The Teaching of Reading, Writing and Language in a Clinical Speech and Language Setting: A Blended Therapy Intervention Approach

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THE TEACHING OF READING, WRITING AND LANGUAGE IN A CLINICAL SPEECH AND LANGUAGE SETTING: A BLENDED THERAPY INTERVENTION APPROACH

by

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Submitted in Partial Fulfillment of the Requirements
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Dedication

This dissertation is dedicated to Hannah Kate, Lilly, and Greg
Acknowledgements

A dissertation is an individual project that involves much solitary work, but it is also a project that brings the writer into social and intellectual contact with a great many people. It is a pleasure to acknowledge the assistance and support provided by many mentors, colleagues, friends, and family members.

I am very grateful to the members of my dissertation committee: Dr. Diane DeFord, Dr. Julia Lopez-Robertson, Dr. Susi Long, and Dr. Jennifer Reynolds. I also am indebted to several other faculty members from the University of South Carolina Language and Literacy Department for their shaping, teachings, patience, and encouragement: Dr. Amy Johnson Lachuck, Dr. Lucy Spence, Dr. Diane Stephens, and Dr. Jennifer Wilson (1975–2011).

I would like to thank Martha for allowing me to conduct my research in her private practice. She understands that speech and language pathologists must, first of all, be learners. I also wish to thank the families and preschoolers who participated in my study.

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Abstract

With a growing body of research that supports a link between language and literacy; governing bodies in the field of speech and language pathology have recognized the need to reconsider the role of speech-language pathologists in addressing the emergent literacy needs of preschoolers who struggle with literacy and language concepts. This study contributes to the research on speech and language pathology’s clinical approaches by researching a blended approach to therapy using individualized language needs with embedded emergent literacy practices to expand not only the expressive and receptive language repertoire but also the emergent literacy learning of preschool children receiving speech and language therapy services. The theoretical framework that informs this research includes the constructs of dynamic learning, oral language as viewed through sociolinguistics, and instructional practices and theoretical constructs from the field of emergent literacy.

Each area of research serves as a supporting pillar in the argument for a multifaceted paradigm in the field of speech and language pathology, where language and literacy are equal partners in constructing literacy and language understandings. Using a mixed-methods research design that drew upon interpretive narrative, parent questionnaires, and quantitative assessment data analysis, this study sought to clarify the relationship between preschoolers’ early language and literacy abilities in order to better understand how to conceptualize emergent literacy practices within a language therapy session. The results of this study will be specifically useful to speech and language
pathologists working with the preschool population in the public school system, Head Start programs, and private practice or clinical settings.
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Chapter 1:

Introduction

This dissertation opens with descriptions of two different models of how speech therapy services might be conducted when grounded in two different theoretical orientations. The intent is to highlight the way in which different beliefs, standards, and goals might guide Speech and Language Pathologists as each one carries out the therapy session and to introduce differences in theoretical orientations, language, and pedagogical foundations between speech sessions that are grounded in the field of Speech and Language Pathology and those grounded in the field of Emergent Literacy.

Developmental Perspective Paradigm

The Speech and Language Pathologist (SLP) who works within a traditional Speech and Language Pathology paradigm spends considerable time planning a program to ensure her *language impaired* preschooler uses language structures and vocabulary that are developmentally appropriate for his age, as designated by language assessment measures. Assisting the child with the development of language structures is of particular interest to her since that is a high priority of the pediatrician who initiated the speech and language referral, and to the parents who have brought their child to the clinic for treatment. The entire treatment plan has been written out for parents identifying all areas of language weakness with each deficit skill indicated. An approximate time frame has been recommended which allows for an in-depth, isolated study and mastery of individual deficit skills. Through the use of worksheets and language concept picture
cards, the preschooler is introduced to new vocabulary, letter names and sounds, pre-readiness skills, semantic development through the teaching of pre-readiness categories and syntactical structures of language needed to address specific language deficits noted on standardized performance assessments. The preschooler has the opportunity to play language building games and engages in a variety of activities based on identified deficits in language skills. The child goes through all of the activities in the order prescribed by the language assessment results, regardless of the Speech and Language Pathologist’s previous knowledge about the student (interests, family background, interactional style, etc.). Literacy instruction is “worked in” at the start of the therapy session as a way to develop a session theme. The story serves as a springboard for worksheet activities, sequencing activities and game choices. The chosen story is read aloud by the therapist and she does little to make literacy connections or personal connections beyond the initial springboard activity.

Since speech and language therapy sessions are thought of as oral language enhancement opportunities, writing is not seen as a means of addressing the student’s deficits. Speech and Language Pathologist-X makes no provision for it in the predetermined therapy plan. The speech language setting consists of white, bare walls to help decrease distractions. The small room contains a table and a couple of chairs, since most of the therapy sessions are one-on-one settings. The materials needed for each part of the therapy sessions are introduced to the child by the therapist. The game is presented to the child last as it is used as a reward for hard work and good behavior. The delivery model is based on the introduction and modeling of targeted skills, with repetition and isolated practice of each skill to assure mastery.
Language Socialization Paradigm

Next door, in another therapy room, is a different therapist who offers a different model of language therapy. She relies heavily on the therapy room environment and social interaction to promote student involvement with language and literacy, and thus the environment is also filled with a variety of language-rich materials. The small space is filled with three children working together as a community of learners. There is a small, yet inviting reading center filled with books that are within the reach of the children. Most of the book titles are familiar, since the books have already been read aloud by the therapist with the support of the children as a “shared reading” experience. A small writing space is also available with plenty of writing tools, paper, magnetic letters, shaving cream, play dough and markers. Children are encouraged by her to use the writing and reading centers each session, and the results of the work they do adorn the walls of the room. In the corner of the therapy room is a message board where important news and reminders are written each session. The therapist makes books from their work for the library. Adorning the walls of the therapy room are numerous charts depicting graphs, a labeled diagram of a mouse, poems, lists, scripted student interviews and other important information related to topics of inquiry. Printed materials are everywhere!

It is obvious that this therapist values scribbles, pictures, and beginning attempts at spelling as part of committing written language to paper in the early stages of developing each student’s language repertoire. She sees these acts as part of language development—seeing written language supports the child’s development of oral and written language principles and structures. By combining literacy learning with language
is to expand oral language opportunities as well as utilize the reciprocal aspects that exist between oral and written language to accelerate children’s learning.

Read-aloud time occurs each session with room for unscripted conversation. Stories, poems and informational texts are shared. Books are placed in tiny hands and children are encouraged to explore their contents and ask questions. Books with highly predictable language and interesting story lines are used to encourage group participation and independent rereading in the reading center.

Although this language therapist has definite goals regarding the concepts and skills she wishes to foster, she sees no need to organize them hierarchically or to introduce them in isolation. Rather, the print environment and related activities are carefully orchestrated to allow children to build on that they already know about language and literacy and refine it and use it for further learning. Although a unit study about bears might lead to a poem about bears and an opportunity to discuss the letter b, the emphasis is not placed on merely matching letter to sound but on helping the children gain an understanding of key patterns in their language and that letters and sounds (oral and written) are often related.

This therapist looks for evidence of understanding and assesses learning through observation and analysis of children’s independent reading, writing and narrative/language strengths during story time and group discussions. Language and literacy learning is integrated into everything that occurs throughout the session. Most important, she understands that content that is interesting and personally important to children is the basis of learning language, learning through language, and learning about language (Halliday, 1975).
Differences Between the Two Paradigms

It is important to recognize that both therapists are caring, concerned professionals. Each is a fine example of a professional highly knowledgeable about the theoretical framework from which she operates. Speech and Language Pathologist-X operates from a traditional readiness framework, in which the SLP is both keeper and dispenser of knowledge. Her therapy plans are segmented and pre-developed and organized into what are thought to be manageable bits and pieces, dispensed in small, hierarchical increments, over time. All language impaired children on her caseload receive similar instruction and have similar language goals and objectives and little use is made of knowledge about language that the child brings with them to the therapy setting.

The second therapist sees her role as that of facilitator of children’s learning. The speech therapy environment is structured so that certain events are very likely to occur. Learning stems as much from these incidental language and literary events that occur by virtue of living within the print-rich environment as from the numerous activities planned to involve children in oral and written language. The second therapist expects differences in the way children respond to the activities she plans. She carefully monitors their responses and plans or responds accordingly. She emphasizes helping children build on what they already know in order to make connections between what is known and what is being learned.

These two different ideological and pedagogical models lay the groundwork for the discussion of issues and ideas in this dissertation as I discuss rationale, relevant literature, methodology, findings and implications in answer to the questions:
1. How do parents describe the cognitive, expressive, and receptive language repertoire and emergent literacy growth of the 3-, 4-, and 5-year-old case-study participants before and after involvement in the blended language and literacy services in a private clinical setting?

2. What cognitive, expressive, and receptive language repertoire and emergent literacy tools do three comparison participants exhibit and acquire after 16 weeks of traditional speech and language services within a private clinical setting?

3. By combining individualized language needs and emergent literacy practices in a small group therapy setting, what are the patterns exhibited in cognitive tools, expressive and receptive language repertoire, and emergent literacy growth after 16 weeks of service with three case-study participants who received a blended therapy intervention?

4. What cognitive, expressive, and receptive language repertoire and emergent literacy growth is exhibited by three case-study participants receiving a blended therapy intervention as compared to a similar set of participants receiving traditional services for speech and language difficulties at the same private clinic?

5. What range of language and emergent literacy methods emerge from implementing a blended approach to therapy that promotes the cognitive, expressive and receptive language, and literacy development in three case-study participants?

This mixed-methods study incorporated qualitative research methods supported by quantitative research logic. Data collected included demographic data; responses to parent questionnaires about self-help skills and literacy behaviors; posttest assessments in the areas of cognitive development, language, and concepts about print; as well as
reflective narrative writings by the researcher. All six study participants (three preschoolers who were part of the comparison group and three preschoolers who were part of the blended-therapy group) were administered the Clinical Evaluation of Language Fundamentals Preschool—Second Edition (CELF-P2; Wiig, Secord, & Semel, 2004), the Developmental Indicators for the Assessment of Learning—Third Edition (DIAL-3; Mardell-Czudnowski & Goldenberg, 1998), and the Dominie Show Me Book, Concepts of Written Language Assessment (DeFord, 2004). The three participants in the blended-therapy group received pre- and posttest assessments to determine their emergent literacy strengths and to provide the researcher with baseline data for planning therapy sessions and objectives.

**Rationale**

According to the U.S. Department of Education National Center for Education Statistics (2012), the number of children ages 3 to 21 with disabilities served in the public schools across the country under the Individuals with Disabilities Education Act (IDEA) during the period 2009–2010 was 6.5 million, or about 13% of all public school students. Some 38% of the students receiving special education services had specific learning disabilities. Of these, 22% received services for speech or language disorders. Communication disorders are among the most common disabilities in the United States, as evidenced by the high numbers of children and young adults serviced by speech and language pathologists (SLPs).

The issues that affect students with communication difficulties are quite varied, such as specific learning disabilities related to the processing of semantic and syntactical structures of expressive and receptive language, articulation or intelligibility concerns
centered around the improvement of speech clarity, dysfluencies as related to stuttering occurrences, the social and pragmatic understandings of language use of rules for conversational engagements, and the ability to recognize when a language breakdown and repair is necessary. According to *The Condition of Education* (2012), estimates of the prevalence of language disorders in preschool children range from 5.7% to 16.2%. Although speech and language difficulties are often “co-morbid” (Schuele, 2004), it is the depth and breadth of language rather than the production of speech that is the main contributing factor to poor literacy outcomes (Nathan, Stackhouse, Goulandris, & Snowling, 2004; Snow, 1991). Considering the impact of emergent literacy and language difficulties on children’s preschool success, in recent years, researchers emphasized the importance of providing effective programming services for the potential 5% to 16% of young children who may be at risk for later reading difficulties (*The Condition of Education*, 2012). This includes looking carefully at children with identified language difficulties (Snow, Burns, & Griffin, 1998).

For children who have been identified as having language difficulties, it has been suggested within the literature that language and literacy interventions should be addressed simultaneously using an integrative approach that enhances typical language therapy with literacy support (Gillon & Dodd, 2005; Schuele, Spencer, Barako-Amdt, & Guillot, 2007; Tallal, Allard, Miller, & Curtiss, 1997), even within the preschool population. The idea of an integrative intervention is a very different approach to speech and language services. Past and present traditional speech and language therapy practices have focused primarily on children’s speech and language needs as determined by
cognitive and language testing measures with a focus on maturation and developmentally appropriate skill teachings.

The majority of speech and language interventions have traditionally not included instructional practices often used in emergent literacy classrooms such as written language experiences (written conversations, story or journal writing, etc.), reading easy books, or instruction that targets developing concepts of print (left-to-right and top-to-bottom scanning, serial-order analysis, first-letter or last-letter concepts, etc.). Nor have speech and language services included the practice of addressing language goals using literacy-based activities, even though an integrated approach is clearly suggested by the American Speech and Hearing Association national standards.

With an increasing body of research in recent years that supports a link between language and literacy, governing bodies in the field of speech and language pathology have recognized the need to reconsider the role of SLPs in addressing the emergent literacy needs of preschoolers who struggle with literacy and language concepts. The aim will not be served by delaying the start of learning to read and write in order to give such children so-called compensatory programs in language remediation. What they need is experience of books and the pleasure that comes from being read to; they also need the opportunity to try to make meanings in written language for themselves (Wells, 1986).

**Statement of the Problem**

In the United States, the American Speech-Language-Hearing Association (ASHA) has recently broadened the role of SLPs by redefining the scope of speech-language therapy to include “providing services for disorders of language, including comprehension and expression in oral, written, graphic, and manual modalities; language
processing; pre-literacy and language-based literacy skills, including phonological awareness” (ASHA, 2001). Including these important emergent literacy skills in early language interventions may provide children with the foundation they need to avoid the reading difficulties that far too often result from early language difficulties. They may also prove beneficial as methods to improve language difficulties. Although many SLPs may recognize the need for a comprehensive intervention approach that addresses language and literacy goals for preschoolers with language-processing concerns, very few empirical research studies document the effectiveness of such an intervention.

Furthermore, there is some disagreement about which language and literacy concepts or methods should be conceptualized as emergent literacy and included in a comprehensive emergent literacy/ language intervention.

**Research Purpose**

This study was intended to clarify the relationship between preschoolers’ early-language and literacy abilities in order to better understand how to conceptualize emergent literacy practices within a language therapy session. This study investigated the effectiveness of an experimental, blended language and literacy approach that addressed emergent literacy concepts and the preidentified language needs of preschoolers, as assessed by a private speech and language clinic.

This study compares two intervention approaches—a quasi-experimental blended-therapy intervention that views language acquisition through an emergent literacy lens and a standard-intervention comparison group based on traditional models of speech and language therapy. Student progress was measured quantitatively and qualitatively. The impact of the effectiveness of the experimental blended language and literacy approach
was measured over a 16-week period. This study attempted to clarify the nature of emergent literacy and the support required from speech and language pathologists by children with language difficulties in order to both limit their risk of future reading difficulties and explore effective emergent literacy practices that simultaneously improve language functioning.

This study finds significance within the preschool-age group, as preschoolers’ experiences and interactions, whether at home or in a preschool setting, is crucial in supporting language growth and development. Within the United States, there is a heavy cultural emphasis to facilitate child language acquisition and self-expression as early as possible. Speech, especially precocious speech, is interpreted as a sign of intelligence (Ochs & Schieffelin, 1986). Middle-class mothers and families structure their lives around incorporating infant expressions as if they were meaningful. As discussed in Tobin, Hsueh, and Karasawa’s (2009) book, *Preschool in Three Cultures Revisited*, the cultural predilection for precocious speech is highlighted by the attention given to oral facility demands in schools with teachers continuously appealing to young children to “use their words”. Talking is the way preschoolers process all the new information they are gathering (Fountas & Pinnell, 2011; Paley, 1990). Language is the most important cognitive tool for interpretation and explaining the information they acquire as they explore and learn. Fountas and Pinnell (2011) declared, “Quality talking and listening support memory and enhance understanding” (p. 74). As young children talk, they explore their world, seek to make meaning and understand their interactions with others, and reach out to take greater risks in their efforts to communicate. Learning to read is a
complex process that involves “story awareness, language awareness, and print awareness” (Fountas & Pinnell, 2011, p. 106).

Children from a very young age have the ability to respond to texts. They make hand movements and eagerly anticipate what will happen next. They lean upon the pictures in texts and absorb the language structure of the text. Before long, young children are talking like a book (Clay, 1991). Expansion of children’s vocabulary and language resources occurs through conversations around texts read aloud. Children at a very young age internalize reading behaviors, and they do so through many early reading experiences. The focus of this study was to blend traditional language-therapy strategies with best practices in emergent literacy to determine whether the blended approach to therapy was more effective than traditional speech and language therapy.

**Type of Study**

This study contributes to the research on speech and language pathology’s clinical approaches by researching a blended approach to therapy using individualized language needs with embedded emergent literacy practices to expand not only the expressive and receptive language repertoire but also the emergent literacy learning of 3-, 4-, and 5-year-old children receiving speech and language services in a private clinical setting. This study used a mixed-methods research design that drew upon interpretive narrative, parent questionnaires, and quantitative assessment data analysis.

