 3.***

***Get ready to discuss the problem of stuttering in a form of a round TV table discussions.***

**Хто частіше заїкається?**

Висловлювалися припущення, що заїкання має різне розповсюдження у різних народів, зокрема в зв'язку з характером звуків, властивих окремим мовам. Але в дійсності заїкаються люди, що говорять на мовах, що значно відрізняються за своїм звуковим складом. При цьому якщо людина володіє двома або більшою кількістю мов, то і заїкається він на всіх мовах. Висловлювалося також припущення, що заїкаються люди, що належать до більш «культурних» народів, але і воно не підтвердилося. Наприклад, доктор Аррон в 1958 році проводив дослідження в Африці. Виявилося, що заїкання однаково розповсюджене як серед проживаючих там білих, так і серед місцевого чорношкірого населення.

У всьому світі заїкається приблизно 1% дорослих і 2-3% дітей. Таке співвідношення дозволило чудовому психіатру Сікорському, батькові знаменитого авіаконструктора, називати заїкання дитячою хворобою. Він же був першим, хто отримав найбільш докладні відомості про вік, в якому починається заїкання. Фахівці всього світу вказують діапазон від півтора-двох до п'яти-шести років в якості критичного для виникнення заїкання. Насправді ж в у переважній кількості випадків заїкання виникає у віці до десяти років і тільки в поодиноких випадках в більш пізньому віці. Можна стверджувати, що якщо дитина не почала заїкатися до десяти років, то це йому вже більше не загрожує.

Ряд авторів пов'язує виникнення заїкання з появою фразової мови, причому деякі з них надають особливого значення тому, що на цьому етапі є неузгодженість між швидкістю мислення дитини і швидкістю, з якою вона здатна говорити. Як критичний з періодів називають час, коли дитина вчиться говорити, час ходіння до школи і підлітковий період, пов'язуючи ризик виникнення заїкання з психологічними факторами. Вважається, що з віком у більшості, що заїкаються, відбувається поліпшення мови.

Хлопчики заїкаються в три рази частіше, ніж дівчатка. Це дозволяє відносити заїкання до спадкових розладів.

## Основні фактори ризику виникнення заїкання

Пошуку причин заїкання присвячена велика кількість досліджень. Ряд вчених повідомляли про високий ступінь ризику заїкання у дітей, які виросли в сім'ях з родичами, що заїкаються. За їхніми даними, вірогідність виникнення заїкання у таких дітей варіює від 12 до 69% в порівнянні із загальною популяцією.

Є точка зору про причини виникнення заїкання як про результат порушення моторного контролю. Ймовірними причинами заїкання служать патологічна м'язова активність, порушення м'язового тонусу, наявність патологічної судомної активності таі інші чинники.

Найбільш ймовірне виникнення заїкання у віці 2,5-4,5 років. Рідше заїкання виникає в шкільному віці; Непоодинокими є випадки виникнення заїкання у юнаків і дорослих.

З чим це пов'язано? Найчастіше це відбувається через несподіваний переляк. Кожна дитина коли-небудь переживав стресові ситуації, але не всякий, зіткнувшись з собакою, побачивши страшний сон або несподівано почувши гучний звук, починає заїкатися. Тому несподіваний переляк, з якого в більшості випадків починається заїкання, не можна вважати його єдиною причиною. Існує ряд факторів, завдяки яким одна дитина, злякавшись, починає заїкатися, а інша ні. Виявлення таких передумов заїкання і було присвячено дане дослідження.

Обстежено 60 осіб обох статей у віці від 2,5 до 24 років. Особи відбиралися зі спеціальних садків, поліклінік, шкіл, психо-неврологічних диспансерів. До моменту обстеження всі демонстрували значний рівень заїкання, оцінюваний як важкий (23 людини) і середній (37 осіб) ступінь захворювання. Вся інформація про початок захворювання і його перебігу була отримана шляхом об'єктивної оцінки мови; бесід з піддослідним і його батьками; вивчення історії хвороби (медична карта).

**Об'єктивна оцінка мови випробовуваних**

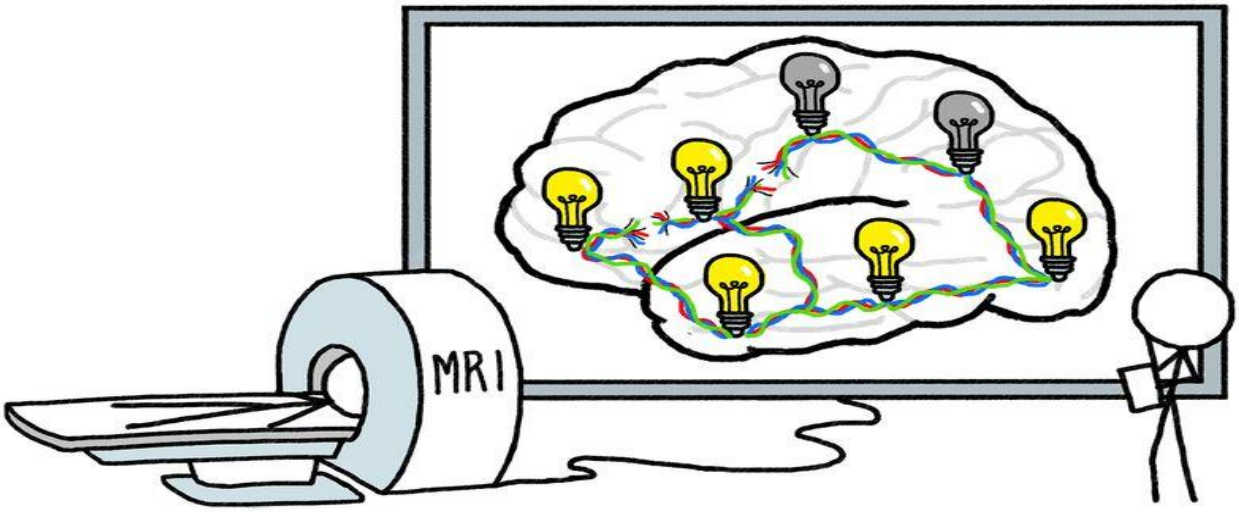
Мова піддослідних оцінювалася в двох ситуаціях:

а) при бесіді з дослідником;

б) в домашній обстановці.

Логопед оцінював мову досліджуваного під час гучного читання і при розмові. Кожен з 60 піддослідних був класифікований як такий, що заїкається на підставі наступних критеріїв: три повторення в процесі проголошення 20 слів, паузи всередині слів, протягування звуків. Неадекватні зупинки, вигуки, якщо повторюється початок фрази або незавершене висловлювання також розглядалися як ознаки заїкання.

## THEME 2. Origin of Communication Disorders




***1. Learn the following words and phrases:***

1. Congenital abnormalities - вроджені аномалії
2. developmental delay or disorder - затримка або порушення розвитку
3. Degenerative disease (worsens over time) - дегенеративне захворювання (*розлад нервової системи)* (погіршується з часом)
4. foetus - плід
5. cell - клітина
6. a congenital hearing – вроджена вада слуху
7. cochlear – равлик внутрішнього вуха
8. oral malformations - вади розвитку ротової порожнини
9. dietitians - дієтологи
10. holistically – цілісно, в комплексі
11. apparent – очевидний

***2. Read and translate the text.***

Having understood the various range of a number of communication difficulties/disorders, it will now be useful to look at the origins of these difficulties/disorders and how they can affect areas of communication.

Communication disorders can be categorised according to their origin, and may arise from:

- Congenital abnormalities (those which occur before birth)
- Developmental delay or disorder (occurring in developmental years)
- Acquired injury and disease
- Degenerative disease (worsens over time)

***Congenital Disorders***

This refers to defects in or damage to the developing foetus (unborn baby) and may be due to:

**VIDEO!!!!!**https://www.youtube.com/watch?v=4gJM5T_xFpQ

**Genetic disorders** (what we inherit from our genes) – genetic disorders are an abnormality of a chromosome (chromosomes carry our DNA inside our cells). Chromosome abnormalities are responsible for conditions such as **Fragile X, PraderWilli and Down Syndrome** where speech and language delays are common.

**Trauma or injury** – caused by an injury to the brain before, during, or shortly after birth. It can affect speech and language development depending on the severity and the area of brain damaged. This can be seen in conditions such as **Cerebral Palsy**.
**Structural or medical conditions** – there are many conditions that can result in communication disorders including hearing impairment and a wide range of syndromes.
**Hearing impairment** – a congenital hearing loss is one that is present at, or soon after birth. Causes can include partial or complete closure of the ear canal (atresia), malfunctioning or damage to the cochlear (the sensory part) or the hearing nerve.
**Cleft lip or palate** – is a condition that is a result of facial and oral malformations that occur very early in pregnancy, while the baby is developing sounds are affected by the shape and structure of the mouth and nose.

Children with congenital abnormalities may also have physical development issues. They may need assessment and management by Physiotherapists, Occupational Therapists, Dietitians, and Psychologists. When this occurs, we manage these clients 'holistically', which means that while we primarily look at their speech and language skills, we also observe other physical/sensory/social issues that may be apparent.

***3. Answer the following questions.***

1. What communication disorders can be categorised according to their origin?
2. What **genetic disorders** do you know**?**
3. What are Congenital Disorders?
4. What is trauma or injury?
5. What is hearing impairment?
6. What is cleft lip or palate?

***4. Translate into Ukrainian.***

Communication disorders, Developmental delay or disorder, Degenerative disease, foetus, cell, congenital hearing, cochlear, oral malformations, dietitians.

***5. Mark the sentences T (true) or F (false).***

1. Genetic disorders (what we inherit from our genes) – genetic disorders are a normality of a chromosome (chromosomes carry our DNA inside our cells).
2. Trauma or injury – caused by an injury to the brain before, during, or shortly before birth.
3. Hearing impairment – a congenital hearing loss is one that is present at, or soon after birth.
4. Children with congenital abnormalities may also have mental development issues.

**Activity: Origin of Disorders**

***1. Complete this activity with a partner.***

*Read the Case Study below and discuss the questions that follow. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.*

*Case Study: Origin of Disorders*

Leo comes into clinic with his mother to see the speech pathologist. He is two years old, and he has Down Syndrome. His mother reports that he said his first word 'dada' at 18 months, and now has about seven words, though she thinks he

understands a lot of what is said to him. His sounds are certainly not clear but in clinic he says ‘ball’ and ‘mama’.
Consider the normal development of language; Leo will appear to be delayed, won’t he? As children with this condition have variable levels of ability, we cannot say that this is ‘normal’ for this condition, but Leo’s language development follows a common pattern seen in children with Down Syndrome.
The speech pathologist will also be interested in his gross motor skills (the movement of the large muscles of the body, like his legs), for example: is he crawling?; his fine motor skills (movement of the smaller muscles, like his fingers), for example: can he pick up a small object like a pea?; his diet (what he eats and his nutrition), for example is he eating solids/finger foods etc?; so that she can advise allied health colleagues and have a more holistic view of Leo.
Leo is not walking, and has only just started crawling. He can pick up small objects and enjoys finger foods, like crackers.

***2. With your group, discuss the following questions.***

1. What do you need to consider when setting up a therapy room for a speech pathology session with Leo and his mother?

- Think about seating; floor or chairs?
- Leo can crawl (*повзати*). How will you ensure he remains safe?
- What could you do to the room?

_____
_____
_____

2. As an Allied Health Assistant, what is your role in the session? What is not?

_____
_____
_____

3. How would you keep Leo and his mother on task?

_____
_____
_____
_____

4. What information would you report back to your supervisor?

_____
_____
_____

5. What other allied health professions could be involved with this case?

_____
_____
_____

## SELF-STUDY
## Rhinolalia

***1. Read and translate the text.***

### Text 1.
### Cleft palate

A cleft palate occurs when tissues which should have grown in towards each other to form the roof of the mouth fail to do so. Sometimes this occurs together with a split in the upper lip, often referred to as a "hare lip". These conditions have a large genetic component and may run in families. They may occur in conjunction with other defects such as a visual impairment. The palate and lip tissues are normally joined by the third month of pregnancy, but in approximately 1 per 1000 births this fusion has not occurred, although the precise breakdown in the mechanisms involved is unclear. A child needs a whole palate and lips in order to have a normal appearance, to eat properly, and to speak.Surgical corrections are usually performed within the first year of life.

Depending on the severity of the cleft and the success of any repairs attempted, the child may have some difficulty in articulating speech sounds involving the lips and palate.

Children born with a cleft palate are often unable to breathe properly through the mouth and it may take a long time to regulate correct patterns of airflow essential for speech. If air is lost through the nose many sounds, such as the fricative "f’ or "s", will lose their clarity and be pronounced nasally. In fact, other kinds of palatal problems can produce similar effects on speech. If there is a weakness in muscular control of the soft palate the child may have difficulty in producing some of the sound contrasts and have a very nasal voice quality. Other children are quick to seize upon any difference in appearance or voice such physical abnormalities cause and there are almost always additional psychological consequences.

Children with cleft palate may show delays in other areas of language such as using and understanding vocabulary and complex syntax. The most likely explanation for this lies in the very high risk cleft palate brings of fluctuating hearing loss. Cleft palate children tend to suffer a lot of colds' and flu because mouth breathing promotes infection. In cleft palate children, because of the weakness in the palate muscles which operate the eustachian tube, the middle ear may be poorly ventilated. Because of these factors conductive hearing loss affects up to 90 per cent of children with cleft palate. It is realistic to consider any child with a physical abnormality of the ear, nose or throat, as being at risk of middle ear disease and fluctuating hearing loss. What this means is that such children are likely to show the wide range of speech and language difficulties which are commonly associated with a mild hearing loss.

Alec Webster, Christine McConnell(from "Special needs in ordinary schools. Children with Speech and Language Difficulties". London, 1987).

***2. Comprehension questions to the text:***

When does a cleft palate occur?

What kind of speech problems are associated with cleft palate?

What kinds of delays do children with cleft palate demonstrate in the language?

### Text 2

***1.Read and translate the text in written form.***

**Pathomorphology of cleft palate and cleft lip**

Congenital cleft lip and cleft palate produce the most profound of speech disturbances. The disconfiguration of so many speech structures is reflected in serious alterations of the processes of articulation and resonation. Indirectly, it also modifies unfavorably the functions of phonation and respiration. Its adverse effects upon audition, together with the deformities of the face which so often accompany this oro-naso-pharyngeal teratism, impose further penalties and limits upon speech behavior. Being present before birth and in varying degrees during the period in which speech is learned; this condition is a deterrent to the acquisition of speech-production skills.

Circumstances dictate that the relationship between the speech clinician and the child with the cleft palate seldom begins until the child is learning to talk, and often much later.

Rarely, therefore, does the speech clinician has an opportunity to see the child before reconstructive surgery is done or prosthetic service is provided. The many effects of this aberrancy of structure upon the speech processes can be appreciated only when the original condition is understood.

Cleft lip and cleft palate are deformities of tissue disposition, specifically of disjunction and inadequacy (occasionally overdevelopment) of the tissues of the lip, nose, jaw, hard palate, Velum, pharynx, and cranial base. The varieties of cleft lip and palate may be grouped into four general categories based upon embryological, anatomical, and physiological considerations: (1) those involving the lip alone; (2) those involving the lip, palate, and velum; (3) those in which .the palate and velum only are affected; and (4) those in which the palate ls congenitally insufficient.

Herbert Koepp-Baker, Ph.D. (from "Speech Pathology", 1960.)

***2. Give an annotation to the text (approximately 50 words).***

**Text3**

***3. Render the text in English.***

Одним з основних функціональних порушень при вродженому незрощенні піднебіння є розлад звуковимови. Мова таких дітей розвивається пізніше, ніж в нормі. Вона спотворена, недоступна розумінню. Порушення її може вести до затримки розумового і психічного розвитку, формування соціальної неповноцінності, а також до ряду психічних захворювань.

У зв'язку з цим логопедична позиція повинна бути однозначна: ліквідація незрощення в найбільш можливо ранні терміни. Чим раніше проведена ефективна хірургічна реабілітація (відновлення функції м'якого і ліквідація дефекту твердого піднебіння), тим раніше і швидше відновлюється мова.

Змістом післяопераційного логопедичного навчання є дихальна гімнастика, вправи, спрямовані на посилення піднебінно-глоткового змикання, постановка збалансованого резонансу, вироблення досвіду правильного голосоведення, розширення діапазону голосу, збільшення його сили. Все це в комплексі з іншими заходами (в першу чергу - ортодонтичним лікуванням) направлено на виправлення фонетичної сторони мови. У перший же день після зняття швів проводяться логопедичні заняття з метою пристосування старих

навичок до нових, анатомічно вірним функціональним умовам в порожнині рота. Це вправи для активізації новосформованої піднебінної фіранки, розвитку мовного дихання, артикуляції апарату, фонематичного слуху, постановки звуків, автоматизації звуків у складах, словах, мови.

У післяопераційний період через тривале мовчання і охоронне гальмування мова хворих погіршується. М'яке небо малорухоме, назальний відтінок мови посилюється, тому основним завданням стає вироблення повноцінного піднебінно-глоткового змикання. ,

Розвиток фонематичного слуху в післяопераційному періоді направлено на диференціацію звуковимови. Дитина повинна вміти чути, чи правильно вона вимовила той чи інший звук. Починати заняття слід з аналізу артикуляції звуків і нових навичок мовного дихання при правильній вимові звуку.