**Significance of the Study**

Traditionally, language therapy for preschool children focuses on meeting the specific language-based needs of the individual child, and most private-practice therapy is offered individually: one child, one adult. Specifically, SLPs design therapy focusing
on weakness in expressive (e.g., semantics and syntax), receptive (e.g., semantics and comprehension), or pragmatic (e.g., social interaction of language) use of language as determined by gaps in formal and informal language assessments. Within such traditional therapeutic models, little attention is typically paid to children’s emergent literacy needs and abilities such as phonological awareness (e.g., understanding that spoken language consists of distinct sounds), print awareness, and written language as it relates to emergent literacy. Typically, traditional therapy approaches do not adopt the practice of addressing language goals using books and literacy-based activities with a focus on emergent literacy.

The field of Speech and Language Pathology and much of the literature that supports the field, relies upon a cognitivist definition of language. This cognitive approach is blind to cross-cultural variations, is predicated on middle-class norms of language use and development [although this is unstated] and constantly measures individuals against this norm with very little acknowledgement of how cultural expectations for so-called “normal” language acquisition vary, and some might not be driven with concerns about cognition. In contrast, work in related fields assumes language acquisition to be principally a developmental phenomenon and presumes a unilinear developmental pathway broken up into highly age-graded stages of phonological, morpho-syntactic and lexical productions.

Although many researchers (Gillon & Dodd, 2005; Schuele et al., 2007; Tallal et al., 1997) recognized the need for a comprehensive intervention that addresses language and literacy goals in preschoolers with identified language weaknesses, very few empirical studies documented the effectiveness of such an intervention or how an
intervention should manifest itself in a therapy room. Furthermore, there is some
disagreement about which early skills in language and literacy should be conceptualized
as “emergent literacy” and included in a comprehensive intervention.

In this study, I attempted to clarify the relationship between children’s early
language and literacy abilities in order to better understand how to conceptualize
“emergent literacy” in the speech and language therapy setting. I investigated the
effectiveness of an experimental emergent literacy–enhanced language intervention by
measuring its impact longitudinally over a 16-week period. I also investigated how
parents of preschoolers with identified language disorders shared and identified the
literacy practices of their children.

This study will add to the growing body of research on the relationship between
children’s early language and emergent literacy abilities and how to conceptualize
“emergent literacy” in the field of speech and language pathology. This study will add to
the growing body of research on the effectiveness of an experimental emergent literacy–
enhanced language intervention. Last, this study will add to the growing body of research
on how parents of preschoolers with identified language disorders share and identify the
literacy practices of their children. The results of this study will be specifically useful to
SLPs working with the preschool population in the public school system, Head Start
programs, and private practice or clinical settings.

Define of Terms

This study is a meshing of two different fields of practice that do not share a
common language. For the purpose of this study, two terminology frameworks are
presented; the framework used in the field of Speech and Language Pathology and the framework used in the field of emergent literacy.

**Speech and Language Pathology Terms and Definitions**

*Disability:* I use the term “disability” as it is defined by the Individuals with Disabilities Education Act (IDEA) (http://idea.ed.gov). A disability means a child has been determined in accordance with Section 300.304 through 300.311 as having mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

*Disorder/impairment:* The terms “disorder” and “impairment” are used often in the field of speech and language pathology because it is, first, a medical/clinical field. For the purposes of this study, a disorder is a derangement or abnormality of function (*Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, 2003*).

*Language difficulty:* Language difficulty is used to highlight challenges with language comprehension, expression, word-finding and/or speech discrimination.

*Social Constructivism:* Social constructivism is defined as a variety of cognitive constructivism that emphasizes the collaborative nature of learning. According to Vygotsky (1978), every function in the child’s cultural development appears twice: first, on the social level and, later on, on the individual level; first, between people (interpsychological) and then inside the child (intrapsychological). This applies equally to
voluntary attention, to logical memory, and to the formation of concepts. All the higher functions originate as actual relationships between individuals.

Specific learning disability: For the purposes of this study the term, “specific learning disability” is used as defined by the special education federal law, IDEA (http://idea.ed.gov). A specific learning disability is a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to perform mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

Emergent Literacy Terms and Definitions

Dynamic–Learning Framework: I use this term to define the view of process and performance. Performance as viewed from Chomsky’s (1965) formulation [i.e. competence vs. performance]. “Process information removes the ‘genius’ from performance and replaces it with both a dynamic-learning frame and the strategic knowledge of how the success was accomplished” (Johnston, 2012, p. 21).

Emergent literacy: I use the term “emergent literacy” as defined by Marie Clay (1966), who introduced it to describe the behaviors seen in young children when they use books and writing materials to imitate reading and writing activities even though they cannot actually read and write in the conventional sense. The term denotes the concepts, skills, and knowledge of young children that are related to, but precede, conventional literacy instruction (Teale & Sulzby, 1986). This includes such information as vocabulary, book-handling skills, the concept of rhyming, and concepts about print.
Families: The word “families” may include a variety of adult caregivers who interact with a child, such as grandparents, older siblings, foster parents, family members, and others. In this study, all informal interviews and parent questionnaires were conducted with a natural parent or grandparent of each child.

Language: “an interactional display (covert or overt) to a novice of expected ways of thinking, feeling, and acting . . . through their participation in social interactions, children come to internalize and gain performance competence in these sociocultural defined contexts” (Ochs & Schieffelin, 1986, p. 2). In this study, language socialization means both socialization through language and socialization to use language.

Theoretical and Conceptual Framework

How do young children become literate? How do young children learn language? These are questions with many answers. Each answer presents some aspects of truth when viewed within the theoretical framework that generated the question. Through my doctoral experiences and studies in the field of language and literacy, and my current practice in the field of speech and language pathology, particular theorists have permeated my thinking and have shaped my understandings of language, literacy, and the construction of knowledge. I bring to the present conceptual framework a history of cognitive and psychological theories that have guided my practice as a speech and language pathologist. My framework contains undertones of cognitive and maturation beliefs grounded in the work of Jean Piaget (1952/1992) as well as the social aspects of learning based on the theory of Lev Vygotsky (1978).

The theoretical framework that informs this study recognizes principles of social constructivism as implemented through a dynamic learning frame (Dyson, 2003;

**Cognitive Residue on a Pair of Dynamic Learning Frames**

Through my studies, I have found that in some respects Piaget (1952/1992) and Vygotsky (1962) held similar views on children’s intellectual development, in terms of the active and constructive nature of children’s understanding of the world. However, they differ on three important points. First, Piaget believed that a child’s early development resulted from his action on the material world. Vygotsky (1962) saw development as resulting from a child’s participation in social activities. Second, Piaget sought universal characteristics of development. Vygotsky (1962), on the other hand, recognized the importance of considering a child’s specific social and prior language experiences as assisting in development. Third, Piaget treated language development as a subset of prior cognitive development. Vygotsky (1962) saw language development as the driving force of social and intellectual development.

The social constructivism viewpoint is somewhat different from the more familiar stance of the field of speech and language pathology, because it includes joint activity and the language that is created through social interactions. This view disrupts somewhat
the view of universal characteristics of development and the power of a controlled
environment on language production. After all, universal development norms allow for a
uniform system of diagnosis and placement into treatment programs as well as suggested
methods of treatment. Methods of treatment are established from the belief that a child’s
action on the environment is directly responsible for language development. By applying
universal characteristics of development, the field of speech and language pathology can
determine areas of language weakness and then create cognitively appropriate language
environments for children to repetitively act on, resulting in remediation of the identified
language weakness. After all, the field of speech and language pathology adopts the view
of language development as secondary to cognitive development. By utilizing tenets of
the social-constructivist viewpoint, this study is set apart from other studies in the field of
speech and language pathology because it highlights the possibility that early childhood
language development results from participation in social activities, and that the
development of language is the catalyst for intellectual and social development. Studies
in the field of speech and language pathology have not fully grasped the perspective that
participation within social communities and the importance of collaborative learning
groups (Johnston, 2012), such as solid literacy-focused classroom communities, can and
does assist with the development of language, and can provide its own path to therapy.

The overarching framework used in this study draws from the tenets of social
constructivism theory, whose influences are constructed from the field of psychology.
This theory emphasizes the impact of collaboration and negotiations on thinking and
learning. Lev Vygotsky (1962, 1978) argued that all thinking and learning is social in
origin and contains the central notion of assisted learning. Seen through the lens of social
constructivism theory, all learners can be viewed as members of collaborative learning
groups (Johnston, 2012). Their identities within these groups determine what they will
encode about literacy practices and learning, as well as the ways in which members will
interpret these practices. Notions of collaboration and participation within communities
are social constructivism beliefs that are evident in the ethnographic work of scholars
whose studies inspire my thinking and the development of my theoretical stance
(Johnston, 2012; Dyson, 2003; Heath, 1983; Purcell-Gates, 1995; Taylor & Dorsey-
Gaines, 1988). The theoretical framework for this study is guided by dynamic learning
principles (Johnston, 2012) which align with a social constructivism view.


- Learning is participatory and distributed (Johnston, 2012; Lindfors, 1999;
  Vygotsky, 1978; Wells, 1986).

- Learning is an active and constructive process (Vygotsky, 1962, 1978; Wells,
  1986).

- Learning is facilitated by guidance and assistance that is within in the
  learner’s “zone of proximal development” (Vygotsky, 1978).

- Knowledge is constructed through solving problems that arise in joint
  activities in the present and is meaningful and useful when it is used as a tool

- Language is viewed as the most important tool. It facilitates coordination of
  joint activities; it considers the past and prepares a plan for the future.
Language reports understanding and meaning-making adeptness (Vygotsky, 1962, 1978; Wells, 1986).

Key principles from a dynamic learning framework (Johnston, 2012) influences literacy practices and language development and for the purpose of this study, provides an avenue by which to seek and understand the social environment within which participants develop, learn and interpret who they are in relation to others, and how they have learned to process, interpret, and learn from their world experiences. By incorporating a dynamic view of language learning into the design and implementation of a speech therapy delivery model, the speech and language pathologist recognizes and is dynamically assessing interpsychological and intrapsychological understandings by “explaining behaviors in terms of mental processes and contexts as compared to the explanation of behaviors in terms of permanent traits” (p. 23).

**Inspecting Language through Psycholinguistic and Sociolinguistic Viewpoints**

As a practicing Speech and Language Pathologist and a doctoral student in the field of language and literacy, I bring to the theory of linguistics an understanding of psycholinguistics and a utilization of sociolinguistic perspectives. I will briefly contrast each linguistic perspective to highlight its complementary contributions to a better understanding of language use and how language is learned, in this study. Note that each perspective is built on a fundamentally different notion of the context of language. For the purpose of this study, language is defined as “an interactional display (covert or overt) to a novice of expected ways of thinking, feeling, and acting . . . through their participation in social interactions, children come to internalize and gain performance competence in these sociocultural defined contexts” (Ochs & Schieffelin, 1986, p. 2).
this study, language socialization means both socialization through language and socialization to use language.

Using this broad definition of language renders a contrast between the two perspectives more evident. From a psycholinguistic perspective, language is a psychological product of an individual that is common to all individuals (Ferguson, 2000). From a psycholinguistic perspective, control is sought over contextual variation, in order to achieve a static description and explanation of language (Ferguson, 2000). The sociolinguistics viewpoint considers the relationship between language and society.

In order to examine language socialization, this study presents a view of language as the joint product of individuals continuously influenced by and influencing their environment. The notion of language socialization draws on sociological, anthropological, and psychological approaches to the study of social and linguistic competence within a social group. This stance centers the field of speech and language pathology and language performance views toward language performance as viewed by Halliday and Hasan (1985) and the semantic perspectives of Systemic Functional Linguistics. Halliday and Hasan encapsulated the general consensus that any act of language is about something / what is going on? (field), between interactants / who is taking part? (tenor) and uses language / and the role of language (mode). Situating this study around a sociolinguistic framework that considers the discourse of tenor as “the interacting roles that are involved in the creation of texts” (Halliday & Hasan, 1985, p. 45) allows the SLP to recognize the interacting roles that are involved in book-sharing discourse and language delivery with children.
The theoretical descriptions of oral-language learning developed from Halliday (1978) and Wells (1986) provide an important starting point for my own thinking about the ways in which children in preschool programs learn language through interactions with each other, teachers, parents, and text. Of particular importance is the idea of the social construction of knowledge and the ways parents and children build shared knowledge of the world as well as shared language to express meanings. For Halliday (1978), language development is “the process of intersubjective creation of meanings” (p. 93). As very young children and their caregivers talk about everyday events, an exchange of meaning occurs. Both adults and children track the meanings of the other, and adjust their utterances on previously shared experiences and the talk that is systematically related to it. Wells (1986) agreed, noting that language learning is facilitated when children and their caregivers are engaged in shared activity where there is a likelihood that they will interpret situations similarly and be attending to the same objects. Like Vygotsky (1978), he suggested that children’s ability to intend meanings through vocal or gestural signs first begins interpersonally as adults interpret even unintentional sounds and movements as if they were intentional. Because adults tend to make rich interpretations of infants’ actions and react to young children as if they already had intentions, “babies do in time come to have them, discovering in the process that their behavior can affect people in their environment and that they can indeed communicate” (Wells, 1986, p. 35).

Language learning is a process that begins as children participate, however unintentionally, in the everyday life of their families. As they experience social interpretations of their actions and the language related to those interpretations, they
come to internalize both their family’s worldview and language. Eventually they form language hypotheses that allow them to communicate intentionally and independently. Halliday (1978) reminded us that independence is an illusion. Children’s intentional communication always reflects the social meanings and social interactions in which those meanings were formed. In Halliday’s (1975) work it is the functions of children’s utterances, rather than their form that are important to notice. His analyses focused on the relationship between children’s linguistic structures and the social uses to which they are put in everyday talk. Placing sociolinguistic perspectives upon language disorders allows space in the field of speech and language pathology to recognize that effective language requires a multilayered and dynamic process of negotiation of meaning between both partners in an exchange, a closer look at joint activities, and language creation.

**Emergent Literacy as a Reciprocal Relationship of Oral and Written Language**

The third perspective that informs this study draws from the tenets of emergent literacy, which views growth in literacy as occurring on a developmental continuum, beginning in infancy as children develop concepts and skills related to literacy and culminating in conventional reading and writing (Clay, 1966). This point of view holds that essential attitudes toward and acquisition of early literacy skills are developed holistically, primarily within the home, and at an early age (Teale & Sulzby, 1986). Literacy development is seen as emerging from children’s oral language development and social interactions within literacy experiences. Clay (1966), Teale and Sulzby (1986), and Strickland and Taylor (1989) all discussed the critical importance of oral language as a foundation for emergent literacy.
The conceptual framework for this study is based on the understanding of the reciprocal relationship between oral and written language development during the preschool years. Both oral and written language are best learned when used in purposeful contexts, and when children have opportunities to observe and interact with others who model reading and writing practices (Clay, 1975; Ferreiro & Teberosky, 1982; Harste, Woodward, & Burke, 1984; Sulzby, 1986). The framework of this study follows the tenets of emergent literacy practices:

- Reading, writing, listening, and speaking are all aspects of language, and develop “concurrently and interrelatedly, rather than sequentially” (Teale & Sulzby, 1986, p. xviii; Clay, 1975).
- Meaning and function are central to the process of learning both spoken and written language (Halliday, 1975; Harste et al., 1984; Wells, 1986).
- Learning must be actively constructed (Wells, 1986).

Emergent literacy practices that have developed over the past 30-plus years are steeped in the belief that literacy learning and oral language development occur simultaneously as a child uses language and interacts with the literacy tools that are used within the family and community to be able to function in his or her world (Halliday, 1975; Wells, 1986).

The emergent literacy perspective is directly related to the understanding that literacy development emerges from a child’s oral language development. However, when looking solely at oral language development, the field of speech and language pathology rejects the idea that meaning is central to the process of learning both spoken and written language. A speech and language pathology purist believes that language develops
through a cognitive and maturation perspective and that it has little to do with meaning until children are ready to learn to read. If the development of oral language acts as a mechanism from which literacy development begins to materialize, then amplifying the development of literacy will assist in overcoming language deficiencies. This almost seems too simple to be true; thus the need for this study, which blends a clinical therapy approach with identified emergent literacy, practices.

**Conclusion to Chapter 1**

What is a blended language and literacy approach to speech therapy? The blended language and literacy approach to therapy designed for this research project was based on the combining of several theoretical propositions from the writings of Clay (1966), Teale and Sulzby (1986), Wells (1990), Halliday, (1975), Vygotsky (1978), Johnston (2012), Delpit (1995), and Lindfors (1999). The driving research questions center around measurable outcomes of preschool children who are explicitly taught language concepts using a literacy approach to learning. The blended language and literacy approach to therapy designed for this research project intentionally immersed preschool children in a text-rich environment that focused on both emergent literacy concepts and identified language needs as a way to assist in a successful transition into negating the practices of language and literacy demands expected in the school environment. In a traditional speech and language framework, receptive and expressive language development is targeted as an isolated skill. Traditional therapy sessions use games, crafts, technology, and worksheets to target individual language needs. Traditional speech and language sessions do not always consider schooling expectations in the areas of language and literacy.
The blended language and literacy approach further emphasized emergent literacy concepts and facilitated language learning by having children immersed in a print-rich environment that simultaneously encompassed and cultivated the learning of reading, writing, speaking, and listening. The blended language and literacy therapy session promoted the use of text and talk about language as literacy practices with a focus on developing a strong oral vocabulary and learning the structure (grammar) of language. In the blended-therapy sessions, the critical difference was that children were purposely taught to view language through print. They were allowed to be curious, ask questions, handle books, and point to the words of their favorite song or poem. This blended approach to therapy was devised to be child centered and natural, where talking and listening enhanced understanding and allowed children to connect their oral language to that of reading and writing as they explored and learned new language concepts. In the following chapter, I outline some of the literature related to these understandings.
Chapter 2:

Review of Related Research

The following literature review explores the learning processes involved in language acquisition as well as those involved in the acquisition of literacy from an emergent literacy perspective. To understand the rationale for and design of the study, it is important to have knowledge of the following bodies of thought: (a) literacy learning as a socially constructed process, (b) constructs of emergent literacy, (c) preschool language difficulties and emergent literacy development, (d) mapping language difficulties onto formal literacy instruction, and (e) intervention services that facilitate language and literacy learning.

Literacy Learning Within a Dynamic-Learning frame

Knowledge is meaning created with others (Vygotsky, 1978). Knowledge situates itself within the interactions and shared understandings among the peers that helped us design it. What we know is the combined product of psychological and sociological processes (Dewey, 1916). As individuals think about and learn from their interactions, they do so among others who have both more and less experience. Dewey (1916) stated, “Every individual has grown up, and always must grow up, in a social medium. His responses grow intelligent, or gain meaning, simply because he lives and acts in a medium of accepted meanings and values” (p. 344). In recognizing that individuals do not operate in isolation, it is necessary to consider the significance of the social, relational, and collaborative contexts, and the part it plays in fostering success. The
concept of community process or collaborative learning (Johnston, 2012) refers to the processes and systems of involvement between people as they communicate and coordinate efforts while participating in shared, meaningful activities. This includes not only the face-to-face interaction, which has been the subject of much research, but also the side-by-side joint participation that is frequent in everyday life (e.g., when a mother and child bake cookies together).

In their study of literacy and literacy learning in a sociopolitical climate, Taylor and Dorsey-Gaines (1988) contrasted authentic uses of literacy in home settings with literacy activities in school. For example, one child in their study spent her school day practicing homonyms and rhyming words by filling out worksheets with her classmates. These activities have little to do with the authentic use of words. To learn about George Washington, for example, she and others colored his picture. In contrast, the same child at home created artifacts that were carefully drawn and selected to learn about her community—artifacts that included drawings of houses and communities, and detailed pictures of family members that contained names of the people and “I love you” messages. The artifacts collected revealed the importance of collaborative learning through engagements with family and friends. In these artifacts, we can see evidence of social learning and language use as a tool for developing thought (Vygotsky, 1962). The literacy practices in Taylor and Dorsey-Gaines’s study were contextualized and authentic. Skills learned in the context of authentic literacy events allowed for success at home, but not necessarily at school. Purcell-Gates (1995) touched on the issue of the school district’s whole-class teaching philosophy, which assumes that all learners within the class progress at the same pace, and start from the same entry point, which is a fallacy.
She wrote that “curriculums and educational plans must allow access to literacy for every single learner, regardless of social class, minority status, and parental education” (p. 191). Children learn skills in the context of whole and meaningful experiences, not in fragments. As these ethnographic studies demonstrated, when skills are presented in isolation and with little connection to children’s lives, confusion is often created within the child, and some may find themselves a part of a system that labels them as learning disabled, or, at the very least, they may become frustrated and bored with school activities. Taylor and Dorsey-Gaines wrote about this as a significant problem for children in schools, this “overwhelm[ing] . . . fragmentation that takes place as the students move from the hopes of their families and the promise of their early years through an educational system that gradually disconnects their lives” (p. 121).

A key to socially constructed learning is teaching language and literacy within meaningful, authentic literacy contexts. Knowledge is much more than facts and isolated processes; it includes an understanding and use of facts and processes learned within dynamic knowledge frame (Johnston, 2012). Peter Johnston (2012) describes a dynamic knowledge frame as, “behavior explained in terms of mental processes—feelings, beliefs, and what people know and don’t know” (p. 21). Research repeatedly provides evidence that children learn the skills necessary to use language and literacy when they have opportunities to construct knowledge based on prior experiences from authentic settings (Clay, 1991). Similarly, Dyson (2003) described the typical view of literacy development as too narrow, too focused on skills needed for mastery of the written code, and too focused on a linear path to achievement and mastery.
Constructs of Emergent Literacy

In 1986, Teale and Sulzby formally introduced the term “emergent literacy” to define the developmental period from birth through age 6 when children are “in the process of becoming literate” (p. xix). They argued that during this phase, children are developing, learning, and acquiring necessary skills in written language, even though they have yet to be exposed to formal schooling. This perspective differs from more traditional approaches at that time by conceptualizing literacy acquisition along a developmental continuum, rather than viewing literacy as a skill that is either acquired or not when children enter school (Teale & Sulzby, 1986), more often referred to as “reading readiness.”

Since it was first conceptualized in 1986, researchers have used the term “emergent literacy” rather broadly to refer to a variety of literacy-related skills and environments, and the term has become complicated as researchers have used multiple perspectives and research methodologies to inquire about children’s emergent literacy abilities (Whitehurst & Lonigan, 1998). Inconsistent use of the term in the field of cognitive psychology has made it difficult for speech and language therapists to process the theory of emergent literacy. It has been argued that refining what is meant by emergent literacy is critical in developing understanding of the concept and developing links between research and practice; for example, a clear understanding of what constitutes emergent literacy is essential in guiding the design of effective emergent literacy interventions (Senechal, LeFevre, Smith-Chant, & Colton, 2001).

Early cognitive psychologists defined the term emergent literacy as a broad unitary construct composed of skills and behaviors transcending three main sets of skills:
written language awareness (including both print awareness, i.e., knowledge about the functions of print, and alphabet knowledge); phonological awareness (i.e., knowledge about the sound structure of language), and oral language (i.e., vocabulary and narrative abilities; Senechal et al., 2001). Skills in each of these three areas were included in a two-component model of emergent literacy suggested by Whitehurst and Lonigan (1998). In their model, emergent literacy is composed of inside-out processes (which include skills in alphabet knowledge and phonological understanding—components of written language awareness and phonological awareness) and outside-in processes (which include abilities such as narrative and semantic understanding—components of oral language).

More recently, researchers have challenged the notion that emergent literacy can be conceptualized so broadly. Following a comprehensive examination of previous theoretical models and empirical investigations, Senechal et al. (2001) concluded that emergent literacy should actually not be considered a unitary construct composed of skills in written language awareness, phonological awareness, and oral language. Instead, they argued that emergent literacy is composed merely of skills in written language awareness, including children’s print knowledge and alphabet knowledge, and that emergent literacy should therefore be viewed as a narrow construct that is distinct from the constructs of phonological awareness and oral language.

In contrast to the narrower model of emergent literacy proposed by Senechal et al. (2001), which suggested that emergent literacy is thought of only as skills in written-language awareness, Justice and colleagues (Justice, Chow, Capellini, Flanigan, & Colton, 2003; Justice & Ezell, 2004; 2001; Justice & Pullen, 2003) published a wealth of theoretical and empirical papers in which emergent literacy was defined differently.
Justice and her colleagues made explicit distinctions between children’s skills in the three areas including written-language awareness, phonological awareness, and oral language, as Senechal et al. formulated in 2001. Justice and colleagues included both written language and phonological awareness in their definition of emergent literacy, as opposed to just the former. Furthermore, in their view, although oral language is not considered a component of emergent literacy, it as a skill highly correlated with emergent literacy and literacy development in general (Justice & Ezell, 2001, 2004; Justice et al., 2003; Justice & Pullen, 2003).

In 1986, William Teale and Elizabeth Sulzby were among the first researchers to use the term emergent literacy, originally coined by Marie Clay (1966). The shift to thinking about literacy learning as emergent from birth led to new conceptions of the relationships between the growing child, literacy information from the environment, and home literacy practices. It changed views from a focus on mastery of a sequenced series of discrete skills to an integrated, strategy-based process that starts long before school intervention.

Until the concept of emergent literacy, the maturation theory held sway. Underlying this theory is the belief that “the mental processes necessary for reading would unfold automatically at a certain point in development” (Teale & Sulzby, 1986, p. ix). This theory also asserts that two factors are essential for preparing children for reading: mental development (the common term was readiness) and experience. Mental development, described by Arnold Gesell (as cited in Teale & Sulzby, 1986), was labeled “neural ripening” (p. x), and generally focuses on the cognitive development of the child. Experience includes the social dimension of the child’s life or experiences at home, in
school, and in the community. According to the theory of reading readiness, children need to acquire necessary prereading skills, taught by teachers, in order to be ready to begin to learn to read. The theory supports a number of educational practices:

- School instruction in reading and writing was postponed until children had acquired a set of prerequisite abilities.
- Writing and reading skills were taught separately. Aspects of writing and composing had to wait until children had learned to read.
- Steps to achieve mastery in reading were formalized and sequenced, ignoring the functional uses of reading.
- Children’s previous experience was very largely ignored, with emphasis given to the presumed “logical sequence” of formal competencies.

All children were required to pass through the presumed logical sequence of reading-readiness skills, and their progress was tested and monitored. Clay (1966), Durkin (1966), Goodman (1967), and Teale and Sulzby (1986) were among the first to recognize and study literacy acquisition as a continuous process that begins long before formal instruction. Clay’s (1991) research in particular led to questioning of the prevailing belief that literacy learning requires a certain level of psychological development and prerequisite skills before the process can begin. Instead, her work suggested that even very young children’s interactions with print represent their emergence as readers and writers, that literacy acquisition is an ongoing experience, and that learning to read does not depend on a particular level of maturity.
Clay’s studies inspired many more explorations of early literacy. Teale and Sulzby (1986) in their introduction to *Emergent Literacy* summarized the findings of Clay’s research:

- “Children learn to read and write long before formal instruction at school” (xviii).
- “Children learn reading and writing concurrently and complementarily” (xviii).
- “Children develop literacy from real-life settings/situations in which they use reading and writing to “get things done” (xviii).
- “Children develop literacy through active engagement and social interaction with adults and peers” (xviii).
- “Children develop literacy by passing through different stages and at different ages” (xviii).
- “Children develop literacy by actively engaging in their environment” (xviii).

Perhaps the most significant conclusion of these emergent literacy suppositions is that children are active constructors of their own language and that they develop all aspects of language (speaking, listening, reading, and writing) simultaneously and interrelatedly. Research findings also underscore the importance of the social setting as well as a child’s active interest and participation (Teale & Sulzby, 1986).

Taylor and Dorsey-Gaines (1988) wrote, “Literacy is not a discrete event, nor is it a package of predetermined skills. The complex, yet oversimplified, boundaries that we have established so that we can count, weigh, and measure literacy do not exist, they are of our own making” (p. 201). Along with other emergent literacy scholars, these researchers suggested that the act of being literate is a human experience that finds its shape within one’s self and its face in the faces of others. Problems arise when we ignore
the social processes of contextual tying and we take our traditional ways of thinking about literacy—the rigid hierarchies and taxonomies and predetermined sets of skills that we create—and create inauthentic classroom activities for children to do that have little relationship to what they may already know and can do in the name of literacy (Taylor & Dorsey-Gaines, 1988, p. 201).

The emergent literacy perspective is directly related to the understanding that literacy development emerges from a child’s oral language development. However, when looking solely at oral language development, the field of speech and language pathology holds that language develops through a cognitive and maturation perspective, and has little to do with meaning until children are ready to learn to read. If the development of oral language acts as a mechanism from which literacy development begins to materialize, then amplifying the development of literacy will assist in overcoming language deficiencies. Again, this almost seems too simple to be true; therefore, the need for this study, which blends a clinical therapy approach with identified emergent literacy practices, is now more urgent.

**Preschool Language Difficulties and Emergent Literacy Development**

During the past 2 decades, the acceptance of the “emergent literacy” perspective by researchers has made an important contribution to our understanding of literacy development (Teale & Sulzby, 1986). Importantly, researchers now acknowledge that before children begin formal schooling, individual differences exist—such as differences in emergent literacy abilities—that may account for later differences in reading ability (Lonigan, Burgess, & Anthony, 2000). To shed light on how individual differences in emergent literacy abilities develop in preschoolers, the social constructivism theory is
often applied (Justice & Ezell, 1999; Van Kleeck, 1990). It has been suggested that emergent literacy acquisition is a sociocultural process (Justice & Pullen, 2003) whereby children emerge into literacy over time as they acquire knowledge, concepts, and skills within the context of supportive interactions with adults, such as parents or, for the purpose of the current study, clinicians (Justice & Ezell, 2004; van Kleeck, 1990). From this perspective, emergent literacy skills are first introduced to the child with intensive support from an adult, who, as the child becomes more competent, gradually relinquishes control to the child until the child is eventually able to demonstrate acquisition of the concepts independently (Justice & Ezell, 2004; van Kleeck, 1990).

The social constructivism perspective was strongly influenced by the writings of Vygotsky (1978), a perspective that explains emergent literacy as occurring within the context of socially mediated interactions with an adult. Piagetian principles may also be useful in understanding how children independently acquire emergent literacy concepts (Van Kleeck, 1990). As Teale and Sulzby (1986) noted, “Children construct ideas about reading and writing that are not taught to them, are not modeled for them, and are not yet conventional” (p. 52). Children may depend on adult guidance to fully develop their emergent literacy skills while also actively constructing their own knowledge about print. The literacy abilities that children develop through social interactions and self-constructed knowledge provide them with a foundation on which they will build more advanced skills in conventional reading and writing (Justice & Ezell, 2002; Justice & Pullen, 2003). Educators as well as policy-making organizations have investigated the critical importance of emergent literacy experiences (Crawford, 1995; National
Association for the Education of Young Children [NAEYC], 1999; Teale & Sulzby, 1986).

Federal policy, more recently, is promoting the importance of using scientifically based prereading and language curricula and teaching strategies, under the programs Good Start, Grow Smart and Reading First. The Race to the Top is also dependent on regular standardized assessments of literacy growth, among other indicators of learning. There is a bit of a problem in that the whole scientifically based reading practices movement is antithetical in many ways to the emergent literacy perspective, as it continues to focus on maturation and individual skill development. However, the analysis of preschool curriculum content standards shows significant attention to early literacy (Scott-Little, Kagan, & Frelow, 2006). In 2006, Carlae and Roskos (as cited in VanDerHeyden, Snyder, Broussard, & Ramsdell, 2007) characterized early literacy as one of the new pre-K basics, along with language and numeracy skills.

Allison and Watson (1994) found evidence that the earlier a child was read to, the higher the child’s emergent reading level at the end of kindergarten. In addition, there is consistent evidence that children with richer home-literacy environments demonstrate more knowledge of reading and related skills when they begin kindergarten (Nord, Lennon, Liu, & Chandler, 2000). In contrast, children who are experiencing difficulties in emergent literacy development are at an increased risk for entering elementary school without an adequate literacy foundation (Justice & Pullen, 2003). An often-cited research study indicated that children who start off slowly in their classroom reading instruction rarely catch up with their peers without intervention (Juel, 1988). Reading Recovery, however, showed that early intervention, one on one, within first grade could bring about
accelerated progress and helps many of these children catch up to their average peers (DeFord, Lyons, & Pinnell, 1991). Researchers have examined Reading Recovery’s ability to reduce first-grade retentions, the need for further remediation, and the number of students classified as learning disabled and found positive results. Reading Recovery, developed in New Zealand by developmental psychologist Marie M. Clay, is an intervention aimed at children who have had a year of opportunities to engage and participate in classroom instruction yet continue to be disengaged from literacy learning. These children are typically first-graders and come from divergent socioeconomic backgrounds. The length of time a child spends in Reading Recovery varies but ranges from 12 to 20 weeks, during which time the goal of a child performing up to the level of average achievement in the classroom is reached or the child is referred for special testing and possible long-term intervention. Participation in the intervention includes the expectation that learners develop self-extending systems that allow them to continue to learn as they read (Clay, 1993). That is, learners assemble a working system (Singer, 1994) for problem solving, monitoring, and self-correcting, which will likely contribute to continued literacy progress as they move through school.

A considerable body of research examined and supported both the effectiveness of Reading Recovery as an intervention and the aspects of the intervention that contribute to successful literacy development. For example, in a well-designed study supported by the MacArthur Foundation (Pinnell, Lyons, DeFord, Bryk, & Seltzer, 1994), Reading Recovery was compared with three other instructional methods and a control group, including (a) another one-to-one intervention, (b) a one-to-one intervention with teachers who had limited training in Reading Recovery, (c) group instruction based on Reading
Recovery principles with trained Reading Recovery teachers, and (d) a control group that received no instruction. The 324 lowest-achieving children in 40 schools were randomly assigned within schools to one of the four treatments or to a control group. The systematically designed research project resulted in definitive outcomes for Reading Recovery as the most successful intervention, with subjects in the standard Reading Recovery group performing significantly better on all measures than those in other treatments and the control. Moreover, a study conducted by the International Reading Association (1995), Learning Disabilities: A Barrier to Literacy Instruction, and one by Lyons and Beaver (1995) both suggested that early interventions can reduce the incidence of learning disability placements and long-term remedial instruction. In a large-scale study, O’Connor and Simic (2002) found that children who completed Reading Recovery programs were referred for testing and placed in special education at significantly lower rates than a comparison group. In a more recent experimental study, Schwartz (2005) demonstrated that at-risk students who received Reading Recovery during the first half of the school year performed significantly better at midyear than similar students randomly assigned to receive the intervention during the second half of the year. In other words, the children who had to wait until the second half of the year for the intervention made very slow progress in the classroom, whereas the other group achieved accelerated progress and caught up to their average-achieving peers. The long-term importance of early literacy development was also demonstrated in a longitudinal study that indicated that advanced emergent literacy skills in the first 3 years of life predicted reading achievement as far into the future as sixth grade (Elder, 2005). Although children who experience difficulty in learning to read may continue to have problems in reading
throughout their schooling, the evidence indicates that children who acquire successful initial reading skills tend to remain good readers (Adams, 1990; Baydar, Brooks-Gunn, & Furstenberg, 1993; Cunningham & Stanovich, 1997; National Research Council, 1998).