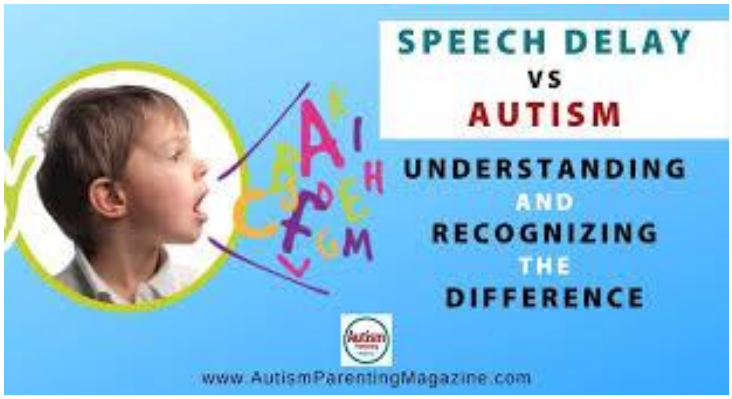
Після того як дитина навчилася правильно вимовляти нові звуки в словах і реченнях, слід починати автоматизацію звуків у спонтанному мовленні, паралельно закріплювати і диференціювати фонеми в віршах, приказках, скоромовках.

Таким чином, результати логопедичного навчання дітей з вродженими незрощеннями піднебіння багато в чому визначаються вчасно наданою хірургічною допомогою і ортодонтичною корекцією.

Принципи логопедичного навчання при ранньому хірургічному відновленні. Під ред. Л.В.Харькова, А.І.Дубініной, Л.Н.Яковенко, С.А.Носко. Український центр з лікування дітей з врожденними і набутими захворюваннями щелепно-лицевої області, Київ.

***4. Speak on the problem of Rhinolalia. Revise the Texts and make up your theses on the problem in English.***

## THEME 3. Developmental Delay and Disorders




***1. Learn the following words and phrases:***

1. to distinguish - розрізняти
2. reliant - довірений
3. tantrums – істерики; спалах роздратування
4. peer play – гра з однолітками
5. ***echolalia - ехолалія*** *(автоматичне повторення почутих фраз, слів або звуків. Ехолалія не є самостійним діагнозом, це симптом затримки психомовленнєвого розвитку, аутизму або іншого неврологічного розладу)*
6. ***Asperger syndrome - Синдром Аспергера*** *(одне з п'яти загальних (первазивних) порушень розвитку, які характеризуються серйозними труднощами в соціальній взаємодії, а також обмеженим, стереотипним, повторюваним репертуаром поглядів і занять. Синдром іноді називають формою високофункціонального аутизму (тобто аутизму, за якого здатність функціювати відносно збережена)*
7. pervasive - поширений
8. identifiable cause - ідентифікована причина
9. stroke - інсульт
10. cerebrovascular accident - порушення мозкового кровообігу
11. a clot that slows down - згусток, який уповільнює роботу
12. the rupture of a blood vessel - розрив кровоносної судини
13. the brain tissue - тканини мозку
14. intra-cranial tumours - внутрішньочерепні пухлини
15. skull - череп
16. squash brain structures - стиснути структуру мозку
17. deceleration - уповільнення
18. bruising - синці
19. bleeding - кровотеча
20. haemorrhaging - крововилив
21. swelling - набряк
22. aphasia - афазія
23. dysarthria - дизартрія
24. ‘slurred’ speech - невиразна мова
25. saliva (dribbling) - слина (стікає)
26. dyspraxia - диспраксія
27. slurred speech - невиразна мова
28. to rectify inaccurate perceptions - виправити неточні сприйняття

***2. Read and translate the text.***

It is important to distinguish between a developmental delay and developmental disorder.

A child who has developmental delay reaches their developmental milestones or targets slower than expected, but they do so in the ‘normal’ sequence. A child who has a developmental disorder displays an unusual sequence or order of reaching these milestones with ‘gaps’ in specific areas of their development. Children with developmental disorder often also present with developmental delays.

Signs of a developmental delay would include achieving the expected milestones for speech and language development in the expected order but later than children of the same age.

Signs of a **disordered language** pattern in young children can include:
 Limited speech and/or limited vocal imitation.
 Difficulty with language comprehension — child is very reliant on situational or visual cues — child has difficulty answering questions.
 Child is considered to be very independent (may have frequent temper tantrums) but has difficulty using language to get needs met.
 Limited social interaction, difficulty in peer play, excessive shyness.
 **Echolalia** (the repetition of words and sounds a person has heard either recently or quite a while ago).

Communication disorders that may arise from a developmental disorder include:

**Dyslexia** – refers to specific learning difficulties with reading, but remember, spoken words and written words are so connected that written language may also affect the child's spoken language.

**Autistic Spectrum Disorders** (ASD) – "Autism spectrum disorder (which includes autism, Asperger syndrome and pervasive developmental disorder not otherwise specified (PDD-NOS), is a complex disorder that affects a person's ability to interact with the world around them." People with ASD have difficulties with communication and social interaction, as well as "restricted or repetitive behaviours, interests and activities".

**Specific Language Impairment** (SLI) – this is a developmental disorder that is considered a pure language disorder as it affects only language and has no other identifiable cause.

**Acquired Injury and Disease**

Disorders of communication may also follow an acquired injury or disease. As they are acquired, they can affect a person of any age. The following are examples of injury or disease that can be acquired after birth.

**Acquired Brain Injury**

Stroke, traumatic brain injury and intracranial tumours are common acquired causes of damage to the tissues within the brain which result in communication disorders.

**Stroke** (also known as cerebrovascular accident or CVA) – can be caused by a clot that slows down or stops the flow of blood to areas of the brain (Ischemic CVA) or the rupture of a blood vessel that floods the brain tissue with blood (haemorrhagic CVA).

CVA can cause difficulties in all areas of function including:
 speaking
 understanding
 reading
 writing
 thinking
 walking
 vision
 use of arm or hand
 swallowing

 continence
 activities of daily living such as the ability to dress, shower and drive.

Strokes can occur in any area of the brain, for example: on the left-side, right-side or in the brain stem. A stroke on one side of the brain usually affects the opposite side of the body.

***VIDEO!!!!***For more information on Strokes visit the National Stroke Foundation webiste at: www.strokefoundation.org.au

**Intra-cranial tumours** (inside the skull) – these tumours can affect speech and language as they can take up space in the brain and squash brain structures, lie on and affect blood supply to a structure, or directly damage the brain tissue which is responsible for speech and language production. Generally speech and language problems do not occur until later in the course of the disease as the tumour grows and affects these areas.

**Traumatic Brain Injury** (TBI) – is damage to the brain from trauma, such as external trauma/blow to the head (for example a fall) or by the brain being forced to move rapidly backwards and forwards inside the skull (for example through sudden deceleration in a car accident). TBI can result in different types of damage to the brain including bruising, bleeding or haemorrhaging, swelling of the brain, or injury to the pathways in the brain. Often, people with TBI have several different brain areas affected from the one accident or injury. TBI can cause a range of communication problems, depending upon the severity and the site/s of the brain injury. Difficulties can be mild to severe, and can include changes to speech, language, reading and writing, thinking skills and social skills.

Generally there are three neurological communication conditions that are as a result of acquired injury and disease.

**Aphasia** (also referred to as Dysphasia) - a language difficulty caused by damage to the areas of the brain that control language. It can affect comprehension, expression, reading, writing and using numbers/symbols.

**Aphasia** varies in severity; one person may have a mild difficulty, maybe 'finding' the right word; another may not be able to communicate their needs at all.

***For more information on Aphasia, visit the Australian Aphasia Association website***: www.aphasia.org.au

**Dysarthria** – a motor speech disorder caused by stroke, head injury, or other neurological condition. It may affect the strength, speed and co-ordination of the muscles of the jaw, lips/face, tongue, palate, larynx (voice box) and muscles used for breathing (remember the 'organs of articulation'). It is often recognised as 'slurred' speech, but people with dysarthria also experience problems with the quality, pitch and loudness of their voice and the rate, melody and intonation of their speech. People with dysarthria often have associated facial weakness, poor control of saliva (dribbling) and difficulties with eating and drinking.

**Dyspraxia** – a motor speech disorder caused by injury or disease of the brain that affects voluntary motor planning, programming and sequencing of the movements for speech production. Voluntary non-speech oral movements like poking out the tongue may be affected or the motor planning for speech sounds may be impaired. Dyspraxia

does not make the muscles weak; it affects the pathway that sends the message from the brain to the muscle. A person with dyspraxia may be able to lick an ice-cream without thinking but be unable to make a similar movement of poking out their tongue on command. Like aphasia and dysarthria, it varies in severity, from someone who cannot pronounce effectively to someone who cannot use word or gesture at all. A person may have a combination of any of the above speech and language disorders to varying degrees of impairment. That is a person may have aphasia and dyspraxia or aphasia and dysarthria or all three difficulties impacting on their ability to communicate.

In addition, problems with swallowing (dysphagia) may also be present.

Different treatment methods are required for the varying forms of communication disorders. The speech pathologist will address an individual's needs based on thorough formal assessment and analysis.

It is very important to be clear that none of these conditions cause an impairment of intelligence. These are some quotes from people living with Aphasia:

- 'Inside my mind, I am the same person but all areas of language are confusing.'
- 'Cannot communicate the ideas in my head into words.'

When we think about how much we communicate in a day, it is not surprising how a speech or language difficulty affects the person both socially and emotionally. Take a minute to think about your perceptions when you hear someone with poor or slurred speech. Some people make judgements regarding their intelligence, socio-economic status or even their sobriety based solely on how they speak. Part of the AHA role may be advocating for people with communication difficulties to assist to rectify inaccurate perceptions.

**Other Types of Acquired Injury or Disease**

Other origins of communication difficulties from acquired injury and disease include head and neck cancer (not including brain tumours) – these do not affect language but if the tumour and/or surgery are in the mouth, it can significantly affect speech production, causing dysarthria. If the tumour is in the larynx (voice box), it can cause hoarseness, and indeed if the larynx is removed, an artificial means of voice may be introduced.

Although trauma, tumour and stroke are the most common origins of acquired brain injury, they can also be caused by:

- alcohol or drug abuse
- poisoning
- infection
- hypoxia (lack of oxygen)

Acquired injury and disease can also result in swallowing difficulties.

***Activity:***

This activity involves thinking about the nature of acquired communication problems.

You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.

Imagine you have just had a stroke and have aphasia. It affects your ability to 'find' words and make sentences. When you want to say one word, another comes

out, for example ‘apple’ instead of ‘orange’, and you can no longer meet your friends in groups as you cannot concentrate on more than one person speaking at a time. You cannot follow your favourite television shows and you cry more easily than before.
Before you had this stroke you were a 21-year-old, studying to complete your Certificate IV in Allied Health Assistance.
1. How do you think you and your family would feel?

_____
_____
_____
_____
_____
_____
_____
_____

***3. Translate into Ukrainian.***

Echolalia, Asperger syndrome**,** stroke, cerebrovascular accident, a clot that slows down, the rupture of a blood vessel, the brain tissue, intra-cranial tumours, skull, squash brain structures, deceleration, bruising, bleeding, haemorrhaging, swelling, aphasia, dysarthria, ‘slurred’ speech, saliva (dribbling), dyspraxia,slurred speech, rectify inaccurate perceptions.

***4. Mark the sentences T (true) or F (false).***

1. A thing who has developmental delay reaches their developmental milestones or targets slower than expected, but they do so in the sequence.
2. Strokes can occur in any area of the body, for example: on the left-side, right-side or in the brain stem.
3. Generally there are two neurological communication conditions that are as a result of acquired injury.
4. It is very important to be close that none of these conditions cause an impairment of intelligence.
5. Different treatment methods are required for the varying forms of communication speech

***5. Answer the following questions.***

1. What is **Echolalia?**
2. What is **Dyslexia?**
3. What is **Stroke?**
4. What is **Intra-cranial tumours?**
5. What is **Aphasia?**
6. What is **Dysarthria?**
7. What is **Dyspraxia?**

## SELF-STUDY
## Dyslexia

***1. Read and translate text 1.***
***Put 5 questions of different types to the text.***
***Text 1***

### Different type of learning at dyslexia

The existence of dyslexia as a developmental disability in children is still very controversial in the literature. Unlike adult alexia, which is the result of an identifiable cerebral lesion, children labeled dyslexic rarely exhibit evidence of neurological damage; rather, they exhibit only a cluster of symptoms or soft signs indicating dysfunction. Often the same child will be labeled variously as dyslexic, learning disabled, language disordered, or a poor reader, depending upon who is evaluating the child and that person's theoretical orientation toward either a medical, educational, communication, or information processing model.

If we assume for the purpose of argument that dyslexia does exist developmentally in children, it must be remembered that the vast majority of these children have difficulty with language expression, language comprehension through the auditory modality, reading comprehension, writing language, and word recognition. Thus, working primarily on one component or cueing system, such as the graphophonemic relationship (i.e., phonics, auditory discrimi-nation training, phoneme segmentation), does not address the range of language needs exhibited by these children. It also isolates one cueing system, such as letter-sound correspondence, from the other cueing systems, including the meaning of the passage, understanding of word order, mean ingful relation-ships of words within and across sentences, the canonical structure of words, background knowledge related to the topic, and visual word configurations that all work simultaneously in normal reading to facilitate meaningful and fluent reading."If a child does have specific difficulty with the granhophonemic level of language processing, an isolated approach to intervention removes most of the useful cues and limits the child's ability to compensate through alternatives. It may not help the child use the graphophonemic cues in integration with the other systems; generalization to a more complex context is often difficult. If the difficulty is not specific to the graphophonemic level, an isolated approach does not provide any remediation for other language processing deficits and the child will continue to be unable to deal with the complex sentence and discourse-level language skills required for fluent reading and comprehension, even if words are correctly decoded. Either way, a more holistic and integrated approach is suggested.

***Task 3.***
***Finish the following sentences using the words from the text.***

Dyslexia as a developmental disability in children differs from adult alexia because...
Children labeled dyslexia rarely exhibit evidence as...
Often the same child is labeled as dyslexic depending upon...
We must remember that the vast majority of children have difficulties with...
These children do not exhibit the range of language needs because...
There are different cueing systems which...

If the child does have specific difficulties he wile...
A more complex context is required if...
The child will continue to be unable to deal with complex sentences if...
Either way is suggested if...

***Task 4.***

***Discuss in your group the problem of dyslexia as a developmental disability of a child and the ways of raising his graphophonemic level.***

***Text 2***

***Task 5.***

***Read the text and retell it.***

**A 10-year-old with learning disabilities**

On meeting Sam, many people could not believe he was having difficulty in school. His geniality and streetwise manner suggested a maturity well beyond his 10 years. Strangers were often dazzled by this toothy grin and quick wit.

Despite Sam's verbal resourcefulness and creativity, he lacked even the most rudimentary academic skills. His mastery of math facts, spelling words, or literal information within a written passage was spotty at best. On Monday he might learn a new reading word, but on the following day he would insist he had never seen it.

In the classroom Sam drove his teachers to distraction. He was almost always bewildered by assignments. He frequently asked other students what he Was supposed to do and was usually slow at starting a new task or was unable to do it at all. He seemed to be everywhere at once. He couldn't sit still or keep his hands off others. As a result, many of Sam's teachers let him spend a conquerable portion of the day playing in the back of the room.

Even though he professed hatred for school, Sam rarely missed a day. He was usually there when the first teachers began to arrive in the morning and was generally one of the last to leave at the end of the day. Before and after school Sam was a teacher's delight. He was courteous, entertaining, and helpful. Once the opening bell rang, however, he often became bossy, stubborn,and irritable.

By Mary R.Moran (from "Exeptional Children in today's schools" by Ed.L.Meyen,University of Kansas, Denver, 1990)

***Task 6.***

***If you were Sam's teacher how could you help him stay on task? Prove your position. What kind of academic and social experience should Sam receive?***

***Task 7.***

***Give the definition of dyslexia.***

***Text3***

***Task 8.***

***Translate the text into English in written form.***

**Дислексія**

Дислексія - це часткова відсутність навичок читання, пов'язане з ураженням або недорозвиненням деяких ділянок кори головного мозку. Виражається в уповільненому характері процесу читання. При цьому дитина, або зовсім не може навчитися читати, або читає з великими дефектами, спотворено, втрачаючи літери, плутаючи їх порядок, не вловлює змісту

прочитаного і т.п. Дислексія - дуже поширене захворювання. За оцінками фахівців, в Америці від дислексії страждають близько 10 млн. чоловік.

Нещодавно вчені з'ясували, що явища, які спостерігаються при дислексії, можуть бути пов'язані з порушеннями в мозочку. Вони встановили, що під час виконання послідовних рухів пальців мозкова активність в області мозочка у людей, які страждають на дислексію, становить близько 10 відсотків від активності, що спостерігається у здорових людей.

Дислексія зустрічається у хлопчиків в 3-4 рази частіше, ніж у дівчаток. Дислексиками були знаменитий дипломат епохи французької революції і Наполеона Талейран; знаменитий архітектор сер Річард Роджерс - творець центру Помпіду в Парижі, а також Х.-К.Андерсен, А. Ейнштейн, Т. Едісон, У. Черчілль, Сергій Радонезький, О. Роден та інші.

Дислексією страждають в тій чи іншій мірі близько 10 відсотків населення Землі. В останні роки вчені стали схилятися до думки, що природа хвороби генетична.

***Text 4***

***Read the text and discuss in English the paradoxes and mysteries of dyslexia.***

**Студент, який не вміє читати і писати**

У древніх стінах Кембриджа з'явився незвичайний студент. Першокурснику Александеру Фелуді 15 років. Це наймолодший студент прославленої «альма-матер» за останні 2 століття. Настільки ж юний школяр переступав поріг Кембриджа аж в 1773 році - і це був Вільям Пітг-молодший, майбутній прем'єр-міністр Великобританії.