According to Justice and Pullen (2003), emergent literacy encompasses a broad array of skills that are acquired prior to conventional reading instruction. Skills that compose early literacy are reading and writing behaviors such as understanding the function and form of print and its relationship to oral language (Goodman, 1986; Justice & Ezell, 2001) and a beginning recognition of the phonological structure of spoken words (Ball, 1997; Lonigan, Burgess, Anthony, & Barker, 1998). Researchers reported that understanding of narrative structure, vocabulary and discourse patterns, phonological awareness, concepts and functions of print, and literacy as a source of pleasure are among early aspects of literacy that are most likely to be developed in a stimulating home environment (Snow & Tabors, 1996). This rich environment exists when a variety of reading materials, including high-quality children’s books “that positively reflect children’s identity, home language, and culture” (NAEYC, 1999, p. 9), are a part of children’s daily experience (Burns, Griffin, & Snow, 1999).

In 1998, the National Research Council published its landmark report *Preventing Reading Difficulties in Young Children*. This report synthesized recent research findings into guidelines intended to help all children become successful readers. It confirmed that those who begin school with an identified language/vocabulary weakness or who have been identified as having a language impairment are more likely to have difficulty learning to read written English. Children come to school with different experiences in talking. While some children may be competent in everyday conversation, they may have
less experience with the kind of talk that is expected at school—talk that is needed as the foundation for understanding written language. Durkin (1966) was among the first to describe the important role parents play by providing early literacy experiences in her work *Children Who Read Early*. Since that time, the role of parents in emergent literacy has been examined in numerous studies with children who have typical development (Halsall & Green, 1995; Molfese, Modglin, & Molfese, 2003; Weigel, Martin, & Bennett, 2005). Many of these studies reported positive relationships between the home literacy environment (in particular, shared book-reading interactions) and children’s later language and literacy skills (DeJong & Leseman, 2001; Senechal & LeFevre, 2002; van Kleeck, Gillam, Hamilton, & McGrath, 1997). The experiences, attitudes, and materials pertaining to literacy that a child encounters and interacts with at home are all components of his or her home literacy environment (Leseman & DeJong, 1998; Payne, Whitehurst, & Angell, 1994; Senechal, LeFevre, Thomas, & Daley, 1998; Whitehurst & Lonigan, 1998). Bus, van Ijzendoorn, and Pellegrini (1995) undertook a meta-analysis of studies of early literacy development and concluded that the frequency of shared book reading had a positive effect on child literacy and language outcome measures.

Evidence that emergent literacy skills develop most readily within a supportive, literate family is undisputed (National Research Council, 1998). In one study of 47 first-grade children, researchers found that storybook reading had a significant effect on language skills, and that parental teaching strategies explained significant variance in children’s emergent literacy (Senechal et al., 1998). Deckner, Adamson, and Bakeman (2006) studied 55 mother–child dyads for 2 years to determine the effects of mothers’ speech and home literacy environments on the children’s language development, interest
in reading, and knowledge of letters and print. They found that home literacy practices appeared to predict expressive and receptive components of language development that are essential to the development of literacy. In addition, they found that mothers’ metalinguistic utterances, and conversations about the nature of language and print, had a strong connection to children’s interest in reading at 42 months (Deckner et al., 2006). The National Research Council (1998) reported that most of the important aspects of emergent literacy are likely to be influenced by the family and home environment. The Council also found that parents who believe their children are interested in reading are more likely to provide abundant print-related experiences than parents who do not perceive such interest. In addition, parents’ ratings of the extent of their children’s involvement in early literacy activities most consistently predicted the development of emergent literacy skills, including understanding of the conventions of the English writing system (Levy, Gong, Hessels, Evans, & Jared, 2006).

Teale and Sulzby’s (1986) seminal work investigated the family’s role in emergent literacy. They described the importance of being read to, the necessity of social interactions involving reading and writing, and the benefit of observing literacy practices within the family. Certain factors relate closely to reading acquisition in young children, including adult–child interactions with print materials, interactive book reading, and the number of books in the home, library visits, parents’ print exposure, and family attitudes (Marvin & Mirenda, 1993; Senechal, LeFevre, Hudson, & Lawson, 1996; Vukelich, 1994; Wells, 1986). Children whose parents read to them become better readers and perform better in school (Snow, Burns, & Griffin, 1998). Other family activities such as telling stories and singing songs also encourage children’s acquisition of literacy skills.
Although storytelling may be the most researched parent–child interaction (Holdaway, 1979; Johnston, 1992; Snow, 1983), there is also evidence that direct parent teaching plays an important role in emergent literacy (Haney & Hill, 2004). The findings obtained from a longitudinal study conducted by Senechal and LeFevre (2001) point to some potential recommendations for parents of kindergarten children and for first-grade teachers.

Children’s ability to learn about reading (as measured by emergent literacy skills such as alphabet knowledge, invented spelling, or emerging decoding skills) is an important short-term predictor of success. Children who come to Grade 1 without these abilities will acquire some reading skills by the end of Grade 1, but their skills will be poorer than those of their peers. Thus, good emergent literacy skills are likely to enhance children’s school experience and help them get started on the path to reading success. However, Senechal and LeFevre (2001) suggested that maintenance of the advantage provided initially by good emergent literacy skills depends on children’s more general language capabilities, including the breadth of their vocabulary. Children’s other language skills, such as an awareness of narrative structure and the depth of understanding of word meanings, are also factors in the development of independent reading (Hemphill & Snow, 1996). Senechal and LeFevre (2001) found that two home literacy experiences were important to the development of emergent literacy and language. First, emergent literacy skills required for reading acquisition are related to children’s formal experiences with literacy afforded when their parents teach them to read and print words. The frequency with which parents teach their young children about literacy seems to be a key factor in understanding the developmental and individual
differences in children’s emergent literacy. Second, the various aspects of language required for fluent reading are related to children’s experience with storybooks. Even if shared reading and the corollary language skills do not seem to provide an advantage in the early stages of reading, data from Senechal and LeFevre’s (2001) study suggested that these activities and skills will be important later on.

Whitehurst et al. published a 1988 study with the Institute of Education Sciences What Works Clearinghouse, in which they shared positive results in several studies of dialogic reading, a series of structured interactions wherein the parent or teacher uses increasingly higher-level prompts to encourage the child to think about the story in more depth and to relate it to the child’s own experiences. In another study, parent teaching of specific skills was associated with higher alphabetic and phonological awareness compared with mere exposure to storybooks (Evans, Shaw, & Bell, 2000). As might be expected, the extent and variety of literacy support provided by families varies greatly. DeBaryshe, Binder, and Buell (2000) reported that parents differed in their theories about early literacy instruction, supporting either a whole language or phonics orientation. Those with a whole language orientation tended to read more stories, whereas the phonics adherents typically offered more direct teaching to their children. A study of 47 Canadian families revealed that 86% of parents reported directly teaching their children literacy skills, particularly letter names (71%) and sounds (65%). Only 26% reported teaching their children to read or write whole words (Haney & Hill, 2004). An understanding of the ways parents facilitate the acquisition of emergent literacy skills can serve to enhance literacy outcomes for all children. There is compelling research identifying the benefits of
home literacy activities in the preschool years (Halsall & Green, 1995; Neuman, 1996; Teale & Sulzby, 1986).

However, some researchers found that children with lower skill ability have more limited and less frequent access to both reading and writing materials at home compared with peers, and that they are read to less often (Cohen, Spenciner, & Okyere, 1997; Light & Kelford-Smith, 1993). This occurs despite evidence that access to books, opportunities to write, oral language play, and storybook reading can significantly accelerate language and literacy development in young children with language difficulties (Katims, 1991; Neuman, 1999). Story language and structures begin to appear in very young children’s speech, including that of children with language difficulties. One of the most compelling examples of the power of books is detailed in Dorothy Butler’s 1980 study *Cushla and Her Books*. Butler chronicled the role books played in her disabled granddaughter’s language and cognitive development. When she was a newborn, doctors diagnosed Cushla as being mentally retarded as well as having multiple physical handicaps. Doctors recommended that her parents institutionalize her. However, her parents were determined to help their infant daughter develop to her full potential, however limited that might be. Although Cushla had difficulty focusing her eyes, her parents saturated her world with brightly illustrated picture books. They read aloud to her multiple times a day from a wide variety of children’s books. Cushla’s life was dramatically changed as an infant when she began to focus on the illustrations and the sounds of rhythm and rhyme that she heard modeled in her books. At the age of 3, Cushla was assessed by her doctors and evaluated as having average intelligence. The language found in Cushla’s books contributed to her cognitive development and general understanding of the world around
her. By the time she entered school, even with her other disabilities, Cushla had
developed language as a result of the books her family read to her.

Children learn concepts that serve both their oral and written language
development. However, although most parents view literacy as important, children with
lower language-skill ability tend to receive fewer literacy opportunities at home
(Blischak, 1995; Goldenberg, 1996; Katims, 1991). Parents of children with identified
language difficulties have been found to have lower expectations for their children’s
literacy development and to give literacy a lower priority for their children (Hardman,
Drew, & Egan, 1996; Lian & Aloia, 1994; Marvin & Mirenda, 1993). This may be
especially important because parents’ ratings of their typically developing children’s
involvement in literacy activities were found to consistently predict the children’s
emerging literacy development (Levy et al., 2006).

In the United States, systems for providing early intervention for infants and
toddlers exist in every state, and all state Departments of Education are responsible for
special education for preschool children. Early childhood education is based on a child’s
need to construct his or her own learning through active engagement with the
environment (Bredekamp & Copple, 1997). Early childhood special education, on the
other hand, is focused on explicit teaching to facilitate the acquisition of specific skills
and the related services that support the learner and family (Heward, 1995).
Compensatory special education services support early intervention intended to minimize
negative environmental effects, such as poverty (Gargiulo & Kilgo, 2004). These three
perspectives (acquisition of specific skills, related services, and early intervention) have
blended to become what is called Early Childhood Special Education (ECSE). Because of
the varied underpinnings of ECSE, one of several views may be emphasized in any application of ECSE, ranging from a developmental to a behavioral perspective (Gargiulo & Kilgo, 2004). Each program implements different assumptions about how children develop and learn as a way to justify a service.

For children with mild to moderate disabilities, the developmental-cognitive perspective would seem most appropriate. Noonan and McCormick (2006) described this perspective as a theory-driven model based on the work of Piaget. According to this model, cognitive development follows similar skill sequences in all children, with and without disabilities, within periods of development. Piaget theorized that development occurs as a result of physiological growth and interaction with a stimulating and well-planned environment (Lynch & Hanson, 1995).

A strong, evidence-based set of practices that promote the development and well-being of infants and young children with disabilities and their families underlies this theory of practice (Odom & Wolery, 2003). One important factor in an early intervention–early childhood special education viewpoint is that the early years are an unusually receptive opportunity to achieve significant and lasting impacts. A second factor is that family systems theory and ecological perspectives on development are important components of early intervention. Based on these assumptions, the early identification of a child with a disability has profound implications for families (Baily, Aytch, Odom, Symons, & Wolery, 1999).

Odom and Wolery (2003) summed up these practices and presented an examination of the evidence-based practices that support these fundamental tenets of ECSE. These include the following principles:
• “Families and homes are primary nurturing contexts” (p. 166).
• “Strengthening relationships is an essential feature” (p. 166).
• “Children learn through acting on and observing their environment” (p. 166).
• “Adults mediate children’s experiences to promote learning” (p. 166).
• “Children’s participation in more developmentally advanced settings, at times with assistance, is necessary for successful and independent participation in those settings” (p. 166).
• “Early intervention practice is individually and dynamically goal oriented” (p. 166).
• “Transitions across programs are enhanced by a developmentally instigative adult” (p. 166).
• “Families and programs are influenced by the broader context” (p. 166).

Although literacy is an integral part of daily life, there are only limited studies of the literary activities in families of children with disabilities (National Research Council, 1998; Weikle & Hadadian, 2004). Historically, many young children with disabilities, particularly those with moderate to severe disabilities and those with speech and language disabilities, were not considered capable of becoming literate (Koppenhaver, Coleman, Kalman, & Yoder, 1991; Notari-Syverson, 1996). The philosophy of reading readiness seemed to support this notion. Traditional thinking held that unless children possessed certain readiness skills, such as phonemic awareness, using a pencil correctly, and discerning and matching shapes, it was a waste of time to address literacy (Koppenhaver et al., 1991). Also generally accepted was the idea that good speaking skills were a prerequisite for reading instruction (Koppenhaver & Yoder, 1992).
In 1993, Marvin and Mirenda stated:

literacy is more than learning to read, write and spell proficiently. It is learning to enjoy words and stories when someone else is reading them. It is learning to love books and all the worlds that can be opened by books. It is a way of achieving social closeness through sharing literary experiences with friends or classmates. It is finding out about the way things are in places we have never visited or in places that have never existed. If we understand that literacy is all of these things and more, we can also understand that everyone can achieve some degree of literacy if given opportunities and exposure. The notions that children are too physically, too cognitively or too communicatively disabled to benefit from experiences with written language are not supported by current emergent literacy research. (p. 7)

Still, some children seem to be more vulnerable to difficulties in developing early literacy (Snow et al., 1998). Two circumstances are associated with a significant increase in risk for emergent literacy difficulties: oral language weakness and poverty (Justice et al., 2003). Other researchers have found that preschoolers with language and speech disabilities are at risk for difficulties in early reading outcomes, even when speech-language is the only developmental area of concern (Catts, 1993; Catts, Hu, Larivee, & Swank, 1994; Menyuk et al., 1991). In particular, children with phonological struggles have been found to experience poorer reading outcomes than young children with developmental delays (Blachman, 1994; Lyon, Gray, Kavanagh, & Krasnegor, 1993; Torgesen, Wagner, & Rashotte, 1994).

Watkins and Bunce (1996) suggested that although emerging literacy is a natural process in most families, children with special needs might not receive the same quality and quantity of early learning opportunities provided to typically developing children. Even when children have only mild forms of disability, studies tend to show, families engage in far fewer literacy experiences with such children and provide significantly less supportive and less stimulating literacy environments (Dudley-Marling, 1998; Marvin, 1994; Marvin & Mirenda, 1993). This lack of engagement sometimes reflects parents’
expectations that their children with disabilities may not reach the same reading level as other children (Marvin & Mirenda, 1993). In addition, parents of children with disabilities may feel less competent than other parents in providing literacy opportunities (Jackson & Turnbull, 2004). However, others have reported that although some parents of children with disabilities did not engage their preschool-age children in literacy activities, some were more likely to engage in literacy events after their children had started formal reading instruction in school (Ortiz, 2000; Purcell-Gates, 1995).

Children with language difficulties are considered to be among those “vulnerable learners” who are at risk for experiencing difficulties in acquiring emergent literacy skills (Justice & Kaderavek, 2004). This is not surprising, given that oral language skills and emergent literacy skills are interrelated (Adams, 1990; Teale & Sulzby, 1986; Tunmer, Herriman, & Nesdale, 1988), developing reciprocally in the preschool years. Oral language skills have been shown to be significantly interrelated with both written language awareness and phonological awareness in preschoolers (Lonigan et al., 1999). Furthermore, considering the nature of the weaknesses experienced by children with language difficulties, it is easy to understand why these children will also experience difficulties in learning to read. Bishop and Snowling (2004) used the term “double deficit” to explain that children with language weaknesses have deficits in two main areas of language processing. These children experience difficulties in both phonological and nonphonological (i.e., semantic, syntactic and discursive) language processes. These processes underlie the basic reading skills of decoding and comprehension that must be integrated for proficient reading (Schuele, 2004); lower skill ability in these language processes may compromise literacy development.
For example, difficulties in phonological processing may lead to problems in decoding text; lower skill ability in semantic representations may lead to problems with comprehending text; weak syntactic skills may lead to difficulties in using sentence context to interpret and make meaning of unfamiliar words; and poor discourse skills may lead to problems comprehending multisentence texts (Bishop & Snowling, 2004). In understanding the relationship between language difficulties and emergent literacy difficulties, it is important to recognize that although children with language difficulties are generally considered a heterogeneous group (Aram & Nation, 1980); literacy-related difficulties permeate the distinctive boundaries that are often used to classify children with language difficulties.

A distinction that is often made among children with language difficulties involves the nature of their language disconnect: whether the difficulties affect receptive and/or expressive language. Receptive language refers to one’s understanding of verbal symbols. Receptive language weaknesses may involve difficulties in understanding the meaning of single words, sentences, or longer speech units. Children with receptive language weakness may also have difficulty blending letter sounds, recognizing morphemes within sentences, and discriminating tone (Lemer & Kline, 2006). Children with expressive language weakness can understand speech and languages produced by others, but have difficulties producing spoken language. Children with expressive language weakness may also be unable to remember and express words, and they may have difficulties formulating complete sentences (Lemer & Kline, 2006). Although it is obviously important from a clinical standpoint to classify children with language impairments according to whether their deficits are expressive or receptive, it is
questionable whether the type of language disconnect is relevant when considering the relationship between language difficulties and later reading difficulties (Catts, 1991).

**Mapping Language Difficulties Onto Formal Literacy Instruction**

Previous research has demonstrated that preschoolers with language difficulties often develop later difficulties in reading and writing (Lemer & Kline, 2006) by the time they are of school age. It is estimated that over 50% of children who have present language difficulties as preschoolers later experience academic problems such as reading difficulties (Aram & Hall, 1989; Catts & Kamhi, 1999). Early language difficulties are so strongly associated with later reading difficulties that some researchers have claimed that the presence of language weakness in preschool should be taken as an early indicator of reading difficulties (Carroll & Snowling, 2004; Catts, 1991). Indeed, there is a wealth of evidence to suggest that preschool language difficulties do in fact lead to poor literacy outcomes.

Research into the early abilities of preschoolers with language difficulties has led to the speculation that these children may lack the skills needed to benefit from formal reading instruction when they begin school (Schuele, 2004). Support for this claim has been offered by Catts (1991, 1993), who found that by the time children with language difficulties enter Grade 1—the grade in which formal reading instruction often begins—they are already falling behind their nonimpaired peers. This is not surprising; many children with language difficulties have weaknesses in oral language skills that researchers have found to be strongly associated with literacy acquisition, such as vocabulary (Blatchford, Burke, Farquhar, Plewis, & Tizard, 1987; Lonigan et al., 2000) and narrative abilities (Paul & Smith, 1993).
Other possible reasons preschoolers with language difficulties may have reading difficulties later in life stem from the difficulties these children often encounter with acquiring emergent literacy skills (Boudreau & Hedberg, 1999; Snow et al., 1998). Gillam and Johnston (1985) compared 10 preschoolers who had been identified as language impaired by a certified SLP with 10 normally developing preschoolers on a variety of print-awareness tasks. The children with language difficulties performed more poorly than their peers on tasks that required them to match high-frequency environmental print to the objects represented by the print, and children’s general oral language ability was a good predictor of their ability to interpret decontextualized print.

Boudreau and Hedberg (1999) noted differences between 18 language-impaired and 18 typically developing preschool children on print-awareness tasks. In particular, they found significant between-group differences on a variety of tasks that assessed book handling and basic print concepts, with the most marked difference on items that measured children’s ability to identify units of print such as letters, words, capital letters, and so forth. In addition, the children with language weaknesses also performed more poorly than typical peers on tasks assessing children’s understanding of rhyme and their knowledge of letter names. Similar results were also found by Raitano, Pennington, Tunick, Boada, and Shriberg (2004), who wrote that in a sample of 101 five- to six-year-old children, speech sound disorders and the presence of a language difficulty were associated with poor performance on letter knowledge tasks as well as various measures of phonological awareness (rhyme judgment, segmenting, blending, and sound matching). Taken together, the results of these studies make it clear that children with
language weaknesses do struggle in acquiring fundamental emergent literacy skills as preschoolers.

Literacy difficulties experienced by children who have language difficulties as preschoolers often persist beyond the emergent literacy stage. Tallal et al. (1997) noted that children with language weaknesses develop literacy skills at a different rate than their typically developing peers, and that they tend to fall further behind their classmates in reading in the early elementary school years, rather than catching up. Catts, Fey, Tomblin, and Zhang (2002) compared the early literacy achievement of 208 children identified as having language difficulties in kindergarten with that of a control group of 362 typically developing children. In second grade, nearly 53% of the children with language difficulties met the criterion for reading disabilities, and many more were considered poor readers. In fourth grade, 48% were classified as reading disabled. These numbers were significantly lower in the unimpaired children, where only 8.6% and 8.2% met the criterion for reading disabilities in the second and fourth grades.

Although some children with language difficulties do manage to avoid developing reading problems, preschool language difficulties remain a major risk factor for later literacy difficulties. A likely reason for these difficulties is decreased motivation for reading; this in turn will lead to decreased exposure to print (Snowling, Bishop, & Stotheard, 2000). Given that reading is such an important avenue through which school-age children develop their language abilities, low print exposure due to reading difficulties may be a particularly circular pattern of frustration for children who experience impaired language development (Schuele et al., 2007).
Intervention Services That Facilitate Language and Literacy Learning

For years, researchers and clinicians have acknowledged that children with language weaknesses require early intervention in order to prevent the learning, behavioral, and self-esteem difficulties that often accompany language problems (Stark et al., 1984). Intervention programs focused only on language development are insufficient for addressing the literacy needs of children with language difficulties (Gillon & Dodd, 2005). Instead, interventions need to be integrative, aimed at addressing both oral and emergent literacy concepts simultaneously (Gillon & Dodd, 2005; Justice & Ezell, 2004; Tallal et al., 1997); since many children with language difficulties are already receiving intervention of some kind, it makes sense to simply expand these language interventions to include activities designed to prevent reading difficulties (Catts, 1993). More specifically, it has been suggested that early intervention efforts for young children with language weaknesses should promote the development of emergent literacy skills, which will equip children with the skills they need to benefit from formal reading instruction upon entering school (Schuele et al., 2007). Because it is impossible to identify with certainty which children with early language difficulties are at risk for future reading difficulties (Catts et al., 2002), it is advisable to assume that all preschoolers with language difficulties are at risk for difficulties learning to read and should therefore receive early interventions focused on emergent literacy development (Schuele et al., 2007).

By the guidelines set in place by the ASHA (2001), speech clinicians are charged with assisting preschoolers with language impairments, and SLPs have a critical role in promoting and fostering literacy, including emergent literacy, among children with
communication disorders. In embracing this role, SLPs should target multiple goals within their language intervention sessions, focusing on both language and literacy goals (Schuele et al., 2007). At present, no known studies have investigated a broad, multifaceted emergent literacy intervention with language-impaired preschoolers. Some studies, however, have targeted one or two emergent literacy concepts at a time (van Kleeck, Vander Woude, & Hammett, 2006).

In an emergent literacy program for preschoolers with a variety of disabilities, Katims (1991) created a print-rich classroom where adult–child storybook readings were frequent and children’s exposure to print was enhanced by increasing their access to a variety of literacy artifacts (e.g., storybooks, lists, schedules, labels, etc.). Over the school year, children in this literacy-rich environment achieved larger gains in print awareness than did children in a control group. Whitehurst et al. (1994) demonstrated that 4-year-old children who were engaged in an intervention consisting of dialogic reading, in which storybooks were read and discussed in small groups in the classroom and one-on-one with an adult at home, as well as in phonemic awareness activities at school experienced greater improvements in print awareness, writing, and some aspects of language and linguistic awareness compared with a control group.

O’Connor et al. (1993) examined the effectiveness of a phonological awareness training program for 47 children, 80% of whom had language difficulties. Children were randomly assigned to one of four groups: either they were in the no-treatment control group or they received training for 7 weeks consisting of four 10-minute sessions per week in blending, segmenting, or rhyming. In general, results indicated that children made progress only in the area of phonological awareness in which they were trained.
Similarly, Laing and Espeland (2005) noted improvements in aspects of phonological awareness that were explicitly trained in preschoolers with communication weaknesses. After being trained in rhyming and sound categorization skills for 15 minutes, two times per week, children with language difficulties made significantly greater gains in phonological awareness skills than typically developing children who did not receive explicit phonological awareness training.

In another study with preschoolers with language weaknesses, van Kleeck, Gillam, and McFadden (1998) provided phonological awareness training to 16 children with speech and/or language difficulties over a period of 9 months. Children received instruction twice weekly in groups of three or four, for approximately 10 to 15 minutes. The first block of treatment was 12 weeks during the fall semester, and lessons focused on rhyming; for the second 12-week block, during the spring semester, lessons focused on phoneme awareness. Results suggested that the intervention led to gains in rhyming and phoneme awareness that were not observed in a nonintervention control group.

Warrick, Rubin, and Rowe-Walsh (1993) studied a kindergarten sample of children with language weaknesses. Before receiving a phonological awareness intervention with components in syllable awareness, segmenting, and rhyming, children with language difficulties performed significantly more poorly on most phoneme analysis tasks than a control group of typically developing children. After participating in an 8-week training program with two 20-minute sessions per week, children with language difficulties outperformed children with language difficulties who did not participate in the intervention, and actually performed similarly to typically developing children on tasks of phoneme analysis, word reading, and nonword reading. In addition to these successful
phonological awareness interventions, other researchers have designed interventions that targeted the print awareness and alphabet knowledge of children with language difficulties. In a pilot study investigating the effects of a parent–child book-reading program on the print awareness and alphabet knowledge of young children with language and phonological disorders, Ezell, Justice, and Parsons (2000) reported that over 5 weeks, parents read at least two books with their children, 5 days per week, while using various strategies to draw children’s attention to print concepts and story content. Results revealed that after participating in the treatment, three of the four children experienced significant gains in print awareness, but none of the children demonstrated improved alphabet knowledge.

In a larger study, Justice and Ezell (2002) observed similar gains in print awareness. They examined the impact of print-focused shared storybook reading on increasing print awareness in 30 non-language-impaired preschoolers enrolled in Head Start programs. Children participated in 24 small-group storybook-reading sessions over 8 weeks. In the intervention group, book-reading interactions were print focused, and the adult reader used verbal prompting to draw children’s attention to print conventions, word concepts, and alphabet knowledge. In contrast, in the control group, shared book-reading sessions focused on the characters, actions, or perceptual features of the illustrations. Results indicated that the children participating in the print-focused reading sessions made greater gains in performance on tasks assessing print recognition, words in print, and alphabet knowledge from pre- to posttest than children participating in the picture-focused sessions.
Again, at present, there are no known studies that have investigated a broad, multifaceted emergent literacy intervention with language-impaired preschoolers (van Kleeck et al., 2006). However, a well-known literacy intervention framework that SLPs could follow is that of Reading Recovery. One of the big ideas from Reading Recovery is that although research reveals the important roles of parents as teachers and the context of language and learning in the home, Reading Recovery found a way to be effective by focusing attention on the creation of highly skilled and very knowledgeable teachers who are taught how to purposefully scaffold for, interact with, and guide children who have not necessarily developed many of the literacy behaviors needed to become successful readers. When such a highly skilled person is intentionally working with a child and is actively implementing scaffolding, interacting, and strategically guiding, within 12 to 15 weeks of daily, one-on-one instruction, the result is accelerated progress.

**Conclusion to Chapter 2**

The ability to read is inarguably one of the most critical and highly valued skills individuals can acquire. Although most children grow into reading without much difficulty, a number of children do experience difficulties in learning to read (Clay, 1991). Researchers have acknowledged that identifying and supporting children who experience difficulties with reading as early as possible is crucial to preventing a host of negative outcomes associated with learning and reading disabilities (Clay, 1991; Ferreiro & Teberosky, 1982; Genishi & Dyson, 1984; Purcell-Gates, 2004). In 1998, Snow, Burns, and Griffin presented evidence to the field of psychology to suggest that children for whom reading is difficult can be identified in the preschool years, before their
exposure to formal schooling. Their study, *Prevention of Reading Difficulties in Young Children* (1998), discussed initial reading instruction requirements for preschool children:

> Reducing the number of children who enter school with inadequate literacy-related knowledge and skill is an important primary step toward preventing reading difficulties. Children who are particularly likely to have difficulty with learning to read in the primary grades are those who begin school with less prior knowledge and skill in relevant domains, most notably general verbal abilities, the ability to attend to the sounds of language as distinct from its meaning, familiarity with the basic purposes and mechanisms of reading, and letter knowledge. Children with preschool language impairments are particularly at risk of arriving at school with weaknesses in these areas and hence of falling behind from the outset. (p. 5)

During the preschool years, children are in the emergent literacy stage of literacy acquisition (Teale & Sulzby, 1986); for some preschoolers—such as those with additional language difficulties—intervention becomes essential to support both language and literacy development (Snow et al., 1998). In order to ensure that preschool children who are at risk for reading difficulties receive the emergent literacy support they need, parents, educators, and speech and language pathologists must understand the nature of emergent literacy development and how to recognize and support children throughout the emergent literacy phase who are identified as having specific language concerns. Preschool speech- and language-intervention services are available in clinics where rendered services are financially covered by private-pay insurance companies or by Medicaid and/or are provided as a community service sponsored through nonprofit agencies, such that any child who qualifies for language therapy has access to services before entering school. If SLPs better understood the framework of emergent literacy practices, the blended-therapy approach could be generalized to clinical settings, where this style of therapy could be implemented to shore up both language and literacy development.
Research has substantiated that waiting until children are identified with reading problems during the school years does not constitute a preventive approach. Intervention efforts should be targeted toward preschoolers known to be at risk for developing reading difficulties. Preschoolers who struggle to acquire emergent literacy concepts are likely to be at risk of experiencing reading difficulties. Emergent literacy is the knowledge about reading and writing that children acquire prior to receiving formal reading instruction in school. Emergent literacy knowledge and skills lay the foundation for later reading development, and difficulties in emergent literacy skill acquisition are predictive of later reading difficulties. Research suggests that preschoolers with language difficulties tend to have difficulties acquiring emergent literacy concepts and often experience poor reading achievement throughout elementary school and into adolescence. The review of research identified areas of emergent literacy that are critical for inclusion in an intervention for preschoolers with language difficulties, including code-related skills such as alphabet knowledge, print awareness, and phonological awareness, and meaning-related skills such as oral language skills in vocabulary and narrative abilities. A small number of studies have demonstrated success in targeting one of these skills with preschoolers with identified language weaknesses; however, there are no known investigations of speech and language interventions that have targeted multiple domains of emergent literacy. Researchers have emphasized the need for such an intervention.

The idea of extending a Reading Recovery framework into the field of speech and language pathology offers leverage for a new way of thinking and structuring intervention approaches that encompasses a literacy understanding in the clinical preschool language environment. The notion of early intervention offers a particularly
rich alternative to waiting, and therefore minimizes the chances of special-education labeling in the school environment and the fear of the language-impaired child falling further behind. In the following chapter, I outline the methodologies used in this study.
Chapter 3:

Research Methodology

This study has two objectives. The first is to explore the relationship between preschool language difficulties and literacy skills, in an attempt to better understand how to conceptualize emergent literacy abilities. The second objective is to investigate the effects of a language and literacy intervention that focuses on reading, writing, and speaking as developing concurrently and complementarily as defined by Teale and Sulzby (1986). This study compares two intervention approaches: a quasi-experimental blended-therapy intervention that views language acquisition through an emergent literacy lens, and a standard-intervention comparison group based on traditional models of speech and language therapy. Student progress was measured quantitatively and qualitatively. This was a mixed-methods study incorporating qualitative research methods supported by quantitative research processes. According to Creswell and Clark (2007), an embedded design is a mixed-method format in which one data set provides a supportive, secondary role based primarily on another data set.

Methodological Stance

In addition to the theoretical perspective that frames a study, the methodological belief system that structures the work also provides an important frame of reference for the study (Creswell & Miller, 1997). A triangulation mixed-methods design (Creswell & Miller, 1997) was employed. The purpose of this design is “to obtain different but complementary data on the same topic” (Morse, 1991, p. 122) to best understand the
research problem. The intent in using this design is to bring together the differing strengths and nonoverlapping weaknesses of quantitative and qualitative methods (Patton, 1990). This design is used when a researcher wants to expand quantitative results using qualitative data.

In this study, the CELF-P2 (2004), the Dominie Show Me Book (DeFord, 2004), and the DIAL-3 (1998) were used to document strengths of emergent literacy and language acquisition. The assessments used in this study were chosen based on their relevance and the frequency of their use in the state where the study was completed. The study was designed to find positive outcomes from a language and literacy intervention that focused on reading, writing, and speaking as developing concurrently and complementarily, therefore revealing positive literacy understandings. In order to determine the effectiveness of the intervention, cognitive growth and language progression for preschoolers who had been identified as having language difficulties, and who received blended language and literacy therapy in a private speech and language clinic, were compared with cognitive growth and language progression for a group of preschoolers who received traditional therapy in the same private speech and language clinic. The comparison group of preschoolers participated in all quantitative assessments as a way to compare the two intervention programs.

Concurrently, qualitative interviews, field notes, and parent questionnaires were used to document the effects of a language and literacy intervention that focused on reading, writing, and speaking as developing concurrently and complementarily. The reason for collecting both quantitative and qualitative data was to bring together the strengths of both forms of research to validate results (Creswell & Clark, 2007). In order
to fully explore and highlight the qualitative and quantitative features in this study, the
findings are structured as comparative case studies. Each preschooler who participated in
the blended language and literacy intervention program was compared with a similar
preschooler who received traditional speech and language therapy.

A case study is described as an examination of a system bounded by time and
place that occurs over time through in-depth data collection, rich in context (Creswell,
significant contributions to the knowledge base of education. The use of various data-
collection methods from individual children provided maximum variation within a
defined whole, which gave me confidence that the conclusions reached reflect the
phenomenon under study rather than any one individual’s view (Bogdan & Biklen, 2003).