Але зовсім не вік змусив говорити про Фелуді всю країну. Справа в тому, що Александер, що поступив одночасно на відділення теології та історії мистецтв, практично не вміє ні читати, ні писати. У вундеркінда, коефіцієнт інтелекту якого значно вище середнього, особливий вид розумового розладу - дислексія. Уражені нею люди ледь сприймають написаний текст, і для деяких грамота так і залишається таємницею за сімома печатками.

Страждаючі дислексією насилу осягають ази арифметики. Їм важко застібати ґудзики, розрізняти час по годинах. Ранимі і сором'язливі по натурі, вони важко переживають свою несхожість і вельми страждають від комплексу неповноцінності.

У колишні часи таких людей автоматично зараховували в категорію «розумово відсталих». Але як показує досвід, природа, немов прагнучи загладити свою провину, часто наділяє їх рідкісними талантами. Александеру пощастило - його батьки постійно займалися з сином.

Коли малюкові було всього 3 роки, виявилося, що він здатний слово в слово відтворити дитячу телепрограму, яку тільки що подивився. В 9 років хлопчик став наймолодшим британцем, що здали іспити середньої школи з літератури, а в 11 - іспити школи вищого ступеня з того самого предмета. І це при тому, що Александер пише зі швидкістю 2 слова в хвилину!

Александер Фелуді - не єдиний приклад парадоксального поєднання незвичайних розладів психіки та блискучих талантів. За словами вчених, різними формами дислексії страждали, наприклад, Ганс Християн Андерсен і

Томас Едісон. А Ейнштейн, як відомо, в школі називали закоренілим трієчником. серед наших сучасників, які страждають на дислексію і досягли завидного успіху в житті, можна назвати сера Е.Ротшільда, главу знаменитого британської банкірської Палати.

# THEME 4. Treatment of communication disorders

***1. Learn the following words and phrases:***

1. feedback - зворотній зв'язок
2. a crucial tool - важливий інструмент
3. cueing hierarchy - ієрархія підказок
4. fatigue - втома
5. frustration - розчарування
6. distractible - відволікаючий

***2. Read and translate the text.***

Therapy plans will change over time in accordance with Client progress. Treatment is individualised to each client and is usually goal orientated. These goals are set in collaboration with the client.

**Your role in Treatment**

You have an important role in the treatment of communication disorders. ***The speech pathologist*** will set treatment goals and the specific activities to be completed by the client. The feedback you provide to the client during therapy activities will enable them to monitor their progress. Feedback is a crucial tool in therapy, and is specific to each client dependant on their personality, age, language ability, motivation and the tools or strategies that best stimulate success in communication (cueing hierarchy). As part of a speech pathologists role, they assess these variables relating to feedback and will advise you on the specific feedback tools or strategies you should use with that client.

Another important role in therapy is providing feedback to your speech pathologist about a client's progress in treatment. Information you provide allows the speech pathologist to monitor and modify treatment goals for future therapy sessions.

**Feedback** that you should provide to your speech pathologist includes:

- components of the program completed or not completed
- any subjective client reports, e.g. fatigue, frustration, pain
- any adverse events that occurred during the session, e.g. falls, fainting
- your subjective reports of the treatment session.

You MUST report any difficulties a client is having to your supervisor for advice before continuing with the therapy program. You must also seek assistance if your client is presenting with needs or signs outside the limits of your authority, skills and/or knowledge.

As an allied health assistant working with speech pathology clients, you should ensure you have a good understanding of each client's areas of deficit and the therapy goals that have been set. As you will be assisting with therapy, this understanding will enable you to note achievements the client is making or not making towards these goals.

**Example 1: Therapy with adults**

A person with aphasia is having difficulty 'finding' words. During assessment it is identified that they are most successful at retrieving (remembering) words when they are 'cued' with the first sound of the word (cueing hierarchy). So if the target word is 'ball' and they cannot say the word, giving them the first sound 'b' may help them to retrieve it.

Therapy can be delivered in a variety of modes, e.g. individual or group therapy, and in different environments, e.g. the home or clinic setting. The environment for therapy is usually dependant on the service provider, e.g. community or acute service; or client mobility and access, e.g. home based or clinic based. Group therapy is an alternative to the traditional individual therapy option. The impact of multiple clients and the relationships/dynamics between each of the group can affect progress.

As an AHA, part of your role will be to help consider these dynamics and their impact on the group, as well as other obstacles such as differing client abilities, and personalities. A group session will only be a useful therapeutic option if you and the speech pathologist can acknowledge these variables so that the right environment can be achieved.

**Example 2: Group therapy with children**

You have a paediatric language group with four participants.

**Factors to consider:**

 How will the behaviour of each of the children affect the therapy group? One child may be very distractible and could potentially distract the other children during therapy activities.

 The language/speech abilities of the children in the group may be different among the children in the group. If the children are not of similar abilities they may not benefit from activities that require higher or lower language skills than they currently have.

 Do the parents want to participate in a group activity?

 Do you have parents in the room during the session or not? Some children will behave better when a parent is not in attendance, but some are much more willing to participate when their carer is around.

These are all issues that you can discuss with the treating speech pathologist before the therapy session. The speech pathologist will usually have prior knowledge of all clients and their particular needs. Remember, even the best planned groups

might need changes due to differing needs, so your role as monitor will often be ongoing.

**Activity : Aphasia Group**

***This is a group activity. Read the case study below and discuss the questions that follow. You may use the space provided below to write down a draft response. Record your final answer in the Assessment Guide.***

**Case Study: Aphasia Group**

The speech pathologist is running a six week communication group for people with Aphasia. They have all been discharged from hospital at least three months ago and are living at home with their families. Family members are not attending the group. The group will be run by one speech pathologist and one allied health assistant (you), and there will be four people with aphasia attending the group.

***The clients are:***

Harry: 63 yrs. Stroke 6 months ago. He has difficulty finding words and gets extremely anxious when he cannot do so. He is often tearful. He cannot watch television or listen to the radio anymore as he cannot 'follow' what is being said.

Jim: 71 yrs. Stroke 9 months ago. Jim has limited communication; he can say a few words, but mostly uses gesture, pictures, and drawing to convey his meaning. He also has difficulty understanding what others say to him, and requires simple language and instructions.

Clara: 77 yrs. Stroke 13 months ago. Clara can say a lot of words, but what she does say is not always what she wants to say. Sometimes her statements are nonsensical, and although her ability to monitor this has improved, it is still an issue. She too has difficulty understanding what is said to her at times.

Tony: 54 yrs. Stroke 12 months ago. Tony has mild aphasia, which affects his ability to comprehend and read longer paragraphs. He also has a condition called Dyspraxia, which means he cannot form all the words he wants to say (see Glossary). He can produce an increasing number of familiar words, but otherwise relies on a communication aid that speaks the words when you type in the letters.

***With your group, discuss the following questions.***

1. What are the challenges you would face with the group of people in the Case Study above?

_____
_____
_____
_____

***Activity: Aphasia Group (continued)***

2. What are your roles and responsibilities in working with this group? What is not?

_____
_____
_____

3. What other information would you need to know about these clients before they attended the group?

_____

_____

_____

4. How could the room be set up to maximise communication?

_____

_____

_____

_____

5. How would you ensure that the group stays on task and remains focused? How will you organise the group?

_____

_____

_____

_____

***Key Points***

 *Understanding of the origins and range of communication disorders.*

 *The origins of communication disorders can occur from before birth right through to old age.*

 *It is important to understand the other physical and emotional difficulties that may go with a communication disorder especially if it is part of a syndrome, disease or injury.*

 *Every area of speech and language has difficulties and disorders that can affect it.*

 *Some of these difficulties and disorders can affect more than one area of communication.*

 *When looking at someone's impairment, we must look at them 'holistically' and consider their communication needs within the context of their environment, for example:*

*– What do/did they work as?*

*– Who do they communicate with?*

*– Can they convey their needs/wants?*

*– Can they use non-verbal skills?*

 *Your role in the treatment of communication difficulties as an allied health assistant is to:*

*– Conduct therapy activities according to the treatment plan developed by the speech pathologist,*

*– Provide feedback to your supervising speech pathologist on how the client managed the set tasks so that the speech pathologist can adjust the plan if required, and*

*– Seek assistance from your supervisor if a client presents with needs or signs that are beyond your responsibility, knowledge, skills and/or abilities.*

## SELF-STUDY
## Methodological aspects of speech

***1. Read and translate the text. Name it.***

To understand speech or language impairments, we must first understand the communication process people use to interact with others. Think of com-munication in terms of a game with at least two players (the sender and the receiver) and a message (the purpose of the interaction). Communication occurs only when the message intended by the sender is understood by the receiver. The sender may have an idea or thought to share with someone else, but the sender's idea needs to be translated from thought to some code the other person can understand.

Coding thoughts into signals or symbols is an important part of the communication game. Communication signals announce some immediate event, person, action, or emotion.

Signals can be gestures, a social formality, or a vocal pattern, such as a gasp or groan. The U.S.Marine Band playing "Hail to the Chief," for example, signals the appearance of the President of the United States. A teacher rapping on a desk announces an important message. Symbols are used to relay a more complex message. Communication symbols refer to something: a past, present, or future event; a person or object; an action; a concept or emotion. Speech sounds are vocal symbols. Letters of the alphabet are written symbols.

Sign language uses gestural symbols. Symbols are used in combination with each other and are governed by rules. Signals, symbols, and the rules that must be followed constitute language and allow language to have meaning.

Once thought is coded, the sender must select a mechanism for delivering the message. The sender chooses from a number of mechanisms: voice, sign language, gestures, writing tools. The delivery system must be useful to the receiver. For example, selecting voice via telephone to transmit a message to a deaf person is useless (unless that person has technology for a voice-decoding telephone device). Sending a written message to someone who cannot read also results in ineffective communication.

Communication messages require the receiver to use eyes, ears, or even tactile (touch) senses (for example, those who use Braille) to take the message to the brain where it is understood. Receivers must understand the code the sender uses and be able to interpret the code so that it has meaning.

Communication is unsuccessful if the sender or receiver cannot use the signals or symbols adequately. And if either person has a defective mechanism for sending or receiving the information, the communication process is ineffective.

At this point, it might be helpful for us to distinguish three terms - communication, language, and speech - that are different but related to one another. Communication is the process of exchanging knowledge, ideas, opinions, and feelings. This transfer is usually accomplished through the use of language. Sometimes, however, communication can occur with the glance of afl eye. a gesture, or some other nonverbal behavior. Language is a formalizedmethod of communication involving the comprehension and use of the signs and symbols by

which ideas are represented. Language also has rules that govern the use of signs and symbols so that the intended message has the correct meaning.

Speech is the vocal production of language. In most instances, it is the fastest and most efficient means of communicating. Understanding how we produce speech requires knowledge of the neurological, respiratory, vocal, and speech mechanisms that work together in our bodies to produce speech and language.

When we want to speak, the brain sends messages that activate other mechanisms. The respiratory system's primary function is to take in oxygen and expel gases from our bodies. However, the diaphragm, chest, and throat muscles of the respiratory system that work to expel air also activate the vocal system. Voice is produced in the larynx, which sits on top of the trachea and houses the vocal folds. As air is expelled from the lungs, the flow of air causes the vocal folds to vibrate and produce sounds; the vocal folds lengthen or shorten to cause changes in pitch. The larynx and vocal folds are referred to as the vibrating system. As the sounds travel through the throat, mouth, and nasal cavities - the resonating system - the voice is shaped into speech sounds by the articulation or speech mechanisms, which include the tongue, soft and hard palates, teeth, lips, and jaw.

Speech or Language impairment defined. Deborah Deutsch Smith (from "Introduction to Special Education. Teaching in an Age of Chal-lenge." University of New Mexico, 1998)

***2. Answer the questions and fulfil the following tasks to the text.***

Is there any difference between communication signals and commu-nication symbols?

Give the definition to the terms "communication," "language" and 'speech." Compare them!

What are the reasons of unsuccessful communication?

What sense organs are involved in the process of communication?

***3. Retell the text in English. According to the plan:***

The communication process used to interact with people.Coding as an important part of the communication game: communication signals and symbols.

A mechanism for delivering the message.

Communication massages and the brain.

Communication language and speech as terms different beet related to each other.

The work of brain in sending message.

Text 2

**Read the text and render it in English:**

Жести і спілкування

Доісторичні люди, мабуть, щосили користувалися руками, показуючи, що вони відчувають і чого хочуть. Спочатку кожен повинен був сам для себе придумувати жести по ходу «розмови». Руками - та й всім тілом - вони показували, що вони хочуть повідомити. Потім всією сім'єю сходилися на тому, що такий-то набір рухів буде позначати то-то і те-то. Певний жест набував певне значення. Діти, підростаючи, переймали жести у дорослих. Сусіди теж запам'ятовували ці жести.

Поступово всі навколишні жителі починали певні рухи рук і тіла, щоб розуміти один одного.

Люди і донині багато висловлюють певними рухами рук, голови, плечей, губ і очей.

Потискуючи один одному руки, хоча б і мовчки, ми тим самим говоримо «вітаю». Махаючи рукою, говоримо «до побачення», плескаючи в долоні - «добре», і багато-багато є ще інших жестів-слів.

В одних країнах люди жестикулюють дуже багато. В інших - дуже мало. Але навіть якщо людина в розмові зовсім не допомагає собі руками, напевно вже, він киває головою, посміхається або супиться. А адже це теж «жести», і часто вони замінюють слова. Більш того, ми часто словами описуємо жести.

Можливо й не всі давні люди навчилися розмовляти руками. Для тих, хто навчився, це стало великою підмогою. Але не бездоганною. Постав себе на місце печерної жінки: ти збираєш зерна, і, щоб «поговорити» з подругою, тобі щоразу доводиться кидати роботу. А якщо ти доісторичний мисливець і загострюючи накінечник нового спису, тобі теж доводиться відкладати роботу, щоб «сказати» щось побратимові. Не бачачи один одного - не поговориш. У темряві – не поговориш.

Ні, нашим далеким предкам потрібен був інший спосіб спілкування, який допомагав би роботі, а не переривав її. Їм треба було сполучати одне з одним і в темряві, і в лісі, де їх затуляли дерева. Ти скажеш: «А що б їм просто взяти та й заговорити?»

Голос у людей, звичайно, був, але за десятки тисяч років ніхто не додумався. що звуками, що йдуть з горла і рота. можна замінити рухи рук. Дуже легко показати пальцем на камінь, маючи на увазі камінь. Легко зобразити, як пливе по річці олень з великими рогами. Легко завити по-вовчому. Але ні жести, ні звуки самі по собі не передають, якого кольору олень, яка мокра вода, старий вовк або молодий. Щоб висловити подібні поняття, людині довелося обзавестися зовсім новою звичкою. Довелося звуками не зображати, а тільки позначати поняття, дії, предмети. Дивна ця штука, якщо вдуматися. Звуком, який ледве прозвучав і миттю розтанув, можна позначити камінь - такий важкий і твердий. Люди, які це придумали, відкрили найбільший секрет мови.

***Text***

**Світ без слів**

***4. Comment on the text.***

Коли Олена Келлер була маленька, вона не знала, що діти між собою розмовляють. Вона не знала навіть про те, що світ сповнений дітей, поняття не мала, що вони сміються, кричать і всерйоз сперечаються. Вона не здогадувалася, що можна прошепотіти секрет подрузі на вухо. З півтора років Олена була сліпою, глухою і дуже самотньою.

Коли вона втратила слух, вона тільки-тільки починала дізнаватися перші слова, а потім їй довелося жити в світі безмовності. Навіть саме спогад про звук зник з її пам'яті, тому вона не вміла і говорити.

Одного разу, коли Олені було вже сім років, її вихователька, яка вміла вчити таких дітей, взяла дівчинку за руку і стала натискати пальцями на долоню - то в одному місці, то в іншому. У тому, як вона натискала пальцями, був якийсь порядок, і Олена могла його відчути. Це було схоже на гру, в яку можуть грати двоє, і Олена стала в тому ж порядку натискати своїми пальцями на руку вчительки.

Насправді ця гра підводила до письма. Натискання пальців в певному порядку позначали букву. Скоро Олена запам'ятала і могла передавати сама зображення простих слів. Тільки вона не знала, що це слова., Вона все ще думала, що це нове заняття - просто для того, щоб веселіше проводити час.

А потім вона раптом зробила дивовижне відкриття. Натискання пальців називали різні предмети. Коли її вчителька натискала пальцями: «вода », вона називала те, що п'ють зі склянки. У предметів були імена. Олена знайшла мову.

***5. Summarise the ways we can teach people to communicate.***

## THEME 5. Scope of Practice


***1. Learn the following words and phrases.***

1. liaison - зв'язок
2. penalty - штраф
3. supervising speech pathologist - керівник-дефектолог
4. discharge clients - виписування клієнтів

***2. Read and translate the text.***

Speech Pathology has outlined the parameters of practice and supervision pathways for allied health assistants in speech pathology.

Speech pathology support staff should be aware of the importance of the following:

 respect for the rights and dignity of clients
 need for liaison and open communication with the treating therapist
 confidentiality
 standards of personal conduct
 responsibility in only undertaking tasks within limits of competence
 standards of care appropriate for the facility
 penalties for using the title ‘speech pathologist’ when not registered as such

Your supervising speech pathologist is responsible for and ultimately accountable for the client care provided by staff under their supervision.

The Association asserts the following tasks are NOT suitable for delegation to AHAs

 Assessment
 Differential diagnosis
 Clinical problem solving and
 Therapy planning.

**In addition, a support worker may not:**

 select clients for assessment or intervention,
 perform definitive assessment procedures,
 change any treatment,
 independently plan or alter a plan of care or treatment goals,
 independently draft reports, or
 discharge clients from treatment.

**Clinical Supervision**

As an allied health assistant it is important that you access regular clinical supervision from an experienced, qualified allied health professional. “Speech pathologists or health professionals performing activities delegated to them by a speech pathologistmust participate in formal supervision processes as one means of maintaining quality and safety of care to clients.”

The following document contains important information on supervision and governance of AHAs, including the minimum requirements for clinical supervision: http://qheps.health.qld.gov.au/alliedhealth/docs/aha/ahagovguide.pdf

**You must:**

 ask if you do not understand what is required of you

 request assistance from the supervising speech pathologist if the treatment plan is not working

 request assistance or further training if asked to perform a task which is outside your current skills, knowledge or competency

 work to the treatment plan given, do not adjust this plan without consulting the supervising speech pathologist

 consult with the speech pathologist before and after treatment

 not go outside the parameters of your job description

 know when to stop treatment, see Clinical Task Instruction on “When to Stop”: https://www.health.qld.gov.au/ahwac/docs/cti/wts01.pdf

 engage in regular supervision with a speech pathologist according to your organisation/workplace’s policies.

***3. Answer the following questions.***

1. What is Speech Pathology?
2. What is speech pathologist?
3. Do you want to become a speech pathologist? Why?
4. Where do you want to work?
5. Do you like children?
6. Are you ready to work with children?

## SELF-STUDY

## The therapist as a model

The objective in voice therapy is never the creation or a carbon copy. The aim is the development of the individual voice to maximum efficiency. Hence, the patient should strive to achieve the features common to all efficient voices but to retain his own vocal identity. He should see clearly that he is emulating the process of efficient voice production with vocal equipment that is singularly different from that of anyone else. Consequently, he should not expect the best voice of which he is capable to be an imitation of some model he has chosen.

However, during the course of therapy, imitation may be helpful if not unavoidable. The clinician assumes the role of authority when he accepts a patient. If the efforts are focused on articulation, then he becomes an articulation authority; if toward voice, then ipso facto he is an authority on voice. The aver-age patient, initially, at least, will make little discrimination as to the extent of his therapist's authority. Specifically, a voice patient will tend to assume that his speech pathologist not only knows how voice should be produced but also practices what he preaches. Accordingly, the clinician becomes an appropriate model. This situation is compounded when a successful psychotherapeutic relationship has been established to resolve the patient's resistance to therapy.

When the psychotherapist and voice therapist are one and the same, emulation of the clinician's voice may be inevitable, 'thout question, the ideal speech pathologist should exemplify the best qualities of speech and voice if for no other reason than professional pride.

Most patients will have difficulty at first in isolating only the characteristics of vocal efficiency. Frequently, they will be unable to empathize accurately enough as they listen to a good voice to recognize the critical sensations. Their only alternative, then, will be to imitate some voice, preferably the therapist's, in toto. Although this is basically a shotgun technique which splatters the patient with new vocal impressions, many of which will be discarded later, it at least assures that somewhere in the scatter of stimuli will be the feelings characteristic of vocal efficiency. The therapist's job then is to assist the case in sorting out and retaining only those auditory and kinesthetic qualities essential to the producton of an efficient voice. Thus the skilled speech pathologist will not be running a vocal duplication clinic that turns out reasonable facsimiles of his own voice. He will, instead, rehabilitate voices to their highest individual potentials.

H.William, Ph.D.Perkins (from "Speech Pathology". L.,1961)

***Questions and tasks to the text.***

Is it difficult to-develop an individual voice?

Discuss the means used in voice improving.

What are the first steps towards a better voice?

What leads to trustful relationship between a speech pathologist and apatient?

**Imagine that you 're a logopathologist. You are asked to make a speechabout the development of the individual voice to maximum efficiency.Get ready with your theses based on text 2.**

**Task 5.**

**Read text 3 and interpret it in English.**

**Text3**

**Порушення голосоутворення при дизартрії**

Характерною особливістю дизартриї є порушення голосу, що в значній мірі залежить від патологічного стану м'язів гортані. При ураженні цих м'язів голос стає слабким, немелодійним.

Всі рухи гортані пов'язані з рухом мови, неба і нижньої щелепи, тому порушення голосу і артикуляційні розлади найчастіше виступають разом. Для виникнення голосу велике значення має вібрація м'язів голосових зв'язок. При слабкості і паретичності м'язів голосового апарату вібрація голосових зв'язок порушується, тому сила голосу стає мінімальною. Спастичне скорочення м'язів голосового апарату іноді повністю виключає можливість вібрації голосових зв'язок. Тому патологічні стани м'язів голосового апарату можуть бути причиною порушення вимови дзвінких приголосних і заміни їх на глухі, артикуляція яких здійснюється при незімкнутих голосових зв'язках.

Порушення голосоутворення при дизартрії визначають необхідність при проведенні мовної терапії особливу увагу приділяти постановці голосу і окремих звуків ... Ці прийоми є загальноприйнятими в логопедії та в значній мірі ґрунтуються на сполученнях координованих рухів артикуляційних, дихальних і фонаційних м'язів. Тому при постановці звуків у дітей з церебральними паралічами велике значення має ортофонічне лікування, засноване на руховій терапії голосу за допомогою артикуляційних і дихальних вправ. Велику увагу приділяють утрируваним артикуляційним рухам перед дзеркалом і поєднанню їх зі звуком.

**Task 6.**

**Translate the text into English. Use your active vocabulary.**

**Мутація голосу**

Мутація голосу настає в результаті змін в голосовому апараті і у всьому організмі під впливом вікової ендокринної перебудови, що виникає в період статевого дозрівання. Час, протягом якого відбувається перехід дитячого голосу у дорослий, називається мутаційним періодом. Явище це фізіологічне і спостерігається у віці 13-15 років. У хлопчиків голосовий апарат в цей час зростає швидко і нерівномірно, у дівчаток гортань розвивається уповільнено.

У мутаційний період дитяча гортань збільшується в розмірах. Голосові складки у хлопчиків подовжуються в 1,5 рази, а у дівчаток тільки на 1/3. У хлопчиків мутація теж може протікати повільно, тоді голосова функція змінюється поступово. При гострому перебігу мутації голос у хлопчиків знижується, з'являється захриплість. Відбувається так звана «ломка» голосу.

Тривалість мутації від одного - декількох місяців до років. Весь період мутації ділять на три стадії. Початкова стадія характеризується тільки невеликою гіперемією голосових складок. Основна стадія супроводжується гіперемією

слизової оболонки та синхронним коливанням голосових складок, що свідчить про порушення координації функцій м'язів гортані, дихання і голосоутворення. В пікової стадії .голос страждає найбільше. Кінцева стадія мутації закріплює механізм голосоутворення дорослої людини.

Послемутаціонному періоду властива легка вразливість незміцнілого голосового апарату, швидко наступає голосове стомлення. У цей період, який триває кілька місяців, розширюється діапазон і визначається індивідуальний тембр, висота і сила голосу

***Speak on the following topic.***

***Voice problems and how to treat them.***

# THEME 6. Children's phonological disorders. Helping children with communication disorders in schools.

***1. Learn the following words and phrases***.

1. adolescent - підліток
2. adverse -1) неблагонадійний 2)
3. негативний 3) побічний
4. appropriate - 1) відповідний 2) підходящий
5. assistance - допомога
6. autism - аутизм
7. babysitter - няня
8. background - середовище
9. barrier - 1) бар'єр 2) перепона
10. benefit - користь
11. caregiver - 1) опікун 2) вихователь
12. childcare - 1) догляд за дітьми 2) дитячий заклад
13. curriculum - 1) навчальна програма 2) курс навчання
14. development - розвиток
15. direct - прямий
16. employee - співробітник
17. environment - 1) середовище 2) довкілля
18. facility - 1) об'єкт 2) засіб 3) установа
19. flexible -1) гнучкий 2) динамічний
20. genetic - генетичний
21. goal - 1) ціль2) мета
22. growth - зріст
23. hostile - ворожий
24. identical - 1) ідентичний 2) той, що співпадає
25. measure - міра
26. nonprofit - некомерційний
27. nursery - дитячий садок
28. occasional - випадковий
29. option - 1) варіант 2) параметр 3) можливість
30. parenting - 1) виховання дітей 2) батьківство
31. peer - одноліток
32. preschool - дошкільний
33. provider - 1) вихователь 2) медичний працівник
34. rapidly - швидкий
35. relative - родич
36. self-employed - само зайнятий
37. service - 1) послуга 2) служба
38. sibling - 1) брат/сестра 2) родич
39. symptom - симптом
40. to complete - завершувати
41. to consider - вважати
42. to determine - визначати

43. to investigate - 1) досліджувати 2) з'ясовувати
44. to prevent - 1) не дозволяти 2) запобігати
45. to recognize - розпізнавати
46. to reduce - 1) зменшувати 2) скорочувати 3) знижувати
47. to shift - 1) змінювати 2) переміщувати
48. to suggest - 1) пропонувати 2) припускати
49. twin - близнюк
50. unpaid - неоплачений

***2. Remember phrases.***

| | |
|---|---|
| a run of bad luck | бути невдахою |
| to suffer from | страждати від |
| adverse events | несприятливі події |
| environmental aspects | екологічні аспекти |
| preventing measures | запобіжні заходи |
| peer group | група однолітків |
| to determine the risk | визначати ризик |
| adolescent children | діти-підлітки |
| genetic background | генетичний фон |
| positive goals | позитивні цілі |
| to be supervised | бути під наглядом |

***3. Name the encrypted concepts in the correct order.***

*E.g. Very unfriendly or aggressive and ready to argue or fight is ... ilehost* **– *hostile*.**

1. The care of children, especially while parents are at work is … dchilarec.
2. The conditions that affect the behaviour and development of somebody/something; the physical conditions that somebody/something exists is…. mnteinevron.
3. A person who takes care of a sick or old person at home is ….egivaercar.
4. An illness that causes a part of the body to stop functioning correctly is ….orddiser.
5. A group consisting of one or two parents and their children is…. ylfaim.
6. The activity or process of expressing ideas and feelings or of giving people information is ….. niccomatuion.

***4. Translate words and phrases into English.***

Мовна вада, аутизм, батьківство, гнучкий, страждати від чогось, некомерційний заклад, життєва подія, мати доступ, моральний, дослідити питання, брак уваги, звинувачувати когось у чомусь, зменшувати негативні події.

***5. Combine the two parts of a sentence.***

1. Disorder is an upset of health;…
2. Family is a primary social group consisting of ….
3. Childcare is care and supervision of children….
4. Communication is the act or an instance

A. for looking after a vulnerable neighbor or relative
B. exchange of information, ideas, or feelings
C. social standing, rank, age, etc

of communicating; the imparting or …

5. A peer is a person who is an equal in….

6. A caregiver is a person who has accepted responsibility ….

D. whose parents are working, provided by a childminder or local authority

E. parents and their offspring, the principal function of which is provision for its members

F. ailment

***6. Explain the importance of supporting children with speech impairments.***
**Situation.** You have noticed that a six year old child of your friends who doesn't pronounce some words properly. As a future specialist tell him/her about the importance of work with children who have disorders in communication of a definite age. Start with: *"Speech and language disorders can affect the way children talk, understand, analyze or process information. Speech disorders include the clarity, voice quality, and fluency of a child's spoken words. Language disorders include a child's ability to hold meaningful conversations, understand others, problem solve, read and comprehend, and express thoughts through spoken or written words…."*

***7. Read and translate thr text.***

## CHILDREN'S PHONOLOGICAL DISORDERS. STRATEGIES TO FOLLOW

As adult speakers we constantly make little mistakes when we talk, and then quickly correct them, almost without noticing. This process of selfmonitoring and self-correcting is called making revisions and repairs.

Children with phonological disorders are usually not very good "selfcorrectors", partly because it is hard for them to self-monitor their speech. The following strategies and activities can be used in order to encourage the development of self-monitoring and the ability to make revisions and repairs.

For example: You might say to your child, "If I said 'yam' when I should have said 'lamb', I would have to fix it up. So if I said, 'Mary had a little yam', I would have to fix it up and say, 'Mary had a little lamb'".

For example: You might say to your child, "It is too wet to mow the yawn...uh oh...I mean 'lawn'. That was a fixed-up-one. First I said 'yawn' and then I quickly fixed it up and said 'lawn'. Too wet to mow the lawn'".

Do this by drawing attention to them and commenting when they are made spontaneously (i.e., without adult prompting).

For example: You could say to your child, "That was a good fixed-up-one. First you said 'tar', and then you fixed it up all by yourself and said 'car'. The best thing was that you reminded yourself!"

When you use labelled praise, be very precise about what you are praising. For example: Making very specific comments such as, 'I like the way you said 'shoe' with a good 'sh' in it' will be more powerful reinforcers than general comments such as, 'You said that nicely'. Labelled praise can be used for reinforcing clear speech

attempts, and to encourage children to make spontaneous revisions and repairs. Labelled praise can be used also when the child makes an improved attempt at pronouncing a word: For example:

**Adult:** What colour is that?

**Child:** Bat.

**Adult:** Mmm?

**Child:** Berlat.

**Adult:** That sounded more like black. I like the way you fixed it up.

As opportunities arise, talk about words, and the need to say the right word so that people know what we mean. For example: You could say to your child, "You couldn't say, 'I eat my dinner with a walk', could you? People would get mixed up if I said that. I really should say, 'eat it with a fork'". Modelling is simply giving a clear example with no additional instructions, explanations or demands. When you notice a deviation from the normal pattern (e.g., using the wrong sound or omitting a sound) involving a sound pattern being worked on in therapy, repeat the word correctly yourself, once, twice or three times in the context of the conversation. For example:

**Child:** That's a tunny one.

**Adult:** Yes, a very funny one. A funny, funny one.

When making modelling corrections, remember:

1. Not to distort the sound or word by over-emphasizing it. It is better to draw the sound or word to the child's attention by saying it repeatedly.
2. Not to ask the child to repeat the word back to you correctly. All you have to do is say the word clearly yourself several times, in a way the child will notice (e.g., as part of a conversation that you are both enjoying).

Good luck in your work!

***8. Find in the text the English equivalents of the suggested words and expressions.***

Діти із вадами мовлення, процес самоспостереження, , заохочувати розвиток, здатність повторювати та коригувати, привертати увагу, робити щось спонтанно, марковане схвалення, потужні рушійні сили, вдосконалена спроба, чіткий приклад, відхилення від норми, в процесі мовлення, спотворити звук або слово, моделюючі виправлення; додаткові інструкції, пояснення або вимоги.

***9. Match pairs of synonyms.***

| | |
|---|---|
| 1. praise | A. skip over |
| 2. wrong | B. accurate |
| 3. child | C. understandable |
| 4. omit | D. grown-up |
| 5. correct | E. kid |
| 6. clear | F. admire |
| 7. adult | G. observe |
| 8. notice | H. incorrec |

***10. Choose the correct variant from the two suggested ones.***

1. As adult speakers we constantly make little mistakes when we talk, and then quickly *correct/corrected* them, almost without noticing.
2. Children with *phonological/psychological* disorders are usually not very good selfcorrectors.

3. Strategies and activities can be used in order to *encourage/discourage* the development of self-monitoring and the ability to make revisions and repairs.
4. When you use *labeled/labelling* praise, be very precise about what you are praising.
5. Labelled praise can be used also when the child makes an *improved/improvement* attempt at pronouncing a word.
6. Modelling is simply giving a *clear/clearly* example with no additional instructions, explanations or demands.
7. It is better to draw the sound or word to the child's *attentive/attention* by saying it repeatedly.
8. All you have to do is say the word clearly yourself several times, in a way the child will *noticed/notice*.

***11. Read and translate text 2***

## HELPING CHILDREN WITH COMMUNICATION DISORDERS IN SCHOOLS

Speech and language disorders can affect the way children talk, understand, analyze or process information. Speech disorders include the clarity, voice quality, and fluency of a child's spoken words. Language disorders include a child's ability to hold meaningful conversations, understand others, problem solve, read and comprehend, and express thoughts through spoken or written words.

Communication skills are at the heart of life's experience, particularly for children who are developing language critical to cognitive development and learning. Reading, writing, gesturing, listening, and speaking are all forms of language – a code we learn to use in order to communicate ideas. Learning takes place through the process of communication. The ability to participate in active and interactive communication with peers and adults in the educational setting is essential for a student to succeed in school. Spoken language provides the foundation for the development of reading and writing.

Spoken and written language have a reciprocal relationship – each builds on the other to result in general language and literacy competence, starting early and continuing through childhood into adulthood. Children with communication disorders frequently perform at a poor or insufficient academic level, struggle with reading, have difficulty understanding and expressing language, misunderstand social cues, avoid attending school, show poor judgment, and have difficulty with tests.

Difficulty in learning to listen, speak, read, or write can result from problems in language development. Problems can occur in the production, comprehension, and awareness of language at the sound, syllable, word, sentence, and discourse levels. Individuals with reading and writing problems also may experience difficulties in using language strategically to communicate, think, and learn.

Assessment and treatment of children's communication problems involve cooperative efforts with others such as parents, audiologists, psychologists, social workers, classroom teachers, special education teachers, guidance counselors, physicians, dentists, and nurses. Speechlanguage pathologists work with diagnostic

and educational evaluation teams to provide comprehensive language and speech assessments for children.