According to Merriam (1988), case-study research is a form of qualitative
methodology that has four distinctive characteristics. Each case study is particularistic,
 focusing on a particular event or phenomenon; it is descriptive, employing rich, thick
description; it is heuristic, having the goal of discovering new meaning or confirming
what is known; and it is inductive, flowing from the data. Because I was not attempting to
find an absolute truth, but rather a more elusive truth that is the reality of the individuals
participating in this study, the case-study approach was most closely aligned with my
research objectives and questions.

As the researcher, I gathered information directly from the participants and their
families for the two sets of preschoolers, those participating in the blended-therapy
intervention and those in traditional therapy sessions. The case-study descriptions were
slowly constructed through qualitative and quantitative data analysis that included parent
questionnaire responses, unstructured interviews, and quantitative data analysis of the assessments administered. My understanding of the phenomenon of supporting literacy in young children with language difficulties was formed inductively from analyzing the data, which included unstructured conversations, responses to parent questionnaires, the writing of researcher memos/notes, and assessment analysis.

According to Guba and Lincoln (1994), the role of the researcher is to facilitate “the multi-voice reconstruction of his or her own construction as well as those of all other participants” (p. 115). My reconstruction of the data necessarily included my personal interpretation of the participants’ experiences surrounding emergent literacy. It is a feature of case-study research that the author is present in the narrative. My own experience, both before and during the study, informed the resulting construction of knowledge. Issues such as researcher bias, validity, trustworthiness, and accuracy are important concerns in any study and are addressed later in this chapter.

**Participants**

The children who participated in this study came from a population of approximately ten 3-, 4-, and 5-year-old children who were referred to a nonprofit speech and language clinic. Parents or pediatricians made referrals to the clinic as a result of concerns about speech and/or language development. After being referred to the clinic, children underwent a speech and language assessment, conducted by a SLP, to determine specific areas of concern or difficulty and whether qualification for intervention was deemed appropriate. Preschool children who were between 3 and 5 years of age and who were deemed eligible for speech-language therapy by the SLP as a result of their
significant difficulties in language development were invited to participate in the therapy sessions offered by the clinic.

From the eligible population of preschoolers, a sample of three children was secured for participation in the current study and was identified as the blended therapy group. Children with low-incidence disabilities such as autism, intellectual disabilities, or whose communication depended on augmentative or assisted speech devices were not included in this study. The comparison group was also identified as a similar preschool group who had received traditional speech and language therapy. A total of six children were involved in the study. Letters were sent home to all families who met the inclusion criteria, inviting them to participate in the study. The letter briefly explained the study and asked if I could contact them. All six families returned the letter with consent, and each family granted permission to communicate via email. Three preschoolers were assigned to the language and literacy therapy group, and three others received traditional speech and language therapy from a speech and language pathologist, on staff, with the private clinic.

To better understand the community of participants in this study, I collected basic demographic information. The study consisted of six children, five boys and one girl, ranging from 3 to 5 years of age, four Caucasian and two African American. Five families reported having incomes above $60,001, and one reported having an income between $20,001 and $30,000. Five children were reported as being from two-parent homes, and one lived in a single-parent home. Table 3.1 summarizes demographic information about the participants, including area of treatment focus by the clinic,
mother’s educational level, family income range, caregiver prior to school attendance, household family information, and ethnicity.

Table 3.1. Demographic Information for Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Mother’s education</th>
<th>Household income ($)</th>
<th>Caregiver before entering school</th>
<th>Lives with</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kendrell</td>
<td>5</td>
<td>HS</td>
<td>20,001–30,000</td>
<td>Center</td>
<td>Single-parent mother, grandmother</td>
<td>AA</td>
</tr>
<tr>
<td>Keith</td>
<td>4</td>
<td>B</td>
<td>60,001+</td>
<td>Center</td>
<td>Both parents</td>
<td>C</td>
</tr>
<tr>
<td>Townsley</td>
<td>3</td>
<td>B</td>
<td>60,001+</td>
<td>Home with non-family-member</td>
<td>Both parents</td>
<td>AA</td>
</tr>
<tr>
<td>Ella</td>
<td>4</td>
<td>M</td>
<td>60,001+</td>
<td>Home with family member</td>
<td>Both parents</td>
<td>C</td>
</tr>
<tr>
<td>Matthew</td>
<td>4</td>
<td>B</td>
<td>60,001+</td>
<td>Center</td>
<td>Both parents</td>
<td>C</td>
</tr>
<tr>
<td>Calvin</td>
<td>4</td>
<td>B</td>
<td>60,001+</td>
<td>Center</td>
<td>Both parents</td>
<td>C</td>
</tr>
</tbody>
</table>

Note. Treatment focus for all participants was language. AA = African American; B = Bachelor’s degree; C = Caucasian; HS = High school; M = Master’s degree.

Context

The context for this study is a private speech and language clinic with a self-identified history of research-based and best-practice implementation strategies in the field of speech and language pathology. It is used as a practicum site for practice therapists from a local university. The private practice is a nonprofit clinic and is supported by a local community organization. All speech and language services are provided for free. The clinic houses six treatment rooms, three observation rooms where parents can view therapy sessions through a two-way mirror, a conference room, and two office spaces.
Data Collection Methods

Data collection methods included parent questionnaires and pre- and posttest assessments using the DIAL-3 (1998) Concepts and Language portions of the screening instrument. Parents completed an early childhood information form. Questions on this form included mother’s level of education, description of child care, family or household income, and current family status (single parent, divorced parents, living with father and stepmother, etc.). Participants in the blended group as well as the comparison group were administered the CELF-P2 (2004) as well as the Dominie Show Me Book (DeFord, 2004).

I provided interpretative narratives and weekly reflections from data gained through observations and active participation in the blended-therapy group. I also gathered and analyzed data, including therapy-plan components, parent-questionnaire responses, the CELF-P2 (2004) results, the Dominie Show Me Book (DeFord, 2004) results, and the early childhood information form, from the blended therapy group. The data gathered from the comparison group, who received traditional therapy services, also included session plans, parent-questionnaire responses, the CELF-P2 posttest results, the Dominie Show Me Book (DeFord) posttest results, and the early childhood information form. The assessments used in this study were chosen based on their relevance and frequency of use in the state where the study was completed. A SLP employed by the clinic provided interventions for the traditional therapy group. Therefore, no bias entered the study through the delivery of the therapy.
Participant Observation

The aim of participant observation is to produce an in-depth description of social interaction within natural settings (Bernard, 2000). At the same time, participants are encouraged to use their own language and everyday concepts to describe what is going on in their lives. By immersing myself in the process and practice, I sought to find meaning in the encounters and situations of the blended-therapy sessions. In order to capture accurate observations, all therapy sessions of the study group (blended therapy) were videorecorded so that I could review sessions and clarify and verify my thoughts. I also conducted periodic informal viewing via closed-circuit video feed of traditional therapy sessions of participants in the comparison group to verify the framework of the traditional therapy sessions. I decided that formal observations were not needed to establish the session framework of the traditional speech therapy group. I had been a traditional SLP for most of my career. The traditional methods and session framework employed in the traditional therapy setting are how I practiced for many years.

As a currently practicing SLP holding a Certificate of Clinical Competency (CCC) from the ASHA for 15 years, I have been prepared by my clinical education to work with the full range of human communication disorders. I evaluate and diagnose speech, language, and cognitive-communication difficulties. I have treated speech, language, and cognitive-communication difficulties in individuals of all ages, from preschoolers to the elderly. I have worked in private practices, schools (pre-K–12), clinics owned and operated by community groups, and state and federal agencies. While completing my undergraduate and graduate degrees in speech and language pathology, I
completed much of my onsite training and clinical hours at the clinic where this study was completed.

My undergraduate degree is in speech and language pathology; my coursework focused on linguistics, phonetics, anatomy, physiology, psychology, human development, biology, mathematics, social/behavioral sciences, phonology, and semantics. My goal to become a certified and licensed SLP was further enhanced by a graduate degree (master’s degree plus 30 hours) in the field of communication sciences and disorders. I have successfully completed the required clinical experiences and passed the national examination that resulted in certification and licensure (CCC) by the ASHA. My experience and training as a traditional SLP served as a baseline for my reflections in this study.

**Interviews**

The unstructured interview technique is a product of the disciplines of anthropology and sociology. This method is used to elicit people’s social realities (Bernard, 2000). Patton (2002) described unstructured interviews as a natural extension of participant observation because they so often occur as part of ongoing participant-observation fieldwork. He argued that they rely entirely on the spontaneous generation of questions in the natural flow of an interaction. By talking with parents before and after the blended therapy sessions, I was able to gain access to their thoughts and concerns as well as topics of interest that the families valued. I wrote notes after each unstructured interview.

Although unstructured interviews do not use predefined questions, this does not mean that the questions are random and nondirective. According to Patton (2002),
unstructured interviews require detailed knowledge and preparation if they are to yield deep insights into people’s lives. I was able to keep in mind the study’s purpose and the general scope of the issues, which I felt might arise in discussion. There were times during this study, particularly after therapy sessions, when I specifically asked parents questions to expand on or clarify a prior discursive event with their child during the therapy session. Other times parents would ask me a question based upon their observation of a therapy event. I would record these moments in my researcher journal for later reference.

For example, after one of the afternoon sessions, Keith’s dad told me he had stopped reading Dr. Seuss books to Keith even though he seemed to enjoy them. I used this conversation starter as a way to dive deeper into the father’s idea of reading and of what constituted a good book to share. I asked him why he had made this decision, and he responded, “Well, those books really do not tell a story and they are made up of silly words.”

I used the information from the unstructured time provided to better understand Keith’s home literacy environment and the wrestling and changing theories his father had about language and literacy development. After this moment, I would often ask Keith’s dad, “What books are you reading with Keith at home?” which allowed me to be part of his questioning and theory-building of language and literacy progression now that he had witnessed and observed a new way of interacting.

**Field Notes and the Researcher Journal**

The last form of data collection involved the writing of session notes. Session notes provided a place for me to reflect on the effectiveness of the therapy strategies and
to record the integration of emergent literacy practices used during therapy sessions. The session notes also provided a space for ongoing reflections while conducting research as well as a place to highlight questions that then guided my practice. I collected field notes when appropriate. Because I was an active participant as the lead speech and language pathologist, at all times, I was not able to collect extensive field notes during therapy sessions. However, there were times within the therapy session that I was able to shift my role to that of an observer, such as when I observed my preschoolers during word work activities, reading the room activities and picture story sequence activities, field notes were an appropriate form of data collection. Observational field notes also offered insight to the contextual factors that mediated language use among the preschoolers. I wrote field notes on the back pages of my day’s lesson / therapy plan. The plans were kept in a three ring binder logged by date and also included documents collected during individual therapy sessions.

According to Morrow and Smith (2000), the use of a reflective journal adds rigor to qualitative inquiry as the investigator records his or her reactions, assumptions, expectations, and biases about the research process. Keeping a researcher’s journal was imperative so that my own reflexivity could inform the study and ensure connectivity to the nature of my research. My researcher journal allowed me space to interpret my experiences as a researcher and clinician. My researcher’s journal was a simple spiral notebook. After each session, I would stay at the clinic in the very room I held my therapy sessions and reflect on the data I had collected the previous hour.
Quantitative Data Collection

Collection of quantitative data is critical to this study because it is a part of the triangulation mixed-methods design. Quantitative data helped determine the impact of the effectiveness of the strategies and methods used to deliver therapy in the blended-therapy intervention group. Quantitative data were collected from the comparison group, who received services using the traditional therapy approach. Calculation of the DIAL-3 (1998) pre- and posttesting provided percentages for language, concepts, self-help, and age ratings from the social interaction sections of the test. The CELF-P2 (2004) as well as the Dominie Show Me Book, Concepts of Written Language Assessment (DeFord, 2004), a normed, observation-based assessment, were administered to both the blended-therapy group and the comparison traditional-therapy group. Parents provided self-help information and social information using a parent rating scale that converted into a percentile using the DIAL-3 (1998) age-conversion information chart. All children completed a 16-week intervention period and participated in this intervention for 60 minutes each week.

Experimental Intervention

The experimental intervention program using the blended-therapy approach consisted of 16 sessions held once per week for 60 minutes. All sessions were held in small private rooms in a speech and language clinic and were led by the researcher, who is also a certified and licensed SLP. For the duration of the intervention period, children’s parents, caregivers, and other educators were allowed to view intervention sessions through a two-way mirror and distributed video. This study’s experimental intervention included five areas of focus: shared reading, read aloud, print knowledge, story
structure/narrative, and word work (phonological awareness, rhyming, and vocabulary). I kept a detailed therapy plan listing the activities and books used during the blended-therapy sessions.

For the purposes of this study, the print-knowledge component of the intervention was aimed at facilitating children’s understanding of the purpose of print; their understanding of left-to-right directionality; their ability to name the various units of print (letter, word, and sentence); and their ability to identify general book concepts (author, title, and front) as well as a few high-frequency words. The second important aspect contained within the print-knowledge component of the intervention was written-language awareness: alphabet and word knowledge. Specifically, I worked with children to develop their ability to identify letters in their own name. In the intervention, print knowledge was often facilitated with the use of books (i.e., having the child identify a word or a sentence on a page). Multiple aspects of phonological awareness were addressed through explicit teaching and a variety of word-work activities, such as open and closed sorts, the reading and writing of poems and songs through shared writing, and ample opportunity for practice and interaction with print.

Within this study, several main aspects of vocabulary were targeted: developing children’s understanding of and ability to use new nouns and verbs; descriptive words; color names, number words, prepositions, and sequencing concepts. New vocabulary words came from texts that were shared during the session and from children’s conversations and writings about books they were reading with their parents, via the Language and Literacy Backpack (Dever, & Burts, 2002).
The Language and Literacy Backpack (Dever, & Burts, 2002) was a backpack that contained a book, a reading pointer, a stuffed animal, and a writing journal. Figure 3.1 depicts the contents of the bag.

![Image of a backpack with books and a stuffed animal](image.jpg)

*Figure 3.1. Language and literacy book bag contents. This bag featured George the curious monkey as well as books for parents to read aloud.*

The bag was designed to be a fun and informative way for the parent and the child to share literacy and language experiences. Parents were directed to read the book in the backpack with their child using the wand as a reading pointer to point to each word as they read. The reasoning behind the request was explained to parents as a way to build one-to-one correspondence and highlight directionality while reading, all while fostering the concept that print has meaning. Parents were then asked to have their child draw and write (parents could write what their child said) about an experience they had with “George, the stuffed animal,” while he was visiting with their family. Figure 3.2 and Figure 3.3 show some of the children’s work.
Parents were told that shared writing provided a space for their child to grow their sense of story and to begin to understand that texts and spoken stories have order (a beginning, middle, and end) and that writing has meaning. The drawing allowed children to understand that pictures also house stories and serve as a strategy for reading comprehension. The children shared their writing journal entries at the end of each session. Each child who took the Language and Literacy Backpack (Dever, & Burts, 2002) home shared his or her story with the rest of the group. This was an exciting time to share our work, as highlighted in Figure 3.4 and Figure 3.5. During each child’s read-aloud, the other children were explicitly taught the meanings of new vocabulary words.
they identified as relevant and interesting in the writings of their peers, and real-life applications were made with the words of choice (text to self) that they themselves constructed.

Figure 3.4. Preschooler using a pointer while reading and sharing.

Figure 3.5. Pointing to words and practicing directionality while reading.

Narrative skills are one of the early literacy skills that researchers say are important for children to have in order to learn to read. Narrative skills help children understand what they hear and read. Narratives have been used to predict the progression of language growth in preschool children. Feagans and Short (1984) found that 6- and 7-year-old children with reading struggles were more likely to produce fewer verbs, fewer complex sentences, fewer words in general, and more non-referential pronouns in their
narratives. For the purpose of this study, narrative skills (Halliday, 1975; Vygotsky, 1962; Wells, 1986) of the participants were developed within the context of shared storybook readings, during dialogic readings, or during read-alouds. During and after the reading of a story, I facilitated the children’s narrative abilities and prompted the children to discuss the story’s characters, setting, and story events in a clear, precise manner. I assisted the children with sequencing the story; they participated in shared writing about the story, and talked about story applications to the world, to other texts we had read, or to their personal experiences. In order to remain consistent with the broad objective of the experimental intervention design, the focus on language-skill-weakness objectives was embedded in the emergent literacy framework. For instance, the material used to elicit language discourse targets was embedded within print.

**Standard Intervention Program**

Traditionally, preschool language interventions provided to children with language difficulties at any speech and language clinic have been based on eclectic approaches that include repetition-and-practice activities aimed at improving children’s receptive and expressive language needs. However, standard interventions were not typically embedded within literacy-based activities but rather focused on eliciting the targets within a communicative interaction with no explicit emergent literacy targets.

Within the standard intervention approach (traditional therapy), a SLP responded to specific language-based needs of children: using negation correctly; using plurality correctly; following one- and two-step directions; and improving children’s mean length of utterance (MLU) and building vocabulary, through structured therapy activities designed to focus on an isolated skill. For instance, to meet a child’s specific need with
expressive syntax, a SLP models the correct use of auxiliary verbs (e.g., using “is”/“are” with verbs). The therapist may have modeled the sentence by emphasizing the auxiliary verb (e.g., “he is walking”) and showing a corresponding picture or object. The therapist may have then involved the child in a game or activity where the child could practice using the auxiliary verb while playing the game or describing components of the game.