Services to students with communication problems may be provided in individual or small group sessions, in classrooms or when teaming with teachers or in a consultative model with teachers and parents. Speechlanguage pathologists integrate students' communication goals with academic and social goals.

Speech-language pathology services can help children become effective communicators, problem-solvers and decision-makers. As a result of services such as memory retraining, cognitive reorganization, language enhancement, and efforts to improve abstract thinking, children can benefit from a more successful and satisfying educational experience as well as improved peer relationships. The services that speech-language pathologists provide can help children overcome their disabilities, achieve pride and selfesteem, and find meaningful roles in their lives (http://www.readingrockets.org).

***12. Translate the sentence into English using the additional text 2***

1. Мова і вади мовлення можуть впливати на те, як діти розмовляють, розуміють, аналізують або обробляють інформацію.
2. Навички мовлення є центром досвіду життя, особливо для дітей, які розвивають мову, критичну до пізнавального розвитку і навчання.
3. Здатність брати участь в активному й інтерактивному зв'язках з однолітками та дорослими в освітньому процесі є істотним для досягнення учнем успіху в школі.
4. Труднощі у навчання слухати, читати, говорити або писати можуть в результаті стати проблемами в розвитку мови.
5. Особистості із проблемами читання та письма також можуть мати труднощі у стратегічному використанні мови – розмовляти, думати та вивчати.
6. Мовні патологи працюють разом із діагностичними командами та командами оцінювання освіти для забезпечення всебічного мовного й мовленнєвого оцінювання дітей.
7. Служби патології мовлення можуть допомогти дітям стати ефективними мовцями, здатними вирішувати проблеми та приймати рішення.
8. Проблеми можуть з’явитися у продукуванні, розумінні й усвідомленні мови на рівні звуку, складу, слова, речення та на рівні бесіди.
9. Мовні патологи об'єднують комунікаційні цілі студентів з академічними й соціальними цілями.
10. Послуги, які надають мовні патологи мовної мови, можуть допомогти дітям подолати свої порушення, досягти гордості і самооцінки та знайти значущі ролі в їх життях.

***13. Find antonyms for the given words.***

To analyze, a problem, improved, abstract, difficulty, sufficient, to continue, to found, essential, meaningful, to include, critical, adult, to succeed.

***14. Make your own sentences with suggested words and phrases.***

To affect children, to hold meaningful conversations, to be at the heart of life's experience, to participate in communication, problems in language development, to involve cooperative efforts, to overcome smb’s disabilities, to improve peer

relationships, to achieve pride and self-esteem, to have difficulty understanding and expressing language.

***15. Write an annotation to the text "Helping children with phonological disorders in schools".***

***16. Fill in the table with the suggested words and phrases according to the types of defects in children with special needs***

| Speech-language disorders | Behavior disorders |
|---|---|
| | |

Articulation, early smoking, aggressive, context understanding, a deviant child, a deaf child, family difficulties, stuttering, to percept information, disruptive behavior, phonological therapy, hostile, difficulties in pronouncing sounds, attention deficit hyperactivity, flow of speech, to express oneself with words, refusal to obey parents.

***SELF-CHECK TASK***

K R O W Q H J E C T
D E V E L O P N H L
L A B E L S W A A K
C O N D I T I O N D
G A U T I S M Y G Z
E X P E R I E N C E
I N T E R A C T R F
L M R E B M E M E R

1. a particular state of being or existence; situation with respect to circumstances. (*CONDITION*).
2. unfriendly person.
3. a developmental disorder whose symptoms include difficulty in responding conventionally to people and actions and limited use of communication.
4. to act on or in close relation with each other.
5.to become aware of (something forgotten) again; bring back to one's consciousness; recall.
6. to describe or classify in a word or phrase .
7. to come or bring to a later or more advanced or expanded stage; grow or cause to grow gradually
8. direct personal participation or observation; actual knowledge or contact .

## SELF-STUDY
## *Special Education*

***Text 1Special Schools***

***Task 1.***

***Read and translate the text.***

Special, schools are usually set up with high adult - child ratios and those who are trained and interested in working with children who have exceptional difficulties, children who require this kind of specialised environment solely because of their communication needs. Sometimes a special school is recommended when the child has a combination of severe special needs, including language. The handful of schools which cater for speech and language difficulties are residential in the main. The idea behind such a school placement is that the whole living, playing, and learning environment is designed to help the child to communicate. Sometimes a child may have failed to learn in an Ordinary school before a special school is recommended. It may be more acceptable to parents for a child to be placed away from home at the secondary stage, when the demands of school, both socially and academically, are greater and the child is more mature. On the other hand children who go at an earlier age for intensive special school help can be expected to make more progress than older ones, with the prospect of returning to mainstream. Always, the balance of benefits for the child in a specialised environment has to be weighed against the disadvantages, such as distance from the family, loss of contact with local children and a more restricted educational curriculum.

One clear example of a situation in which a special school might be recommended is where a child has such limited understanding of language and such poor expressive skills, that it is impossible for the child to establish friendships, to take part in group work and to participate in any meaningful way in an ordinary school community. An alternative means of communication, such as a sign language, may be suggested as a support to speech. The Paget - Gorman sign system, to take an example, is made up of series of hand shapes and movements which reflect the spoken grammatical structure of English and can be used to illustrate visually what the speaker is saying. It is usually felt that if a child's needs are so special as to warrant an esoteric means of communication, then these needs are probably best met in a special school where the whole body of teaching and ancillary staff are able to use the system and are convinced of its effectiveness. This is not to say that signing as a support to spoken language will never be encountered in resourced mainstream schools. However, there are likely to be severe restrictions on the social and linguistic interactions enjoyed by children in a context where only a minority are taught how to sign. In a good local education authority there will be a range of facilities for helping children, a flexible variety of resources which can be adapted to meet the individual circumstances of the child. One factor, common to all environments in which children with speech and language difficulties are helped, concerns acoustic conditions. In the early stages, particularly, the teacher's efforts will be directed towards attention control and listening skills. Children dp not attend in noisy, reverberant conditions replete with distracting sounds. For the child with a known hearing difficulty, even if this is a mild, fluctuating conductive loss, the listening

environment should be sympathetic. We have suggested that one important function of language is to help mediate and shape the child's learning experience. It follows that all children with a delay or specific difficulty in acquiring language will be less able to with incoming information, with their auditory and perceptual experiences. Hence, a basic starter is to provide good listening conditions, at least for some of the child's day.

There are several aspects to consider. Firstly, keeping unwanted noise out: children are less likely to listen in a room which is regularly invaded by the noise of cars and lorries from a busy road, an upstairs workshop, the clattering of feet from a busy corridor, a gymnasium, music room, or dance studio, and where there is no door to close on outside activities. The second consideration is the reduction of noise within a room. Hard floors, concrete posts, high ceilings, and cl added .walls reverberate sound and make for listening difficulties. Soft furnishings, carpeted areas, rubber boots on chairs, soft table tops, cork-tiled walls, curtained windows, all reduce reverberant noise. Children will generally listen more attentively to each other, to a story, or to the teacher, in conditions away from noise sources such as a well-used sink area, passageway or store cupboard. In some situations teachers deliberately reduce other kinds of distractions, in order to enhance the child's focus of attention. Children with very fleeting attention span may prefer to work on their own or in small groups in 'booths': small partitioned areas. The child faces away from the main activities of the room and there are fewer visual distractions because the walls of the booth are bare and simply obscure the child's immediate visual field. Whilst it may rarely be necessary to go to lengths such as these, many school contexts are extremely noisy, distracting places. Large, open-plan, busy classrooms may generate a lot of noise and a plethora of distractions which make it even more difficult for the child with a speech or language problem to learn.

Alec Webster, Christine McConnell, from «Special Needs in Ordinary Schools Children with Speech and Language Difficulties», part I. L., 1987.

***Task 2.***

***1. Point out the main problems contained in the text. 2. Find out the specialized words concerning the brunch of science you're studding. Explain in English their meanings. If necessary, use the dictionary given at the end of the text book.***

***Task 3.***

***Finish the statements using your active vocabulary.***

1. It's necessary to have special schools because...
2. The Paget - Gorman sign system is made up of...
3. If a child has some limited understanding of language and poor ex-pressive skills it is impossible for him to...
4. There is a range of facilities for helping children which can be adapted to...
5. A basic starter is to provide good listening conditions such as...

***Task 4.***

***Summarize the text.***

**Text 2**

***Render the following text in English.***

У процесі демократизації нашого суспільства неабиякого поширення набули ідеї гуманізації освіти і пріоритетів особистості. На зміну „державоцентриській" освітній системі, в якій головна мета визначалася - як формування особистості за певними еталонами і підпорядкування власних інтересів державним, а основною ознакою була - жорстка регламентація навчального процесу, приходить, так звана, „дитиноцентриська" система освіти, в якій домінують орієнтація на інтереси дитини, на задоволення її потреб.

Одними з умов формування цієї системи є: забезпечення можливості вибору освітньої установи та навчальної програми відповідно до індивідуальних особливостей дитини; здійснення стимулювання досягнень дітей у різних сферах діяльності; забезпечення соціально-педагогічного захисту дітей і т. ін.

Неприйнятною на сьогодні є освітня система, за якої учні пасивно одержують академічні знання і не вступають в активну взаємодію із соціумом. Проблема соціалізації дітей з особливими освітніми потребами в системі сучасної спеціальної освіти займає особливе місце і викликає багато суперечок і нарікань. Оскільки заклади закритого типу, якими є спеціальні школи-інтернати, де навчаються і виховуються діти з особливостями психофізичного розвитку, не є осередками їхньої соціалізації. Не заперечуючи наявність ресурсних можливостей спеціальних шкіл-інтернатів, відповідних умов, облаштування, висококваліфікованих спеціалістів, надання необхідних медичних і корекційно-педагогічних послуг, варто відзначити, що установи закритого типу сприяють процесам сегрегації та маргіналізації. Водночас передова освітня політика визначає на противагу сегрегативним процесам (сегрегації) соціальну інтеграцію дітей з особливими потребами як прогресивну тенденцію у розвитку сучасної світової спільноти.

Варто наголосити, що для нашої країни інклюзивна освіта потребує свого вирішення на основі виваженого підходу, як з боку державних органів влади, так і з боку громадськості, оскільки інклюзивні процеси у навчанні дітей з особливостями психофізичного розвитку у країнах пострадянського простору мають свою специфіку, розвиваються в умовах особливого соціокультурного статусу з урахуванням позитивів і досягнень диференційованого навчання .

На сьогодні спеціальна освіта в Україні представлена системою диференційованого навчання, яке здійснюється у навчальних закладах, а також установах інноваційного типу (реабілітаційних, оздоровчих, соціально-педагогічних, психолого-медико-педагогічних центрах і т. ін.). Не вдаючись до детального аналізу системи спеціальної освіти, варто зазначити, що спеціальні заклади для дітей-інвалідів, дітей з порушеннями та особливостями психофізичного розвитку в нашій країні мають різну відомчу підпорядкованість: Міністерству освіти і науки підпорядковуються спеціальні дошкільні та шкільні заклади, психолого-медико-педагогічні та навчально-реабілітаційні центри, Міністерству охорони здоров'я - оздоровчі цент-ри, центри раннього втручання, будинки дитини, Міністерству соціальної політики та праці та Міністерству у справах сім'ї, молоді та спорту – дитячі будинки-

інтсрнати, центри соціально-педагогічної реабілітації, спеціальні дитячі будинки і т. ін. Така міжвідомча розпорошеність спеціальних установ для дітей з особливостями психофізичного розвитку створює цілу низку труднощів, оскільки міжвідомчі бар'єри стають на заваді проведенню повного обліку дітей з особливостями психофізичного, розбудови єдиної системи соціально-педагогічної допомоги та підтримки.

Аби окреслити хоча б основні проблеми інтегрування дітей з особливостями психофізичного розвитку в загальноосвітню систему України та означити шляхи їх вирішення, розглянемо структуру спеціальної освіти в країні.

Система спеціальної освіти в Україні має вертикально-го-ризонтальну структуру. Вертикальна структура базується на вікових особливостях учнів та рівнях загальноосвітніх програм. Горизонтальна структура враховує психофізичний розвиток дитини, особливості її пізнавальної діяльності і характер порушення.

Вертикальна структура визначається віковими періодами:
раннього дитинства ( від 0 до 3 років);
дошкільний період ( з 3 до 6- 7 років);
період шкільного та професійного навчання ( з 6-7 до 16-21 років).

У період від 0 до 3 років (раннє дитинство) діти перебувають на домашньому утриманні, у дитячих дошкільних закладах, діти-сироти - у будинках дитини. Спеціальну допомогу діти з порушеннями психофізичного розвитку можуть одержувати в центрах раннього втручання, центрах реабілітації, психолого-медико-педагогічних центрах та спеціальних дошкільних закладах. Для дітей дошкільного віку з особливостя-ми психофізичного розвитку функціонують: спеціальні дитячі дошкільні заклади, дитячі навчальні заклади компенсуючого типу, спеціальні групи при дошкільних навчальних закладах комбінованого типу, дошкільні групи при спеціальних школах, реабілітаційні центри.

Основними державними освітніми закладами для дітей з особливостями психофізичного розвитку шкільного віку є: спеціальні загальноосвітні школи-інтернати, навчально-реабілітаційні центри та спеціальні класи при цих закладах.

Спеціальні навчальні заклади для дітей з особливостями психофізичного розвитку реалізують програми початкової, основної та середньої (повної) загальної освіти, складені на основі Державного стандарту спеціальної освіти.
Горизонтальна структура спеціальної освіти в Україні представлена 8-ма типами спеціальних закладів: для дітей з порушеннями слуху, слабочуючих, з порушеннями зору, слабозорих, з тяжкими порушеннями мовлення, з порушеннями опорно-рухового апарату, для розумово відсталих, затримкою психічного розвитку.

Досвід функціонування спеціальних закладів в Україні дозволяє констатувати значні досягнення, що мають ці освітні осередки. До безперечних досягнень можна віднести: створення в спеціальних навчальних закладах достатньої матеріальної бази, забезпечення відповідних умов для надання

корекційної допомоги, організацію професійно-трудової підготовки, навчання та відпочинку У спеціальних закладах діти з порушення-ми розвитку здобувають освіту, яка спрямована на одержання знань з основ наук, розвиток особистісних якостей, корекцію порушень розвитку й подальшу соціалізацію. Корекційні заняття забезпечують не лише виправлення порушень психофізичного розвитку, а й забезпечують вплив на особистість в цілому з метою досягнення позитивних результатів в її навчанні, вихованні та інтеграції у суспільство.

Спеціальні школи в основному забезпечені сучасними навчально-методичними матеріалами, які розроблені у відповідності до вимог сьогодення.

***Speak about the development of the system of special schools in Ukraine. What are the opportunities for children with speech and Language difficulties to study in Ukraine and in Great Britain?***

***Revision box***

Cut out a conference devoted to the problems of special schools in Ukraine and abroad. Choose the participance, the heat of the conference and other members of the conference.

**MODULE TEST**
**Self-completion checklist**

| **Essential Knowledge** |
|---|
| **Basic level of understanding regarding the range of communication disorders.**<br>**What is:**<br>- therapeutic communication?<br>- expressive and receptive language?<br>- pragmatics?<br>- fluency?<br>- cognitive skills? |
| General understanding of disorders of eating and swallowing.<br>**What is:**<br>- congenital abnormalities?<br>- developmental delay?<br>- acquired injury and disease?<br>- degenerative disease? |

**Questions**

For this task, you are required to answer questions that relate to your work as an allied health assistant supporting the development of speech and communication skills.

**1. Describe some features of normal speech and language development in children.**

_____
_____
_____
_____

**2. Describe the range of communication disorders that affect your client group.**

_____
_____
_____
_____

**3. What are some of the origins of communication disorders?**

_____
_____
_____
_____

## Glossary

***Words Definitions***

**Aphasia** - An acquired disorder of language, usually caused by a stroke (CVA) in left hemisphere of the brain. This impacts on the ability to comprehend and express language (including listening, reading, speaking, writing and using numbers/gestures).

**Chromosome** - An organised structure of DNA and protein that is found in cells. Genes, located in chromosomes, are inherited from our parents and dictate our features and attributes.

**Cognitive** - Relating to cognition, the process of knowing and, more precisely, the process of being aware, knowing, thinking, learning and judging.

**CVA** - CVA is an abbreviation for 'Cerebrovascular Accident'. Commonly known as 'stroke'.

**Congenital** - A condition that is noted as present at birth and usually occurs before birth.

**Degenerative** - A condition that worsens over time.

**Dysphagia** - A disorder of swallowing.

**Dysarthria** - A condition that affects the ability to produce clear speech.

**Dysphonia** - A condition in which normal voice is affected.

**Dyspraxia** - A motor speech disorder caused by injury or disease of the brain that affects voluntary motor planning, programming and sequencing of the movements for speech production.

**Expressive Language** - The act of using spoken or written language to communicate needs or information.

**Feedback** - The process of returning part of the input back to the sender to aid evaluation.

**Holistically** - Looking at a client as a whole person and not just their speech pathology needs.

**Monotonous** - Speech that lacks variety and tone.

**Neurological** - Having to do with the nerves or the nervous system.

**Receptive Language** - The act of understanding spoken or written language in communication.

**Stroke** - Stroke (also known as cerebrovascular disease) occurs when the supply of blood to the brain is suddenly disrupted.

**Tumour** - An abnormal group of cells in the body.

**Vocal cords** - These are two folds that sit in the larynx on top of the entrance to the lungs and they are used to produce voice.

## Proposed Practice Competencies for Speech-Language Pathologists

### 1. Central Role as Speech-Language Pathologist

#### *1.1 Foundational principles*

a. Apply basic knowledge of biomedical, cognitive, linguistic, pharmaceutical, physical and socio-behavioural sciences relevant to human communication processes, including knowledge of their acoustic, biological, cultural/linguistic, developmental and neurological bases.

b. Apply specialized knowledge of typical and atypical development, differences and disorders of human communication, including knowledge in each of the following areas: speech, communication modalities, cognitive and social aspects of communication, fluency, language, literacy, resonance and voice.

c. Apply knowledge of biomedical, pharmaceutical, physical and socio-behavioural sciences relevant to normal swallowing processes and disorders of swallowing.

d. Apply knowledge of hearing, hearing loss and disorders of the auditory system, relevant to practice as a speech-language pathologist.

e. Apply knowledge of principles of clinical practice, including use of diagnostic and rehabilitation instrumentation and procedures, behavioural management, social interaction management and counselling.

f. Use problem-solving and clinical judgment in all aspects of practice.

#### *1.2 Client-centredness*

a. Respect client and client diversity.

b. Engage client to clarify values, beliefs, assumptions, expectations and desires.

c. Establish a shared understanding of client concerns and priorities.

d. Incorporate client perspective of needs, values and goals into service provision.

e. Encourage client to participate in decision-making.

#### *1.3 Assessment*

a. Develop assessment strategy to evaluate communication.

b. Develop assessment strategy to evaluate swallowing.

c. Conduct assessments.

d. Include relevant information from other sources.

e. Integrate and interpret findings.

#### *1.4 Intervention planning*

a. Develop a realistic and measurable intervention plan.

b. Determine resources required for service delivery, and identify any limits or constraints.

c. Finalize intervention plan.

#### *1.5 Intervention and (re)habilitation*

a. Implement intervention plan.

b. Carry out direct and indirect service delivery.

c. Monitor, adapt or redesign intervention plan as required.

d. Develop and implement discharge plan.

#### *1.6 Cultural and linguistic sensitivity*

a. Acquire knowledge regarding client culture and language.

b. Recognize impact of cultural differences on meeting client needs.

c. Incorporate knowledge of cultural and linguistic differences into service provision.
d. Develop relationships with caregivers and translators/interpreters that support the language needs of the client.

***1.7 Population-based programs***

a. Administer screening programs.
b. Administer prevention programs.
c. Deliver community health programs and activities related to communication and swallowing.

***1.8 Limits to practice***

a. Practice within personal limitations and level of expertise.
b. Consult with others as and when required.
c. Identify and recommend alternative services for client whose needs are beyond personal limitations or level of expertise.
d. Limit or discontinue intervention plan when appropriate.

***2. Role as Communicator***

***2.1 Oral and written communication***

a. Communicate in a respectful manner.
b. Use language appropriate to the communicative situation.
c. Provide relevant information.
d. Listen actively.
e. Be sensitive to non-verbal cues.
f. Employ strategies and aids to minimize communication barriers.
g. Address challenging communication issues.
h. Present effectively in small and large group settings.
i. Recognize the impact of diversity upon relationships.
j. Modify communication to minimize barriers due to diversity.

***2.2 Documentation***

a. Maintain clear, accurate, timely and complete client records.
b(1) Comply with regulatory requirements.
b(2) Comply with organizational requirements.
c Ensure timely dissemination of client documentation.

***3. Role as Collaborator***

***3.1 Collaboration with other professionals***

a. Work with others to provide an integrated approach to client services.
b. Provide speech-language pathology expertise in collaborative practice.
c. Interact according to differing roles and responsibilities of team members.

***3.2 Relationships with other professionals***

a. Respect personal and professional differences among coworkers.
b. Support positive team dynamics.
c. Manage misunderstandings, limitations and conflicts to enhance collaboration.

***4. Role as Advocate***

***4.1 Client advocacy***

a. Identify and address client access barriers to services and resources.
b. Advocate for individual clients where appropriate.
c. Engage in promotion and prevention activities.

d. Advocate for resources to enhance service provision where needed.

***4.2 Client empowerment***

a. Provide information and tools to assist clients to obtain funding and services for themselves.

b. Provide information and support to promote self-advocacy and societal inclusion.

c. Facilitate opportunities for clients to connect with others experiencing similar challenges.

***4.3 Public education***

a. Act on opportunities to communicate the roles of speech-language pathologists and the benefits of their services.

b. Advocate for services based on emerging trends and anticipated future needs of clients.

c. Promote the profession as central and integral for clients with or at risk for communication and swallowing disorders.

***5. Role as Scholar***

***5.1 Continuous learning***

a. Conduct regular assessment of personal learning needs.

b. Take action to maintain currency and enhance professional competence.

c. Regularly review new knowledge and determine applicability to practice.

d. Select and apply appropriate methods for scholarly inquiry.

e. Integrate new learning into practice.

f. Participate in profession-led learning activities.

g. Recognize and respond to opportunities to contribute to research activities.

***5.2 Evidence-based practice***

a. Critically appraise research and other evidence in order to address client, service or practice questions.

b. Integrate relevant evidence into service provision.

c. Evaluate the impact of practice changes.

***5.3 Facilitation of the learning of others***

a. Share knowledge related to communication and swallowing.

b. Develop and implement responsive teaching strategies appropriate to learner needs.

***6. Role as Manager***

***6.1 Practice management***

a. Set priorities and manage clinical and administrative activities effectively.

b. Allocate speech-language services balancing client needs with available resources.

c. Supervise support personnel.

***6.2 Workplace functioning***

a. Engage in human resource management activities consistent with organizational needs.

b. Engage in financial management and resource planning activities consistent with organizational needs.

c. Engage in business management consistent with organizational needs.

d. Participate in quality improvement activities.

***7. Role as Professional***

***7.1 Professional integrity***

a. Comply with relevant federal and provincial requirements.
b. Comply with regulatory requirements.
c. Comply with professional code(s) of ethics.
d. Recognize and respond to ethical issues encountered in practice.
e. Recognize and respond to situations involving conflict of interest.
f. Recognize and respond to unprofessional behaviours of others in practice.
g. Maintain professional demeanour.

***7.2 Professional relationships***

a. Respect the limits of professional privilege and authority.
b. Maintain boundaries in relationships with clients, colleagues and other professionals.
c. Recognize and respond to opportunities to contribute to clinical education.

## GRAMMAR
## PRESENT SIMPLE TENSE
## EXERCISES

***1. Put in am, is or are.***

1. The weather is very nice today. 2. I … not tired. 3. This case … very heavy. 4. These cases … very heavy. 5. The dog … angry. 6. We … hungry. 7. My brother and I … fond of tennis. 8. I … 17, I … 22. 9. Ann … at home but her children … at school. 10. I … a student. My sister … an architect.

***2. Write full sentences. Use am / is / are each time.***

1. (My shoes  very dirty)…….
2. (My bed very comfortable) ……
3. (I not happy today) ……
4. (She 6 years old) ……
5. (The houses old) ……
6. (Those flowers beautiful) ……
7. (The examination not difficult) ……

***3. Put in am/is/are.***

1. Чия це книжка? — Це не моя книжка. Це його книжка.
2. Де твоя ручка? - Вона в пеналі.
3. Чий це портфель? — Це портфель моєї сестри.
4. Чиї це олівці? — Це олівці не мої. Це олівці мого сина.
5. Чия це кімната? - Це кімната мого брата. В кімнаті стіл та стілець.
6. Це твій зошит? — Цей зошит не мій.
7. Де твої книжки? - Мої книжки на полиці.
8. Це його батьки? Так, його.
9. Чий це папір? — Це мій папір. — А де мій? Твій папір в столі.
10. Ця дівчинка моя сестра. їй сім років.
11. Це моя кімната. Кімната велика. В кімнаті багато книжок.
12. Де ваші батьки? — Вони на роботі.
13. Чий це кіт? — Цей кіт мій.
14. Це моя машина. Машина нова. Вона в гаражі.
15. Де твоя сестра? — Вона вдома.
16. Я не учень. Я студент.
17. Його брат учень. Він у школі.
18. Мої батьки інженери. Вони на роботі.
19. Ви лікар? - Ні, я вчитель.
20. Твоя сестра учениця? — Ні, вона інженер. Вона на роботі.
21. Її сестра не секретарка. Вона вчителька.
22. Ці люди лікарі? - Ні, вони льотчики.
23. Ваша сестра вдома? — Ні, вона на роботі.
24. Наш батько вчений.
25. Його тітка не лікар. Вона актриса.
26. Це моя книжка. Вона на столі.
27. Мій двоюрідний брат не вчений, він інженер.
28. Це картини. Вони на стіні. Картини дуже гарні.

29.Моя бабуся пенсіонерка. Вона не на роботі. Вона вдома.
30.Ваші діти школярі? — Так, вони школярі.

***4. Put in am/is/are***.

1. He ... a student. He ... a good student.
2. His father ... a doctor.
3. My mother ... not a teacher.
4. ... your sister a pupil? — Yes, she ... .
5. They ... at home now.
6. This ... my house.
7. ... they at school? — No, they ... not at school.
8. ... your father a pilot? — Yes, he ... .
9. Nicky... not a student. He ... a pupil. He ... at school now.
10. These men ... drivers.
11. I ... a pupil, I ... not a student.
12. ... this your book? — This book ... not mine. My book ... in my bag.
13. Michael has a brother. His brother ... 20. He ... a student. He ... at home now.
14. These ... his newspapers.
15. .... there any books on your table? - Yes, there ... .
16. I ... a doctor. I ... a good doctor.
17. .... his friends at school now? — No, they ... in the garden.
18. ... her sister a teacher? - Yes, she ... .

**5. Поставте подані речення в питальній і заперечній формах.**

1. My friend lives in London.
2. Her uncle speaks French badly.
3. It often snows in winter.
4. He is my best friend.
5. His parents get up very early.
6. They listen to the news every evening.
7. We usually spend our holidays in the country.
8. They are our relatives.
9. My sister wants to become a teacher.
10. Her child likes to read the fairy-tales.

**6. Розкрийте дужки, вживаючи дієслова в *Present Simple.***

1. I (not to walk) to work every morning.
2. She (to wash) her car once a week.
3. We (to spend) our holidays in the country.
4. He (not to hope) to go there.
5. She (to go) to the theatre twice a month.
6. Mary (not to live) near the station.

7. You (to take) your dog for a walk?
8. She always (to invite) her friends to her birthday party.
9. He (to drink) coffee every morning.
10. Her brother (to study) in London?
11. I (to go shopping) every day.
12. He (to speak) Spanish?
13. I (to visit) my friend every week.
14. Helen (not to read) a lot.
15. He (to sleep) till nine o'clock.

**7. Поставте подані речення в заперечній і питальній формах.**

1. He goes to school every day.
2. My sister works here.
3. They eat a lot.
4. We work every day.
5. I come from Ukraine.
6. He comes from Germany.
7. They live in the USA.
8. He plays football every day.
9. I visit my parents very often.
10. His father works at an office.
11. She gets up at seven o'clock.
12. They play tennis very often.
13. We go to the cinema on Saturdays.
14. He wants to become a pilot.
15. My brother watches television every night.
16. I read newspaper every day.
17. Her father finishes his work at six o'clock.
18. Nick goes to bed at nine.
19. He goes to school by bus.
20. We skate once a week in winter.

**8. Розкрийте дужки, вживаючи дієслова в *Present Simple.***

1. She (to learn) English.
2. I (to like) music.
3. My brother (to be) a school-boy. He (to go) to school.
4. Michael (to do) his lessons every day.
5. She (to live) in this house.
6. After supper my sister (to go) for a walk.
7. We (to visit) our grandparents very often.

8. The girl (to sing) very well.
9. My father (to work) at school.
10. Usually I (to have) dinner at 3 o'clock.
11. He (to want) to become a doctor.
12. Our mother (to come) home very late.
13. His brother (to go) in for sports.
14. She (to like) reading very much.
15. They often (to take) a bus.

***9. Make a test:***

1. Maggie and Carol ..... good friends.

a) am b) are c) is d) isn't

2. Sue ..... a science teacher.

a) are not b) is c) are d) am

3. Mark Steven ..... a student at Kennedy High School. It ..... an old school.

a) am / is b) are / is c) is / am d) is / is

4. Margarita ..... from Spain. I ..... from Turkey.

a) is / am b) are / is c) am / is d) is / are

5. You and I ..... at the same age.

a) am b)isn't c) are d) is

# PAST SIMPLE TENSE
# EXERCISES

**1. Complete the sentences put the verb into the correct form, positive or negative. (simple past tense)**

1. It was warm, so I [took] off my coat. (take)
2. The film wasn't very good. I [didn't enjo] it very much. (enjoy)
3. I knew Sarah was very busy, so I [ ] her. (disturb)
4. I was very tired, so I [ ] to bed early. (go)
5. The bed was very uncomfortable. I [ ] very well. (sleep)
6. Sue wasn't hungry, so she [ ] anything. (eat)
7. We went to Kate's house but she [ ] at home. (be)
8. It was a funny situation but nobody [ ] (laugh)
9. The window was open and a bird [ ] into the room. (fly)
10. The hotel wasn't very expensive. It [ ] very much. (cost)
11. I was in a hurry, so I [ ] time to phone you. (have)
12. It was hard work carrying the bags. They [ ] very heavy. (be)

**2. Complete the sentences in simple past tense.**

1. I [ ] my teeth. (brush)
2. Tom [ ] tennis with his friends. (play)
3. They [ ] for their exam. (study)
4. Susan [ ] to me quietly. (talk)
5. Thomas [ ] me with my homework. (help)
6. Daniel [ ] his car. (wash)
7. The baby [ ] a lot. (cry)
8. The man [ ] so fast. (walk)
9. The mechanic [ ] the car. (fix)
10. My mother [ ] the flowers. (water)
11. The policeman [ ] the bus. (stop)
12. Alicia [ ] her bag. (carry)
13. She [ ] the door. (open)
14. Sonia [ ] the train. (miss)
15. I [ ] my teacher. (like)

**3. Complete the sentences in simple past tense.**

1. She [ ] to bed at 10 o'clock yesterday. (go)
2. Jenny [ ] very late as well. (sleep)

3. They _____ a lot of calories in that marathon. (burn)
4. Benny _____ about a year ago. (quit)
5. Todd _____ 10 pounds when he was born. (is)
6. Dan _____ his car to car wash. (take)
7. The boy _____ off the couch in the morning. (fall)
8. The bride _____ after the groom. (run)
9. The hot air balloon at the field _____ a lot of attention in yesterday's game. (draw)
10. My mother _____ the birds before we left for vacation. (feed)

***4. Complete these sentences in the PAST TENSE, using the correct verb:***

** play * enjoy * watch * listen * talk * phone* stop * walk * travel * like * stay*

I watched the late film on TV last night.1.We really ..... the concert last night. It was great! 2. She ..... with friends in Brighton last summer. 3. Italy ..... very well in the last World Cup. 4. Her parents ..... by train from Shanghai to Moscow.5.I ..... you four times last night but you were out.6.We ..... along the beach yesterday. It was lovely.7.She ..... the film but she didn't like the music. 8.The men ..... work at exactly one o'clock.9.I ..... to the new Sting album yesterday. It's great.10.They ..... to us about their trip to Madagaskar. It was very interesting.

***5. Complete the conversation with WAS / WASN'T / WERE / WEREN'T.***

A: Where were you last night? I phoned you but you ..... at home.
B: I .....out with friends. We ..... at the Bluenote Café.
A: ..... Julia there?
B: No, she ..... . Why?
A: Oh, I just wondered.
B: She .....out with Nick. They .....at the Oasis. I think.
A: No, they ..... .
B: How do you know?
A: Because I ..... there!

***6. Complete the man's statement with the PAST SIMPLE form of the verbs in brackets:***

Last night I ..... (go) to my favorite restaurant in West Street. I ..... (leave) the restaurant at about 11 o'clock. It ..... (be) a warm evening and I ..... (decide) to walk along the beach.Suddenly, I ..... (hear) a noise. I ..... (turn) and ..... (see) three boys aged about eighteen. One boy ..... (come) up to me and ..... (ask) me the time. When I ..... (look) down at my watch, he ..... (hit) me and I ..... (fall) to the ground. Another boy ..... (take) my wallet. I ..... (shout) for help. Then they

.....(run) away.F)Complete the story. Use the verbs in the brackets:Last year I went (go) on holiday. I ..... (drive) to the sea with my friend. On the first day we ..... (look) at the beautiful buildings and ..... (eat) in lots of restaurants. The next day ..... (be) very hot so we ..... (drive) to the sea. We ..... (leave) our clothes in the car and ..... (sunbathe) and ..... (swim) all day. At six o'clock we ..... (walk) to our car, but the car .....(be) there. We ..... (buy) some clothes and ..... (go) to the Police Station. Thepolice ..... (be) nice and we ..... (sleep) in the police station.