These practice games/activities were done without the use of books or literacy-related artifacts, unlike the literacy-crafted experiences embedded in the experimental blended-therapy intervention. In other words, compared with the literacy-enhanced experimental intervention, the standard intervention approach did not have a structured focus on emergent literacy concepts.

**Organization of Data**

All data collected were organized and stored on a password-protected computer. Memoirs and field notes were written in a journal, and then typed and stored on the computer in a file titled “memoirs / field notes.” All memoirs were saved by entry date. The action of scanning and saving to the computer all documents used for quantitative analysis (testing protocols) created a central location for data analysis and ensured the security of information. The original quantitative measures were located in a working file folder housed in a locked file cabinet at my home.

**Data Analysis**

The qualitative hermeneutic design of this study draws upon the rigorous method of grounded theory, which seeks to discover or generate theory from data (Creswell, 1998; Glaser & Strauss, 1967). According to Merriam (1988), case-study research is a form of qualitative methodology that has four distinctive characteristics, one of which is
heuristic, having the goal of discovering new meaning or confirming what is known. This qualitative component of this study does not begin with a theory that is trying to be proved, but instead allows theory to emerge through a systematic process of data collection and data analysis. The techniques used to analyze data follow that of grounded theory.

Grounded theory relies on the production of theoretical perspectives deriving from data (Grbich, 2007). In this respect, I focused on the data, and inductively generated concepts that were more abstract. To accomplish this, I needed to be “flexible” and “open to helpful criticism” (Strauss & Corbin, 1998, p. 5) while portraying “appropriateness, authenticity, credibility, intuitiveness, receptivity, reciprocity, and sensitivity” (p. 6). Grounded theory calls for creativity, closeness to the respondents, immersion in the field, and an ability to interpret situations and statements (Strauss & Corbin, 1998). The use of grounded theory also establishes themes across the data, thus underlining the crucial issues, such as emergent literacy practices and oral-language acquisition. Data analysis and theory construction through grounded theory is an “evolving process” (Charmaz, 2000).

When multiple individual cases are included in a case study, the cases may be analyzed individually through within-case analysis, followed by the comparison of each case with the others. Alternatively, cross-case analysis identifies themes that are present in several cases and organizes the data by themes and categories, rather than by individual cases (Merriam, 2009). In this study, I first used within-case analysis to identify major categories of data evident in the blended-therapy group, and then used cross-case analysis to strengthen and describe the themes that were also evident with the
comparison traditional therapy group. This allowed me to identify data that did not fit into the themes and that thus were anomalies that may dictate further exploration.

Strauss and Corbin (1998) described as analytical tools finding key phrases in transcripts and experimenting with meanings to establish codes. They described open coding as the “process through which concepts are identified and their properties and dimensions are discovered in data” (p. 101). Strauss and Corbin wrote that “axial coding creat[es] subcategories and associat[es] these with properties and dimensions” (p. 123), whereas “selective coding integrates and refines theory” (p. 143). The combination of these categories and their associations with subcategories results in a type of case study of a particular phenomenon. Throughout the process, theoretical sampling was vital for the saturation of categories (Strauss & Corbin, 1998). In order to achieve saturation, grounded theory analysis required reevaluation of concepts/themes/categories at varying stages in the study.

Although the purpose of the research defined the direction of the study, I found it important that the focus remain on allowing the data to emerge (Merriam, 1988). I read through the parent questionnaire responses to determine and establish likely themes and preliminary concepts, axial coding when connections were made between categories, and selective coding when relating the categories to each other (Strauss & Corbin, 1998). This is a recursive process.

In the process of open coding, I read each line of the parent questionnaire to locate themes and assign initial codes or labels in an attempt to organize the mass of data into useable categories. Strauss and Corbin (1998) described a process to manage data. This process involves examination, comparison, conceptualization, and categorization of
the raw data. The parent questionnaires were examined for similarities and differences, and many preliminary categories were identified. The first round of coding resulted in dozens of topics that were compared across cases, leading to a conceptualization of the study as a picture of participants’ beliefs about their child who had identified language difficulties and their literacy practices.

These beliefs were a result of the context of the participants’ lives, which included their past experiences and their present life situations. Thus parent-questionnaire data were sorted into two major categories: language beliefs and literacy beliefs. These original categories were later refined, expanded, or deleted. As new data were entered, certain themes emerged, such as internal and external sources of beliefs, and literacy experiences outside the home and within the clinic context.

Open coding continued as new information was completed, and I simultaneously began the next step of analysis, axial coding, in which I combined data in new ways by making connections between responses or categories (Strauss & Corbin, 1998). This coding allowed me to form additional response categories while also indicating what was included in the codes using a constant comparative method (Strauss & Corbin, 1998) of making adjustments to categories after each new entry was added. When the qualitative data no longer yielded any changes or additions to the categories and it appeared that data collected were becoming redundant, saturation was reached (Lincoln & Guba, 1985).

The final step in my data analysis was to relate the core categories to one another in a process that Strauss and Corbin (1998) called selective coding. The subtopics emerged first from the parent questionnaires, and were then sorted into broader topics and categories based on the research questions. The themes began emerging on the first
reading of the questionnaires and were refined throughout the entire coding process. This clarified the themes that had emerged in the earlier rounds of coding and rendered the data manageable for reporting the results by research question. The final themes, categories, and topics created are shown in Table 3.2.

Table 3.2. Themes, Categories, Topics, and Subtopics

<table>
<thead>
<tr>
<th>Themes</th>
<th>Categories</th>
<th>Topics</th>
<th>Subtopics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent–child interactions</td>
<td>Practices</td>
<td>Write</td>
<td>Writes name</td>
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<td></td>
<td></td>
<td></td>
<td>Scribbles</td>
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<td></td>
<td></td>
<td></td>
<td>Directionality</td>
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<td></td>
<td></td>
<td>Read</td>
<td>Recognizes name</td>
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<td></td>
<td></td>
<td></td>
<td>Looks at pictures</td>
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<td></td>
<td></td>
<td></td>
<td>Print concepts</td>
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<td></td>
<td>Oral language</td>
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<td>Asks questions</td>
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<td></td>
<td></td>
<td></td>
<td>Tells stories</td>
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<td></td>
<td></td>
<td></td>
<td>Follows directions</td>
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<tr>
<td>Emergent literacy and language</td>
<td>Beliefs</td>
<td>Language impairment</td>
<td>Causes</td>
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<td>Responsibility</td>
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<td>Education</td>
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<td>Literacy</td>
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<td>Teacher/school</td>
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<td>Maturation</td>
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<td></td>
<td></td>
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<td>Education</td>
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<td>Experience</td>
<td>Contexts</td>
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<td>Personal experiences</td>
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<td></td>
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<td>Child-care experiences</td>
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<td>Clinic experiences</td>
</tr>
</tbody>
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**Trustworthiness, Triangulation, Member Checking**

Although the area of qualitative research has increased, social and behavioral scientists continue to analyze the validity of studies that use such methodology. Thus, it is important that qualitative researchers use various validation strategies to make their studies credible and rigorous (Creswell & Miller, 2000). Credibility for this study is
based on the validation strategies of triangulation, researcher reflexivity, thick rich description, memoir writing, and quantitative data support. The data triangulated with the various forms of data collected in this study (interviews, observations, assessment documents, and memoir entries).

Through the use of member-checking methods, I sought clarification from the participants during therapy sessions. Since the participants were 3-, 4-, and 5-year-old children, it was necessary for me to seek clarification after each oral exchange and at the identification of what Wolcott (2008) called “turnings.” Turning is a category label assigned to data showing that the individual’s life and/or practice has undergone a major change (Wolcott, 2008, p. 155). I identified turnings by noting major changes in the participants’ use of language in the session notes. I reviewed the videorecordings, which allowed me to revisit the participants’ responses and to solidify my thoughts.

**Verifiability and Reliability**

In order to provide verifiability, I kept field notes detailing the process by which the qualitative data systematically became more focused as it was gathered, coded, and analyzed. The notes indicated the way in which codes changed and themes developed as my analysis continued. The notes also recorded questions I wanted to ask in future sessions as well as information on responsiveness, contacts, questions, and challenges I encountered. Wolcott (2008) asserted that it is the standardization of procedures for communicating data that results in reliability of the analysis.

Triangulation is another method for increasing the reliability of qualitative research. For example, although I felt that participants’ parent responses to questions about their beliefs needed to be taken as their vision of truth, I expected that responses to
questions about practices were likely to be influenced by what they thought was the correct or expected answer based on the study model. To prevent this, I asked parents to complete a postquestionnaire and compared and confirmed responses given verbally during informal interviews and discussions. The data that I obtained were rich and plentiful and included both variability and commonalities. The systematic analysis of the data provided a strong basis for understanding the research questions that guided the study.

**Subjectivity and Positionality**

All researchers, quantitative as well as qualitative, have personal biases that can influence their interpretation of data (Creswell, 1998). Researcher bias is not problematic in qualitative research as long as researchers “bring preconceived beliefs into the dialogue” (Harry, Sturges, & Klingner, 2005, p. 7) by explicitly disclosing their biases, assumptions, and aspects of their backgrounds that could influence the interpretations they make. One way I engaged in documenting my preconceived beliefs was by writing memos in my session plans, where I specifically recorded my thoughts, feelings, uncertainties, values, beliefs, and assumptions that surfaced during this study.

**Researcher as Instrument**

Behind any qualitative theory, method, or analysis stands “the personal biography of the researcher” (Denzin & Lincoln, 2000, p. 18). Because of this view of the researcher as the instrument in qualitative studies, it is appropriate that I share my background and potential biases here.

Many years ago, I began to search for answers to my questions about various methods of learning for speech students that could enhance their language development. I
knew I would have to stretch my limits as a SLP and venture into uncharted waters. I knew I had to leave the speech room and open myself to a new way of thinking to find answers that would change my practices. I began talking with teachers who had reputations for being nontraditional—teachers whose classrooms contained few desks, many books, and the constant noise of children busily engaged as learners. These teachers were known in the school for being exceptional at obtaining student learning results. The methods they used were captivating, and the buzz of activity was intriguing. I asked if I could spend time in their rooms to learn from them.

As I received permission to join their classroom cultures, I did not know what I would see or experience. My clinically based schooling shaped my theories and pedagogical approach to language acquisition. Although much of my professional preparation centered on the clinical aspects of language, such as providing therapy to those who stuttered or had developmental struggles in muscle control that affected intelligibility, I entered the school’s classrooms with an open mind, an open heart, and a slightly selfish desire to learn more about my personal wonderings. I hoped to learn more about language development and literacy growth from a less clinical perspective.

Spending time in the classroom helped me identify curricular structures that gave me a new way to understand and support children as language users. I found myself pulled toward the practice of literature circles. In order to gain a better understanding of this practice, I decided to join these literature circles and allow the students to lead. I was the novice and the children were the experts. We transitioned freely between the two roles without really knowing that learning was occurring. Learning was natural, not forced, and I soon knew that I was learning more about speech patterns and design than I
had learned through previous testing structures and tools. The students and I found community around Doris Smith’s (2004) text *A Taste of Blackberries*.

The book tells the story of a group of boys who ride their bikes to a forbidden meadow to pick blackberries. Two of the boys in the story who have become best friends are left in the field, and one of them is stung by a yellow jacket. The boy who receives the sting has an allergic reaction and dies, leaving his best friend behind. The story goes on to describe how the young boy handles the various emotions brought on by the death of a friend. As the students talked about the book, one of them shared that he too was allergic to yellow-jacket stings. The honesty of his self-to-text connection brought the story to life for members of the circle. It compelled others in the group to share their own stories. Because “every experience is a moving force” (Dewey, 1938, p. 38) that leads to other experiences, I shared the story of my father’s allergy to yellow-jacket stings and the time my mother rushed him to the hospital after he was stung. The conversation that emerged was powerful and pure and gave us a genuine look at each.

Over time, it became clear that the students cognitively understood more within a literature discussion framework, and they grew as language learners, as well. For example, students would use phrases and topics from favorite books as a new language structure in order to release pleasurable (even scary) memories of a special world they and their characters held in common. Talks around text made a space for special and new language-structure moments. The students who had been identified as having language-usage difficulties or who struggled with expressive language were using language in the most beautiful and complex ways as they explained their fears, pains, and triumphs based
on the language structures modeled by the characters and story lines from the books they were reading.

Throughout the school year, as I continued to try out new methods, I looked forward to literature discussions. I read the selected texts, made notes, and shared my thoughts just as each child in the group did. It was a special experience for a SLP. This experience triggered a different way of thinking about my role as a SLP who worked primarily with school-age children. I knew I had to learn more about the field of literacy in order to enrich my understanding of language and cognitive development.

**Ethical Issues and Reciprocity**

The guidelines for a human research study as prescribed by the electronic Investigation Review Board (eIRB) established by the University of South Carolina were followed. This included securing permission from the parents of the participants to use work, conversations, assessment information, and parent questionnaires and to identify the students by name. I have chosen not to use pseudonyms to name the primary participants because the personal nature of the study and the practice of name writing and name recognition would make anonymity impossible. The identity of the clinic was kept anonymous.

There were no known risks associated with participating in this research. A pseudonym for the location of the center was used in session notes and in all documentation of data. Taking part in this study provided parents with valuable information about their child’s knowledge of early learning concepts, concepts about print, and receptive and expressive language development. There was no cost to participate in this study. Study information was stored in a locked filing cabinet and in
password-protected computer files at my home. Participation in this study was voluntary. Participants were free to withdraw at any time, for whatever reason, without negative consequences. Participation in this study was independent of the regular speech and language treatment provided at the clinic and had no direct influence on treatment services offered by the speech and language clinic. This was an independent study, and although the clinic approved the study, it neither sponsored nor conducted the research.

Limitation and Considerations

Marshall and Rossman (2010) affirmed that “all proposed research projects have limitations; none is perfectly designed” (p. 76). It is important to note that knowledge produced from the completion of a mixed-methods study might not be generalizable to other people or to other settings in the speech and language pathology field. This study is limited in the same way that all studies are limited, in that it reports on the experience of three children in a particular setting as compared with those of three other children in a particular setting; however, all participants met clinic criteria for services. I attempted to provide a wealth of thick rich description (Geertz, 1973) and quantitative logic in order to enable readers to determine generalities that may apply to other clinical settings, other practicing SLPs, and other children with identified language difficulties.

Study Timeline

December 2011: Obtained approval of the dissertation proposal from the dissertation committee, the private clinical practice, and eIRB.

January 2012: Sent participant request letters to participants. Administered all needed assessments to the group receiving the research study’s intervention therapy services. Began writing memoirs based on testing observations and conversations with
parents. Data collection methods and analysis: Administered and scored evaluations and graphed results for all assessments (Dominie, CELF-P2, and DIAL-3) for the blended-therapy participants to gather baseline data concerning emergent literacy practices. Began to look for emerging themes.

*February 2012 through early May 2012:* Audio- and videorecorded therapy sessions. Wrote session plans and continued writing memoirs. Data collection methods and analysis: Analyzed and coded session plans looking for themes in data (codes).

*Late May 2012:* Administered assessments to comparison group and postassessments to blended-therapy group. I continued to analyze qualitative data (parent comments, memoirs, parent questionnaires). Data collection and analysis: I administered and scored evaluations and graphed results for both the comparison group and the group receiving blended-therapy services (Dominie, CELF-P2, parent questionnaires, and DIAL-3).

**Conclusion to Chapter 3**

This study was undertaken to determine the current state of literacy support of children with language difficulties in a small, diverse sample. Six participants were chosen, ranging in age from 3 to 5 years, whose families lived in South Carolina. The participants were part of an intervention study that employed a mixed-methods approach to collecting data. Blended-therapy participants were compared with preschoolers who did not receive the prescribed language and literacy intervention strategies. As a researcher, I had gained knowledge and had accepted the beliefs behind the practices I demonstrated during my therapy sessions; therefore, these beliefs informed the intervention study participants’ experiences and growth. The strategies and beliefs were
analyzed and reported. The two aspects of the data (emergent literacy practices and language acquisition practices) were categorized within and across cases. Any discrepancies or commonalities between findings and recommended practices in emergent literacy and language acquisition were analyzed and presented.

This study did not begin with a theory that was being proved but instead allowed theory to emerge through a systematic process of data collection and analysis. This study’s design allowed for inquiry about and questioning of how individuals acted or reacted to a phenomenon of literacy strategies blended with traditional, clinical approaches to therapy to assist children in overcoming language difficulties. It is important to set the language framework of “here’s what” / “now what” / “then what” (Johnson, 2006) within the larger picture of reading programs. In this way, SLPs can see the techniques and ideas presented within this study not in addition to, but as a part of, the already established structures of their clinical practices.
Chapter 4:
Presentation and Interpretation of Data

Preface

This chapter presents the results of the quantitative and qualitative analysis for this study. This mixed-methods study was guided by the overarching question of the effectiveness of a blended approach to speech and language therapy that incorporated emergent literacy practices into language-based intervention sessions. The chapter is organized by research question, with an initial discussion of the case-study participant characteristics.