# FUTURE SIMPLE TENSE
# EXERCISES

***1. Use the correct form of the FUTURE SIMPLE:***

1.A: Oh! You've got a ticket for the party.B: Yes. I ..... (see) it on Friday.
2.A: Tea or coffee?B: I ..... (have) coffee, please.
3.There isn't any cloud in the sky. It ..... (be) a lovely day.
4.We ..... (win) the match. We're playing really well.
5.The festival ..... (last) for ten days.
6.I ..... (have) a meal with a few friends. There ..... (be) about ten of us.
7.Phil ..... (come) round us tomorrow. We ..... (be) at the airport at 9:30.
8.Why don't you come with us. I'm sure you ..... (enjoy) the show.
9.That .....(not / cost) more than $50.
10.The museum ..... (open) at 9:00 everyday but tomorrow it ..... (not / be) opened at 9:00.
11.I ..... (pay) it back to you as soon as I get my salary.
12.The manager said,"We ..... (have) the meeting on Thursday."

2. ***Fill in WILL or BE GOING TO:***

1.A: Why do you need so much sugar?B: I .....make a cake.
2.A: Oh no! I've left my purse at home and I haven't got any money on me!B: Don'y worry. I ..... lend you some.
3.A: I don't know how to use this mixer. B: That's OK. I ..... show you.
4.A: Why are all these people gathered here?B: The Prime Minister ..... open the new hospital ward.
5.A: Did you remember to buy the magazine I asked for?B: Sorry, I didn't. I ..... buy it when I go out again.
6.A: What's that on your curtains?B: It's a stain. I ..... take them to the dry cleaner's tomorrow.
7.A: These bags are very heavy. I can't lift them.B: I ..... carry them for you.
8.A: I hear you're going to Leeds University in September.
B: Yes, I .....study French and German.
9.A: Why don't you tidy your room?B: I .....play football in ten minutes, so I haven't got time.
10.A: How can we get all this home?B: I .....ask James to come and help.
11.She has bought some wool. She ..... knit a sweater.
12.A: This problem is very difficult.B: I ..... help you to solve it.
13.A: Why are you taking down all the pictures?B: I ..... paint the room.
14.I ..... climb that mountain one day.
15.Look at that young man. He looks very pale. He ..... faint.
16.A: Why are buying that spade?B: I ..... plant some trees in my garden at the back of the house.
17.She ..... get better. There are positive signs.

18.I’m hungry. I .....have something to eat.
19.I .....be 38 years old next week.

***3. Put the verb in to the correct from using WILL or GOING TO:***

1.A: Why are you turning on the television?B: I ..... (watch) the news.
2.A: Oh, I’ve just realized. I haven’t got any money.B: Don’t worry. That’s no problem. I .....(lend) you some.
3.Those clouds are very black, aren’t they? I think it ..... (rain).
4.A: I’ve got a terrible headache.B: Have you? Wait here and I ..... (get) an aspirin for you.
5.A: Why are you filling that bucket with water?B: I ..... (wash) the car.
6.A: I’ve decided to re-paint this room.B: Oh, have you? What colour ..... (you / paint) it?
7.A: Look! There’s smoke coming out of that house. It’s on fire!B: Good heavens! I ..... call the fire-brigade immediately.
8.A: The ceiling in this room doesn’t look very safe, does it?B: No, it looks as if it ..... (fall) down.
9.A: Where are you going? Are you going shopping?B: Yes, I ..... (buy) something for dinner.
10.A: I can’t work out how to use this camera.B: It’s quite easy. I ..... (show) you.
11.A: What would you like to drink – tea or coffee? B: I ..... (have) tea, please.
12.A: Has George decided on what to do when he leaves school? B: Oh yes. Everything is planned. He ..... (have) a holiday for a few weeks and then he ..... (start) a computer programming course

**PRESENT CONTINUOUS TENSE**
**EXERCISES**

1. **Fill in the blanks using present progressive tense.**

1. Look! it [is raining] (rain)
2. They [ ] (watch) the news on TV.
3. The birds [ ] (fly) to South.
4. Matt [ ] (wait) for the bus.
5. The chef [ ] (not cook)anything today.
6. What [ ] Helen [ ] (do) at the moment?

***2. Fill in the blanks with PRESENT CONTINUOUS***:

1.The children ..... (play) outside now.
2.She ..... (read) the newspaper at the moment.
3.I ..... (do) my homework now.
4.I ..... (eat) my dinner now.
5..... (you / want) a pizza?
6.They ..... (watch) TV now.
7. Listen! I ..... (not / like) spaghetti. And you?
8.The baby ..... (sleep) now.
9.My mother ..... (cook) dinner!
10.He ..... (write) a letter to his pen-friend.
11.She ..... (not / play) football whole day.
12.Mary ..... (listen) to music now.
13.Tom usually .....(drink) coffee, but he ..... (drink) tea now.

**3**. ***Build up sentences:***

1.He / like watching TV / but / he / not / watch / at the moment / because / he / sleep // 2.What / Wendy / do / at the moment / ? // She / clean / her teeth / bathroom //
3.mother / can ( - ) / help me / now / because / she / cook / kitchen //
4.Why / you / eat / sandwich / now / ? // Because / I / be / hungry //
5.Tim / now / go / work / bicycle //
6.children / play / games / now //

***4. Complete the sentences.***

***Use the present continuous form of the verb in brackets. Use contractions where possible.***

1. You [ ] (use) my mobile phone!
2. My dad [ ] (wash) his car.
3. It [ ] (not rain) today.

4. Who _____ (she / chat) to now?
5. What _____ (you / do) at the moment?
6. We _____ (sit) on the train.
7. The students _____ (have) lunch in the canteen.
8. 'Are you making dinner?' 'Yes, I _____.'

***5. Write the words in the ing-form form.***

*Feed, walk, wash, play, do*

- Can I speak to Brad, please? I'm sorry, he's _____ his pet now.
- Can I speak to Paul, please? I'm sorry, he's _____ his homework now.
- What about Kelly? No, sorry, she's _____ her pet in the park now.
- Can I speak to Jenny then? Sorry, she's_____ the dishes now.
- Can I speak to Alice or Alex, please? I'm sorry, they're_____ tennis now.

***6. Make up negative sentences in Present Progressive.***

- the sofa / Sam / is / on / not / sitting.
- Are / playing / not / the cats.
- cooking / Mother / not / my / is
- Reading / friends / her / are / not

***7. Make up questions.***

- now / Tom / coffee / is / drinking?
- playing / Now / the / boys / are?
- the / skipping / girl / now / is?
- the / eating / fish / cats / are?

# PAST CONTINUOS TENSE
# EXERCISES

***1. Decide whether to use 'was' or 'were'.***

1. Boris……..learning English. They ….. swimming in the lake. Your father….. repairing the car. I ……. reading a magazine. You…….. packing your bag. My friends watching the match on TV. It raining. The dog barking. The children brushing their teeth. Anne and Maureen singing a song.

***2. Fill in the blanks with a correct form of PAST CONTINUOUS***:

1.Alice hurt herself while she ..... (skate). 2.I met my neighbor while I ..... (walk) home from work.3.Sally saw a friend while she ..... (ride) her bicycle along Park St. 4.Peter fell asleep while he ..... (study).5.Bob stepped on Jane's feet while they ..... (dance) together.6.I cut myself while I ..... (shave).7.Mr. and Mrs. Brown burned themselves while they ..... (bake) cookies. 8.Tommy had a nightmare while he ..... (sleep) at a friend's house.

***3. Fill in the blanks with a correct form of PAST CONTINUOUS:***

1.It was very cold. The sun ..... was not shining. ..... (not / shine)2.It wasn't a stormy night. The wind ..... (not / blow)3.He wasn't sleeping. He ..... (look) at the ceiling.4.They were having a rest. They ..... (not / work).5.They were very happy. They ..... (enjoy) the party.6.He was at home. He ..... (watch) a movie on TV. 7.He was getting worse. He ..... (not / recover).8.We ..... (travel) in the north of Turkey when we were on holiday. 9.She ..... (drive) so fast when the accident happened.10.I .....(not / sleep) when you came in.

***4. Write the words in brackets in the correct forms in English using Past Continuous Tense.***

1. He _____ all day yesterday. (**rest**)
2. We _____ through the window when mother came in. (**look**)
3. They _____ a newspaper when I entered. (**read**)
4. I _____ to her but she. didn't hear me. (**speak**)
5. I didn't go for a walk because it _____. (**rain**)
6. When you telephoned I _____ my room. (**sweep**)
7. They _____ with John's wife when I came in. (**talk**)

8. While we _____ we heard a shot. (**play**)
9. She _____ along the embankment when I met her yesterday. (**walk**)
10. We _____ home when, it started to snow. (**go**)
11. I _____ very hard when he called. (**study**)
12. She _____ when his friend arrived. (**sleep**)
13. They _____ to the lecture when the light went off. (**listen**)
14. She still _____ when we returned home. (**work**)
15. When he _____ his garden he found a silver coin. (**dig**)

**FUTURE CONTINUOUS TENSE**
**EXERCISES**

***1. Change the verb into the correct form:***

1. He _____ (wait) for quite some time.
2. Tomorrow at this time I _____ (dance) at a party.
3. Next week at this time I _____ (sunbathe) at the beach.
4. At 5 o'clock you _____ (help) your brother.
5. This evening at 8 o'clock, she _____ (watch) a movie with her friends.
6. Nicole _____ (have) a hard time.
7. We _____ (smile), and they _____ (cry).
8. Rebecca _____ (clean) the house, and John _____ (wash) the dishes.
9. Tonight they _____ (talk), _____ (dance) and _____ (have) a good time.
10. It _____ (rain) tonight.
11. Tomorrow we _____ (rest) and _____ (have) fun.
12. Tonight at 10 o'clock she _____ (come) home.
13. The day after tomorrow he _____ (move) his apartment.
14. At this time tomorrow, I _____ (sleep) deeply.
15. You _____ (work) very hard to get that deal.

***2. Change the verb into the correct form:***

1. I _____ (wait) when she _____ (come).
2. They _____ (work) when he _____ (call).
3. He _____ (read) when I _____ (call) him.
4. When the bus _____ (arrive) we _____ (stand).
5. When the party _____ (start), we _____ (talk) outside.
6. When the police _____ (arrive), we _____ (go) north.
7. You _____ (watch) the movie when we _____ (come).
8. It _____ (rain) when she _____ (return).
9. Tiffany _____ (jog) when you _____ (meet) her.
10. The water _____ (boil) when we _____ (come) back.
11. The waiter _____ (serve) when the manager _____ (arrive).
12. When we _____ (call) him, he _____ (rest).
13. Steven _____ (fly) to Italy when his mail _____ (arrive).
14. The kids _____ (play) with the ball when I _____ (call) them.
15. You _____ (sleep) when she _____ (return).

***3. Make future continuous 'yes / no' questions:***

***When the boss comes,***

1._____ (I / sit) here?
2._____ (John / us) the computer?
3._____ (Jane and Luke / discuss) the new project?
4._____ (we / work) hard?
5._____ (you / talk) on the telephone?
6._____ (she / send) an email?
7._____ (they / have) a meeting?
8._____ (he / eat) lunch?
9._____ (you / type)?
10._____ (he / make) coffee?

***4. Make sentences with WILL BE –ING:***

1.I'm going to watch television from 9 until 10 o'clock this evening. So at 9.30 I .....
2.Tomorrow afternoon I'm going to play tennis from 3 o'clock until 4.30. So at 4 o'clock tomorrow I .....
3.Jim is going to study from 7 o'clock until 10 o'clock this evening.So at 8.30 this evening he .....
4.We are going to clean the flat tomorrow. It will take from 9 until 11 o'clock.So at 10 o'clock tomorrow morning .....
5.Tom is a football fan and there is a football match on television this evening. The match begins at 7.30 and ends at 9.15. So at 8.30 this evening .....
6.Don't phone me between 7 and 8. ..... (we / finish) dinner then. 7.A: Can we meet tomorrow afternoon?B: Not in the afternoon. ..... (I / work).
8.Do you think ..... (you / still / do) the same job in ten years' time?
9.If you need to contact me, ..... (I / stay) at the Hilton Hotel until Friday.
10.A: ..... (you / see) Laura tomorrow?
B: Yes, probably. Why?
A: I borrowed this book from her. Can you give it back to her?

***5. Ask questions with WILL YOU BE –ING?***

1.You want to borrow your friend's bicycle this evening. (you / use / your bicycle this evening?).....
2.You want your friend to give Tom a message this afternoon.(you / see / Tom this afternoon?).....
3.You want to use your friend's typewriter tomorrow evening.(you / use / your typewriter tomorrow evening?).....

4.Your friend is going shopping. You want him/her to buy some stamps for you at the post office. (you / pass / the post office when you’re in town?).....

**PRESENT PERFECT TENSE**
**EXERCISES**

***1. Fill in the blanks with ALREADY or YET:***

1.He hasn't called us ..... .
2.They have ..... sent the letter.
3.John has .....bought the tickets for the football match. 4.We have ..... been to Mexico three times.
5.You haven't visited Tokyo ..... .
6.Has John bought a new car ..... ?
7.The plane has ..... left.
8.Has she done it ..... ? No, not ..... .
9.A: Haven't they arrived .....?B: Oh, yes. They have ..... arrived.
10.Hurry up! The class has ..... started.
11.Be careful! They have ..... painted the door.
12.Haven't you read the book ..... ?

***2. Put the verbs in brackets into PRESENT SIMPLE PASSIVE:***

There is a chimpanzee which ..... is called ..... (call) "Bubbles". It ..... (own) by Michael Johnson. It ..... (keep) in his home. It ..... .(feed)every day by Michael Johnson himself. It .....(always / dress) in funny clothes. It ..... (said) that "Bubbles" is Michael Johnson's onlyfriend

***3. Complete the following sentences in the present perfect simple tense.***

1) She ____ _____ (to be) happy all day. 2) It ____ always _____ (to snow) here in December. 3) Dan ____ _____ (to be) sick for three days. 4) Li and Susan ____ _____ (to try) four times already and will not give up. 5) The old car ____ _____ (to be) a piece of junk since I bought it. 6) We ____ not _____ (to take) this test before. 7) My uncle ____ _____ (to be) to China. 8) Our father ____ never _____ (to drive) to California before. 9) I ____ _____ (to speak) to the president before. 10) The old man ____ occasionally _____ (to need) help crossing the street.

***4. Choose the correct verb from the list below to complete the following sentences.***

*take / work / find / see / speak / know / begin do / learn / eat / have / write / give / live / buy / be.*

I met Barbara when we were in elementary school. We _____each other for over twenty years.2. We _____ many new words since we started this course.3. That's a wonderful movie. I _____it three times.4. Mr. and Mrs. Tonner _____ married for 10 years. 5. You are late! The class _____already _____.6. Robert is my neighbor. He _____ next door to me for five years.7. Mary _____ several letters to her parents since she left home.8. We _____ in that restaurant several times.9. Our teacher _____us a lot of help with the homework assignment.10. She _____ to

her landlord many times about the broken window.11.We have a new camera. We _____ some beautiful pictures of the grandchildren.12. They _____all their homework already.13. Mrs. Baxter _____ all her groceries for the week.14.Tommy _____ a bad cold for two weeks.15. Frank _____for that company for many years.16. After three months of looking, she _____ a beautiful apartment to rent.

***5. Choose the correct verb from the list below to complete the following sentences. Put the verb in the negative form***.

*fix / begin / arrive / be / see / stop / speak / buy / read / visit*

1. Mathew is waiting on the corner for his girlfriend, but she _____ yet.
2. My brother lives in a different country. I _____him for two years.
3. Ellie and Bill got a divorce five years ago. They _____to each other since then.
4. It is only 8:45. The class _____yet.
5. It started to snow last night and it still _____.
6. She has finally decided which car she wants, but she _____ it yet.
7. I heard that the movie at the Roxy Theater is great, but I _____ it yet.
8. I bought a newspaper today, but I still _____ it.
9. He took his car to the service station yesterday, but they _____ it yet.
10. The Andersons moved out of New York ten years ago and they _____ back to the city since then.

***6. Match the questions on the left with the correct answer on the right.***

1. Has he finished university yet? A) No, he hasn't. He's still talking.
2. Have you eaten breakfast yet? B) No, I haven't. My wife's still reading it.
3. Have they gotten married yet? C) No, he hasn't graduated yet.
4. Has the president finished speaking yet? D) No it hasn't. The teacher isn't here yet.
5. Has Mary watered the plants yet? E) No, they haven't finished yet.
6. Has the doctor seen you yet? F) No, they haven't. They're still engaged.
7. Has the sun come out yet? G) No, she hasn't. They are still dry.
8. Have they finished their homework yet? H) No, I haven't. I'll eat in a few minutes.
9. Has the class begun yet? I) No, he hasn't. He is with another patient.
10. Have you read the paper yet? J) No, it hasn't. It's still raining.

# PAST PERFECT TENSE
# EXERCISES

***Make past perfect simple 'yes / no' or 'wh' questions:***

1._____ (you / go) there before we went together?
2._____ (she / see) the film already?
3.Why _____ (he / forgot) about the meeting?
4._____ (it / be) cold all week?
5._____ (I / read) the book before the class?
6.When she arrived, _____ (we / eat) already?
7.Where _____ (you / be) when I saw you?
8._____ (they / travel) by bullet train before?
9._____ (John / meet) Lucy before they went on holiday together?
10._____ (you / do) your homework before I saw you?
11.Where _____ (she / work )?
12._____ (I / pay) the bill before we left?
13._____ (we / visit) my parents already that winter?
14.When you called, _____ (they / eat) dinner?
15.How _____ (he / manage) to fix the cooker?
16._____ (my sister / be) sick for a long time?
17.How much _____ (she / study) before the exam?
18.What _____ (you / cook) for dinner that night?
19.When _____ (they / arrive)?
20.How many coffees _____ (she / drink) before the interview?

***2. Choose the correct verb from the list below to complete the following sentences. Put the verb in the past perfect tense (had & past participle).***

1. When I got to the house, Mary wasn't there. She _____ already _____ .
2. I didn't recognize my old classmate because she _____ so much.
3. We were late for the show last night. By the time we got to the theater, the movie _____ already _____.
4. Yesterday I went on my first plane trip. I was very nervous because I _____ never _____ before.
5. I couldn't eat much dinner last night because I _____ such a big lunch.
6. I couldn't buy any groceries last night because when I got to the supermarket, it _____ already _____.
7. Last week our teacher gave back the essays we _____ the week before.
8. The house was quiet when Andrew got home. Everyone _____ to bed several hours earlier.
9. They got to school late yesterday. The bell _____ already _____.
10. Sheila couldn't come to my house last night because she _____ already _____ other plans.

11. We couldn't find the house. It was clear that he _____ us the wrong add address.
12. Annie didn't want to come to the movie with us because she _____ it the week before.
13. By the time the police arrived at the bank, the robber _____ already _____.
14. I couldn't get into my apartment when I came home from work last night because I _____ to take my key.

***3. Complete the following sentences using the past perfect tense and the words provided.***

***Ex. I didn't meet Ellie for lunch because..... (she/eat/)I didn't meet Ellie for lunch because she had already eaten.***

1. My trip to New York was very exciting because..... (I/not be/ before)_____

2. I couldn't see the doctor because..... (he/already/ leave the office)_____

3. I couldn't buy the car I wanted because..... (the car dealer/ already/ sell) _____

4. We couldn't see the new exhibit because..... (the museum/already/close)_____

***4. Complete the following sentences in the past perfect simple tense.***

1) She ____ _____ (to write) six letters before she got a response. 2) It ____ always _____ (to snow) here before 1978. 3) Dan ____ _____ (to be) sick for three days before he got better. 4) Li and Susan ____ _____ (to try) four times before they gave up. 5) My father's old car ____ _____ (to run) very well before he sold it. 6) We ____ not _____ (to take) the test before. 7) My uncle ____ _____ (to visit) China several times in the past, so this visit was nothing new. 8) Our father ____ never _____ (to drive) to California. 9) I ____ _____ (to speak) to the president twice before, so I was not that nervous. 10) The old man ____ occasionally _____ (to need) help crossing the street.

## *FUTURE PERFECT TENSE*
## *EXERCISES*

***1. Read the conversation and choose the correct word in italics.***

1 A Shall we go out this evening?
B OK, but only after seven. I (1) *won't have / won't* finished my homework until then.
A That's OK. I'm working on my project this evening but I'll (2) *done / have done* most of it by seven-thirty, so I can phone you then.
2 A Carol's lost a lot of weight!
B Yes, she's been on a very good diet. By next week she'll have been (3) *go / going* to a weight loss class for over six weeks! If she carries on like this she'll (4) *have / has* lost over five kilos by the end of the months.
3 A Will you (5) *have / been* finished plastering this room by the weekend?
B Yes. I hope so.
A Great. So will we be able to paint the room on Monday?
B Wait until Wednesday. The new plaster (6) *didn't try / won't have dried* until then.
4 A Excuse me, nurse. I've been waiting here for ages.
B I'm sorry. The doctor's very busy. She'll probably be able to see you after four.
A And by then I'll (7) *be / have been* waiting here for more than six hours!

***2. Complete the sentences with the verb in brackets. Use the future perfect or, where possible, the future perfect continuous form.***

1 By the end of next month I *'ll have been living* here in Spain for six years. (live)
2 I'll ask Jane to call you back at twelve. Her meeting …….by then. (end)
3 When he retires next year, Adam …… here for more than twenty years. (work)
4 I'll have more free time after September because the children ……. to school by then.
(go back)
5 My best friend is doing a 'round-the-world' trip. By this time next week she ……. for
more than six months. (travel)
6 Don't worry. By the time you get here, my mother-in-law ……..…. ! (leave)
7 ……the project in time for the meeting? (the team, complete)
8 It's really long flight. We ……. in the same seats for over fourteen hours
so we'll be exhausted when we get there. (sit)
9 You can't stay here next week. We ……the decorating. (not finish)

***3. Find five mistakes in the letter and correct them.***

Dear Mr. Sanderson

I am writing about the repairs which your company has been made to the roof of our apartment building. The work started in March and it still isn't finished. By the end of this week the men will have working on the roof for over two months. These means we will suffered more than eight weeks of continuous noise and disruption, and we will be living for all that time with permanent cold draughts and dirt.
As you know, my wife is pregnant and the baby is due next month. It looks as though the work will haven't been completed by the time the baby is born. This is unacceptable.
I would like you to reassure us that work on the part of the roof that covers our flat will have finishing by the beginning of June at the latest. I think this is the least we can expect.

Yours sincerely,
Jeremy Brogan

# PASSIVE FORMS
# EXERCISES

1. ***Complete the second sentence so it means the same as the first, using passive forms.***

| | |
|---|---|
| 0 They were painting that wall yesterday. | That wall *was being painted yesterday.* |
| 1 We've turned off the lights. | The lights …… |
| 2 We will send you an email tomorrow. | You ……. |
| 3 They aren't making that model any more. | That model ……. |
| 4 Do I have to fill in this form? | Does this form …… |
| 5 They haven't repaired your computer yet. | Your computer …… |
| 6 They're going to close the road for 24 hours. | The road …….. |

2. ***Complete the sentences, using passive forms of the verbs in the box.***

**build count decorate finish repair wash**

| | |
|---|---|
| 0 This house *is being decorated.* | 3 The roof needs …….. . |
| 1 The votes …….. . | 4 The bridge ……..… next year. |
| 2 This castle …… in 1250. | 5 The dishes …….yet. |

3. ***Use the information in the email to complete the sentences below.***

Hi Hilary
I'm so pleased that you can come to our wedding! Jake and I have planned everything over the last few weeks. At the moment we're sending out all the final invitations. (Don't worry, I haven't invited Jane Anderson. I know you get on with her!) I was a bit worried about the cost but last month Mum and Dad agreed to pay for the reception. They paid the deposit last week. That was a relief! Have you decided what to wear yet? I've bought my wedding dress (It's a bit big so I have to alter it). The shop had reduced the price so it was only a few hundred pounds.
Do you remember Aunt Terri? Apparently she's got a fantastic new video camera, so she is going to film the ceremony. We've got a professional photographer as well. She'll take the formal photos. And Antonio from the Italian restaurant is doing the catering, so the food should be great! I can't wait to see you there. It's going to be a great day!

Lucy

0 Everything …..*has been planned*…… by Jake and Lucy.
1 The final invitations ……..…… at the moment.
2 Jane Anderson ……..…… to the wedding.
3 The deposit for the reception ……... last week.
4 Lucy has bought her wedding dress but it has …… .
5 The price of the dress ……... by the shop.
6 The ceremony ……. By Lucy's aunt.
7 The formal photos …….. by professional photographer.
8 The catering …… by Antonio.

***4. Choose the best word in italics. Sometimes both are grammatically correct, but one answer is more suitable.***

**HOW IS PAPER MADE**

Everyone enjoys fashion magazines and newspapers. But have you ever thought about how the paper (1) *we print them / they are printed* on is made?
Most paper is (2) *made / making* from wood. First, (3) *they cut the wood / the wood is cut* into small pieces. These (4) *mix / are mixed* with water and heated to produce a kind of thick paste. Then chemicals (5) *we add them / are added* to clean the paste and make it white. Next the paste is spread on a screen and (6) *dried / is dried.* The water drains away or evaporates and (7) *are left / leaves* a thick layer of paper. (8) *We then pass this / This is then passed* between two large rollers (circular machines) to make it thinner and flatter.
(9) *The paper can then be cut / They can then cut the paper* into the correct sizes.

***5. Three more of these paragraphs would be improved if the second sentence used a passive form. Decide which paragraphs they are and rewrite the second sentence.***

0 Philip Green bought the famous British clothes store, Moss Bros, in 2008. Because they ran out of money, the original owners sold it.
*It was sold by the original owners because they ran out of money.*

1 Live aid was the most successful fund-raising event of the 1980s. A group of well-known British and American musicians organized it in July 1985.
……
…….
……
….

2 The Laurentian Library in Florence is one of the greatest buildings of the Italian Renaissance. Michelangelo designed it in the 1520s.

……
……

……
……

3 Jeans first became popular when they worn by film stars and singers in the 1950s. Elvis Presley and James Dean were the two stars who had the most influence on young people's fashion at that time.

……
……

……
……

4 In recent years several high street stores have started selling copies of designer jeans. People who can't afford to buy real designer clothes often buy them.

……
……

……
……

***6. Rewrite these sentences so they are true for you. Change the underlined part.***

| | |
|---|---|
| 0 My watch was made in Austria. | *My watch was made in Switzerland.* |
| 1 My school was built in the 1960s. | ……... |
| 2 My old photos are stored in the garage. | …… |
| 3 My favourite shirt is made of nylon. | …… |
| 4 My hair is usually cut by my mother. | …… |
| 5 I don't like food that has been fried. | …… |

# MODAL VERBS
# EXERCISES

***1. Complete the sentences. Use* must + these verbs*:***

***be eat go learn meet wash win***

1. I'm very hungry. I *must eat* something.
2. Marilyn is a very interesting person. You _____ her.
3. My hands are dirty. I _____ them.
4. You _____ to drive. It will be very useful.
5. I _____ to the post office. I need some stamps.
6. The game tomorrow is very important to us. We _____.
7. You can't always have things immediately. You _____ patient.

***a.*** ***Write* I must *or* I had to.**

1. *I had to* walk home last night. There were no buses.
2. It's late. _____ go now.
3. I don't usually work on Saturdays, but last Saturday _____ work.
4. _____ get up early tomorrow. I've got a lot to do.
5. I went to London by train last week. The train was full and _____ stand all the way.
6. I was nearly late for my appointment this morning. _____ run to get there on time.
7. I forgot to phone David yesterday. _____ phone him later today.

***b. Complete the sentences. Use* mustn't *or* don't need to + one of these verbs:**

***forget go hurry lose phone wait***

1. I *don't need to go* home yet. I can stay a little longer.
2. We have a lot of time. We _____.
3. Keep these papers in a safe place. You _____ them.
4. I'm not ready yet, but you _____ for me. You can go now and I'll come later.

5. We _____ to turn off the lights before we leave.

6. I must contact David, but I _____ him. I can send him an email.

***2. Write* don't need to / had to / must / must / mustn't.**

**MUM:** Come on, Alice. You _____ hurry up.
**ALICE:** I'm ready. I _____ phone Jamie, and he talked and talked. That's why I'm a bit late.
**MUM:** Let's go. The train leaves in 20 minutes.
**ALICE:** Just a minute. Where's my umbrella?
**MUM:** You _____ take that. It's a beautiful day.
**ALICE:** OK. So where's my sun hat? I _____ forget that.
**MUM:** Alice, we _____ leave NOW.

***3.Write* must / mustn't / had to / don't need to.**

1. You *don't need to* go. You can stay here if you want.

2. It's a fantastic film. You *must* see it.

3. The restaurant won't be busy tonight. We _____ reserve a table.

4. I was very busy last week. I _____ work every evening.

5. I want to know what happened. You _____ tell me.

6. You _____ tell Sue what happened. I don't want her to know.

7. I _____ hurry or I'll be late.

8. "Why were you so late?" "I _____ wait half an hour for a bus".

9. We _____ decide now. We can decide later.

10. It's Liza's birthday next week. I _____ forget to buy her a present.

***4. Complete the sentences. Use* have to *or* has to + these verbs:**

***do hit read speak travel wear***

1. My eyes are not very good. I _____ glasses.

2. At the end of the course all the students _____ a test.

3. Sarah is studying literature. She _____ a lot of books.

4. Albert doesn't understand much English. You _____ very slowly to him.

5. Kate is not often at home. She _____ a lot in her job.

6. In tennis you _____ the ball over the net.

**5. *Complete the sentences. Use* have to *or* had to + these verbs:**

**answer buy change go walk**

1. We _____ home last night. There were no buses.
2. It's late. I _____ now. I'll see you tomorrow.
3. I went to the supermarket after work yesterday. I _____ some food.
4. This train doesn't go all the way to London. You _____ at Bristol.
5. We did an exam yesterday. We _____ six questions out of ten.

**6. *Complete the questions. Some are present and some are past.***

1. I have to get up early tomorrow.

What time *do you have to get up?*

2. George had to wait a long time.

How long _____?

3. Liz has to go somewhere.

Where _____?

4. We had to pay a lot of money.

How much _____?

5. I have to do some work.

What exactly _____?

**7. *Write* I have to *in the correct verb form.***

Jessica is a young tennis star. She _____ practice most days before school. She goes *to the gym a lot too, but she thinks that is a bit boring. Sometimes she says to her coach,* "You know I hate the gym. _____ do my exercises today?
Jessica's father was a professional tennis player, but in those days players **_____ practice so much. He's a bit worried about Jessica and asks her mother,** "How long _____ play every morning?" "About 90 minutes. She _____ do it if she doesn't want to, but she loves it. And I'm afraid, nowadays, you _____ practice if you want to be the best."

**8. *Write* can / can't / could / couldn't.**

1. I ___ easily carry this trunk to the station.
2. He said that he ___ ship the goods in September.
3. When he was young, he ___ run a mile in less than five minutes.

4. He ___ have done it, it is very unlike him.
5. Why did you stop at a hotel? You ___ have spent the night at my house.
6. I said that he ___ have miss the train, as he have left the house very early.
7. If I had received his letter last week, I ___ have helped him.

***9. Write may / might.***

1. You ___ take any book you like.
2. She told him that he ___ go home.
3. He ___ come tonight, but I'm not sure.
4. I gave him the text-book so that he ___ learn his lesson.
5. I said that he was not in the house, but he ___ be in the garden.
6. I ___ come and see you next summer, but my plans are not fixed.
7. ___ I have another cup of tea?

***10. Complete the sentences. Use* you should + one of these verbs:**

***eat go take visit watch wear***

1. When you play tennis, _____ the ball.
2. It's late and you're very tired. _____ to bed.
3. _____ plenty of fruit and vegetables.
4. If you have time, _____ the Science Museum. It's very interesting.
5. When you're driving, _____ a seat belt.
6. It's to far to walk from here to the station. _____ a taxi.

***11. Write sentences with* I think … should *and* I don't think …should.**

1. We have to get up early tomorrow. (go home now) *I think we should go home now.*
2. That coat is too big for you. (buy it) *I don't think you should buy it.*
3. You don't need your car. (sell it) _____.
4. Karen needs a rest. (have a holiday) _____.

5. Sally and Dan are too young. (get married) _____.

6. You are not well this morning. (go to work) _____.

7. James isn't well today. (go to the doctor) _____.

8. The hotel is too expensive for us. (stay there) _____.

***12.Match the sentence endings to the beginnings.***

***shouldn't spend too much money***
***should do yoga***
***should read it***
***should sit on it***
***should turn your phone off***
***should buy them***
***shouldn't eat so many cakes***

1. David has a bad back, so I think he _____.

2. This book is fantastic. You _____.

3. When you're in the cinema, you _____.

4. These boots are fantastic! I think you _____.

5. If you want to stay thin, you _____.

6. That chair isn't very strong, so I don't think you _____.

7. It's a beautiful ring, but you _____.

***13.Paraphrase the following sentences referring them to the future and to the past:***

1. I can speak German very well.

2. You may watch television and listen to the radio in the evening.

3. You must learn to play a musical instrument.

4. She must bake a cake today.

5. You must learn foreign languages.

6. They should remind her of the excursion.

7. I can play football very well.

8. She can play badminton in the open air.

***14.Write* can / may / must / should / ought.**

1. I ___ ski very well.
2. ___ he play the violin?
3. My sister ___ cook very well.
4. You ___ visit you friends.
5. She ___ see this performance.
6. You ___ visit the countryside.
7. You ___ learn to play the guitar.
8. You ___ watch outdoor sports.

# INFINITIVE
# EXERCISES

***1. Write the words in brackets in the correct forms either to infinitives or gerund in English.***

Did you remember (call) _____ your husband?

I don't remember (give) _____ you permission to use my car.

I stopped (get) _____ some petrol on my way home from work.

I wish the children would stop (make) _____ so much noise.

My hair needs (cut) _____.

Oh no! I think I have forgotten (lock) _____ the door.

She always forgets (close) _____ the fridge.

She told me that she regrets (shout) _____ at you yesterday.

The child will not stop (cry) _____. I guess he needs (feed) _____.

We regret (inform) _____ you that we cannot offer you the job.

---

***2. Use the verbs from the box to complete these sentences.***

*Arrive survive be work renovate contact answer talk*

I asked him several times but he didn't bother ..... my question. Finallly, we agreed ..... on the project together. I demand ..... to your boss. Jack usually fails ..... on time. Domestic animals somehow managed ..... the fire. We're not planning ..... the hotel much longer. If you have any questions, don't hesitate ..... me. Was she just pretending ..... your friend?

***3. Use the nouns and the verbs in brackets to complete these sentences.***

***Example: Our parents allowed ..... out tonight. (we - go)***

***Our parents allowed us to go out tonight.***

These glasses will enable ..... (she - read)

My uncle advised ..... architecture. (I - not study)

Our teacher encouraged ..... in the competition. (we - take part)

They persuaded ..... the army. (she - not join)

We are training ..... blind people. (they - help)

The policeman forced ..... down. (he - lie)

My mum always reminds ..... late for school. (I - not be)

The traffic warden warned ..... on double yellow lines. (we - not park)

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