Introductory Narratives of Case-Study Participants

Kendrell

Kendrell, an African American male, was 5 years old at the time of this study. According to demographic data collected from Kendrell’s mother, he attended a center-based child-care-facility 4K program during the week. He was an only child and lived with his mother, who self-identified as a single parent. She reported that he spent a great deal of time with his grandmother. His mother shared that she received her high school diploma and had taken a few college courses. She reported nonparticipation in either parenting programs or family literacy programs. Kendrell was a healthy baby at birth and the product of a normal pregnancy and delivery. At the time of this study he presented with no health issues. He was identified by the private speech and language clinic as a preschooler with language difficulties.
Keith

Keith, a Caucasian male, was 4 years old at the time of this study. According to demographic data collected from Keith’s mother and father, he attended a center-based child-care facility during the week. Keith was the older of two children and lived with both his mother and his father. Keith’s mother reported having received a 4-year bachelor of science degree. She reported nonparticipation in either parenting programs or family literacy programs. Keith was a healthy baby at birth and the product of a normal pregnancy and delivery. At the time of this study he was in good health. He was identified by the private speech and language clinic as a preschooler with language difficulties.

Townsley

Townsley, an African American male, was 3 years old at the time of this study. According to demographic data collected from Townsley’s mother and father, he was at home with a non-family-member during the week. Townsley was the youngest of three children and lived with both his mother and his father. Townsley’s mother reported having received a 4-year bachelor of arts degree and was currently taking courses for her master’s degree. She was a music teacher. She reported nonparticipation in either parenting programs or family literacy programs. Townsley was a healthy baby at birth and the product of a normal pregnancy and delivery. At the time of this study he exhibited no health concerns. He was identified by the private speech and language clinic as a preschooler with language difficulties.
Presentation of the Data

This mixed-methods study incorporated qualitative research methods supported by quantitative research logic. Data collection methods included demographic data, parent questionnaires with regard to self-help skills and literacy behaviors as well as assessments in the areas of cognitive development, and language and concepts about print, as well as reflective narrative writings by the researcher. All six study participants (three preschoolers who were part of the comparison group and three preschoolers who were part of the blended therapy group) were administered the CELF-P2 (Wiig et al., 2004), the DIAL-3 (Mardell-Czudnowski & Goldenberg, 1998), and the Dominie Show Me Book, Concepts of Written Language Assessment (DeFord, 2004). The three preschoolers who were participants in the blended therapy group received pre- and posttest assessments to determine their emergent literacy strengths and to provide the researcher with baseline data for planning therapy-session objectives. This chapter presents the interpretation of the data and the various analyses used to address the research questions of interest in this study. The presentation of the data interpretation is organized by research question.

Research Question 1: Parent Beliefs About Cognitive, Language, and Literacy Practices

Research Question 1 was, “How do parents describe the cognitive, expressive, and receptive language repertoire, and emergent literacy skills of the 3-, 4-, and 5-year-old case-study participants prior to and after blended language and literacy services in a private clinical setting?”
Analysis of the DIAL-3 cognitive development parent questionnaire, the CELF-P2 preliteracy parent questionnaire rating scale, and an informal language / academic checklist addressed three primary topics. The topics included cognitive development with a narrowed focus on self-help development, social development, and overall development; language development; and emergent literacy skills. These topics provided organization for the discussion of results for Research Question 1. Each of these topics is discussed individually, for each of the three case-study participants.

**Preintervention parent questionnaire results: Kendrell.** In response to the DIAL-3 (Mardell-Czudnowski & Goldenberg, 1998) preevaluation parent questionnaire, Kendrell’s mother placed a check in the box that best described her child for each requested task. The assessment directions informed the parent that questions were arranged in a developmental sequence and that children were not expected to be able to complete each task. Kendrell’s mother completed the DIAL-3 questionnaire prior to Kendrell’s participation in the blended therapy group. At the time of this survey Kendrell was 5 years and 3 months old. His mother reported the following information.

**Cognitive development.** In the area of self-help development, Kendrell received a raw score of 24 out of 30, and a percentile rank of 28. When results were analyzed, Kendrell was found to present many self-help skills that required large-muscle and fine-motor abilities. He was able to button and to use a wrist rotation when opening jars. His mother reported that Kendrell could dress himself and could put his shoes on the correct feet. Tasks listed as concerns by his mother included blowing and wiping his nose, brushing his hair, and washing his body. Figure 4.1 highlights Kendrell’s mother’s responses to cognitive development questions asked prior to intervention services.
In the area of social development, Kendrell received a raw score of 34 out of 40, and a percentile rank of 76. When results were analyzed, Kendrell was found to be fluent in many social development norms. He could stick to one activity for at least 15 minutes, as reported by his mother. He played well with others and was well liked by his peers. According to the questionnaire responses, Kendrell used words rather than actions to express his dislikes and frustrations. Areas of concern note by his mother included accepting limits, following directions, admitting a mistake, taking responsibility, and listening to an entire question before answering. Figure 4.2 highlights Kendrell’s mother’s responses in the area of social development.
In the area of overall development, Kendrell’s mother reported that Kendrell was doing “ok” in all areas including language, understanding, and thinking. She noted a concern in the area of social skills, stating that she was “a little worried.” Figure 4.3 highlights her assessment of Kendrell’s overall developmental strengths and weaknesses prior to intervention services.
Expressive and receptive language repertoire. Parents were also asked to complete an informal checklist that asked seven questions about academic development. The questions addressed expressive and receptive language strengths in relation to academic success. Kendrell’s mother reported the following information. Figure 4.4 highlights expressive and receptive language responses she provided prior to intervention services.
As identified by the completed checklist, Kendrell’s mother noted no concerns with language difficulties. He was identified based on checklist analysis as a child who asked questions and told stories about experiences, people, objects, or events (which required a command of narrative structure including semantic and syntax understandings as well as vocabulary in order to be understood by a listener). Kendrell was identified as receptively understanding language commands and as displaying higher-level thinking and understanding about concepts of interest.

**Emergent literacy.** Kendrell’s mother completed the CELF-P2 (Wiig et al., 2004) parent questionnaire, which asked questions about emergent reading skills and emergent writing skills. Kendrell’s mother reported the following information.

In the area of emergent literacy skills, Kendrell’s strengths were impressive (see Figure 4.5). His mother reported strengths in book-handling skills, page turning, pointing to a picture when provided with a verbal name, recognizing logos, understanding that letters form words, sequencing events, identifying and naming five or more numbers, identifying and naming five or more letters, providing the sound that a letter makes for five or more letters, and joining two letters to make a word. Kendrell’s mother reported
concerns with two of the 12 questions asked. One area of concern included recognizing his own printed name and familiar printed words. Her other area of concern was her observation of his ability to join three letters together to make a syllable or word.

**Figure 4.5.** Kendrell, parent prequestionnaire, emergent reading.

In the area of emergent writing skills, Kendrell’s strengths were equally impressive (see Figure 4.6). His mother reported strengths with imitating writing, copying, drawing, and writing within the space provided. She reported that he produced recognizable drawings, copied and wrote his name, copied and wrote the numbers 1 through 5, copied and wrote single letters correctly, wrote most letters accurately, wrote on printed lines, copied short words accurately, and self-corrected errors when copying. She noted three areas of concern: left-to-right directionality when writing, use of correct spacing when writing, and a few letter reversals.
Figure 4.6. Kendrell, parent prequestionnaire, emergent writing.

The CELF-P2 is a normed questionnaire. According to the criterion score for age guidelines, Kendrell should present a raw score equal to or greater than 64. Kendrell’s raw score was 99, well above the criterion score for his age (see Figure 4.7). Based on the preliteracy rating scale completed by Kendrell’s mother, the score reported presented Kendrell as a child with average emergent literacy and emergent writing abilities. Kendrell would not be considered by SLPs to have possible reading and writing difficulties.

Figure 4.7. Kendrell, preintervention reading and writing rating score.

Postintervention parent questionnaire results: Kendrell. Parent questionnaires were completed at the conclusion of the 16-week blended-therapy intervention. At the
time of postintervention questionnaire completion, Kendrell was 5 years and 7 months old.

In response to the DIAL-3 (Mardell-Czudnowski and Goldenberg, 1998) postevaluation parent questionnaire, Kendrell’s mother reported the following information.

**Cognitive development.** In the area of self-help development, Kendrell received a raw score of 24 out of 30, and a percentile rank of 20. He received the same raw score on the preintervention self-help parent questionnaire, but because he was older and because of the slight negative shifts in his mother’s responses, his percentile decreased from 28 to 20. When results were analyzed, Kendrell again presented many self-help skills that required large-muscle and fine-motor abilities. He was able to button, wash and dry his hands, brush his teeth, and dress himself. Tasks listed as concerns by his mother included unscrewing jar lids, blowing and wiping his nose, putting his shoes on the correct feet, brushing his hair, and washing his body. Two tasks—unscrewing jar lids or bottle caps and putting shoes on the correct feet—were noted to negatively shift from being performed most of the time to sometimes. The task of hair brushing moved from the “no, not yet” category to the “not asked to do so” category. Figure 4.8 and Figure 4.9 highlight the parent pre- and postquestionnaire answers.
In the area of social development, Kendrell received a raw score of 29 out of 40, and a percentile rank of 36 (see Figure 4.10 and Figure 4.11). Kendrell received a lower
raw score, resulting in a significantly lower percentile (from the 76th percentile to the 35th percentile). Again, age and negative shifts of answer choices by his mother resulted in lower scores. When results were analyzed, negative shifts included playing with toys without breaking them, taking turns/sharing, stopping an activity when asked, overreacting/tantrums, and not going to bed easily. Although these behaviors were not evident in the therapy setting, Kendrell’s mother reported that these behaviors were prevalent at home and at the day school he attended.

Figure 4.10. Kendrell, parent prequestionnaire, social development.
In the area of overall development, Kendrell’s mother reported that she felt Kendrell was doing “ok” in all areas except understanding and thinking, social skills, and hearing (see Figure 4.12). Again, the postquestionnaire results presented a negative shift with the inclusion of thinking and understanding as well as hearing now listed as parental concerns (see Figure 4.13). The DIAL-3 postquestionnaire contained an open-ended response question. His mother did not write a response on the prequestionnaire but did for the postquestionnaire: “Kendrell tends to answer questions with answers that do not pertain to the question being asked. If he doesn’t understand it, he tends to make something up. I would like him to become more confident in himself and answer.”
### Figure 4.12. Kendrell, parent prequestionnaire, overall cognitive development.

**Part 4. Overall Development**

Directions: Place an X in the column that best describes your level of worry about each area of your child's development. We understand that you are naturally concerned about all of these areas. We would like to know any areas that you think may be problem areas for your child. Think of your child at home. Responses will be used to help us understand your child's growth and needs.

<table>
<thead>
<tr>
<th>Area of Development</th>
<th>My child is doing OK</th>
<th>I'm a little worried</th>
<th>I'm somewhat worried</th>
<th>I'm very worried</th>
</tr>
</thead>
<tbody>
<tr>
<td>General development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motor skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding and thinking skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-help skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Social skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please describe any other specific worries you have about your child: Kendrell tends to answer question with answers that does not pertain to the question being asked. If he doesn't understand it, he tries to make something up. I would like him to become more confident in himself and answer.

### Figure 4.13. Kendrell, parent postquestionnaire, overall cognitive development.

**Part 4. Overall Development**

Directions: Place an X in the column that best describes your level of worry about each area of your child's development. We understand that you are naturally concerned about all of these areas. We would like to know any areas that you think may be problem areas for your child. Think of your child at home. Responses will be used to help us understand your child's growth and needs.

<table>
<thead>
<tr>
<th>Area of Development</th>
<th>My child is doing OK</th>
<th>I'm a little worried</th>
<th>I'm somewhat worried</th>
<th>I'm very worried</th>
</tr>
</thead>
<tbody>
<tr>
<td>General development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
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<tr>
<td>Motor skills</td>
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</tr>
<tr>
<td>Understanding and thinking skills</td>
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</tr>
<tr>
<td>Language skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-help skills</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Social skills</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Expressive and receptive language repertoire.** An informal checklist was given to parents to complete that asked seven questions about academic development postintervention. The questions asked related to expressive and receptive language strengths in relation to academic success. As identified by the completed checklist, Kendrell’s mother noted two new concerns: “Does your child ask to be read to?” and “Does your child tell stories about experiences, people, objects or events?” (see Figure 4.14 and Figure 4.15). She did not identify the two highlighted concerns in response to the preintervention questionnaire.

![Academic Development](image)

*Figure 4.14. Kendrell, parent prequestionnaire, expressive and receptive language.*
Emergent literacy. Kendrell’s mother completed the CELF-P2 (Wiig et al., 2004) parent questionnaire again at the conclusion of the 16-week blended therapy intervention sessions. Kendrell’s mother reported the following information.

In the area of emergent literacy skills, Kendrell’s strengths were impressive. His mother reported strengths in book-handling skills, page turning, pointing to a picture when provided with a verbal name, recognizing logos, understanding that letters form words, sequencing events, identifying and naming five or more numbers, identifying and naming five or more letters, providing the sound that a letter makes for five or more letters, and joining two letters to make a word (see Figure 4.16 and Figure 4.17). Kendrell’s mother reported no concerns with any of the 12 questions asked. All 12 questions received a score of 4, the highest score.
In the area of emergent writing skills, Kendrell’s strengths were equally impressive. His mother reported strengths with imitating writing, copying, drawing, and writing within the space provided (see Figure 4.18 and Figure 4.19). She reported that he produced recognizable drawings, copied and wrote his name, copied and wrote the...
numerals 1 through 5, copied and wrote single letters correctly, wrote most letters accurately, wrote on printed lines, copied short words accurately, and self-corrected errors when copying. She noted two areas of concern: writing, drawing, and/or scribbling to imitate writing, and a few letter reversals. Improvement was noted in left-to-right directionality and spacing between letters or words.

Figure 4.18. Kendrell, parent prequestionnaire emergent writing.
According to the criterion score for age guidelines, Kendrell should present a raw score greater than or equal to 70. His raw score was 100, which, according to the CELF-3 Pre-Literacy Rating Scale is well above the criterion score of 70 for his age (see Figure 4.20 and Figure 4.21). Again, the preliteracy rating scale was completed by Kendrell’s mother. Her responses do not pertain directly to the intervention sessions but are general observations of Kendrell in general learning environments. The score reported presented Kendrell as a child with average emergent literacy and emergent writing abilities. Kendrell would not be considered by SLPs to have possible reading and writing difficulties based the parent-questionnaire results.

Figure 4.19. Kendrell, parent postquestionnaire, emergent writing.

Figure 4.20. Kendrell’s preintervention reading and writing rating score.
Preintervention parent questionnaire results: Keith. In response to the DIAL-3 (Mardell-Czudnowski & Goldenberg, 1998) preevaluation parent questionnaire, Keith’s mother placed a check in the box that best described her child for each requested task. Keith’s mother completed the DIAL-3 questionnaire prior to Keith’s participation in the blended therapy group. At the time of completion Keith was 4 years and 6 months old. Keith’s mother reported the following information.

Cognitive development. In the area of self-help development, Keith received a raw score of 19 out of 30, and a percentile rank of 8 (see Figure 4.22). When results were analyzed, Keith presented many self-help skills that required large-muscle and fine-motor abilities. He was able to button and to use wrist rotation when opening jars. His mother reported that he could put his shoes on the correct feet and put toys away when asked. Tasks listed as concerns by his mother included washing and drying his hands, putting clothes and shoes where they belong, brushing his teeth, blowing and wiping his nose, putting on clothes with front and back correct, completely dressing himself, and brushing his own hair.
In the area of social development, Keith received a raw score of 24 out of 40, and a percentile rank of 16 (see Figure 4.23). When results were analyzed, Keith was found to be fluent in many social development norms. His mother reported that as a child Keith played with toys without breaking them and was well liked by his peers. According to her responses, Keith liked to be around other people, presented predicted behaviors, described others’ feelings, and laughed when something was appropriately funny. Areas of concern noted by his mother included sticking with one activity, accepting limits, taking turns, stopping an activity when asked, perseverance with a task, following directions, using words rather than physical actions to solve problems, becoming easily
frustrated, wait time for question/answer, going to bed easily, and asking permission to use something that does not belong to him.

![Figure 4.23. Keith, parent prequestionnaire, social development.](image)

In the area of overall development, Keith’s mother reported that Keith was doing “ok” in five of the nine areas listed: health, motor skills, self-help skills, social skills, and vision (see Figure 4.24). She stated that she was “a little worried” in response to the other four areas listed: general development, understanding and thinking skills, language skills, and hearing.
Expressive and receptive language repertoire. Parents were asked to complete an informal checklist of seven questions about academic development. Keith’s mother completed the questionnaire prior to Keith’s participation in the blended therapy group. As identified by the completed checklist, Keith’s mother noted some concerns with language difficulties (see Figure 4.25). Keith was identified by checklist analysis as a child who asked questions when read to. Areas of concern included telling stories about experiences, people, objects, or events (which require a command of narrative structure including semantic and syntax understandings as well as vocabulary usage in order to be understood by a listener). Keith was identified as receptively understanding language commands and as displaying higher-level thinking about and understanding of concepts of interest by asking “how” and “why” questions.
Emergent literacy. Keith’s mother completed the CELF-P2 (Wiig et al., 2004) parent questionnaire, which asked questions about emergent reading skills and emergent writing skills. Keith’s mother completed the questionnaire prior to Keith’s participation in the blended therapy group and reported the following information.

In the area of emergent literacy skills, Keith’s strengths were listed as book-handling skills, turning the pages of a book one at a time, pointing to a picture when an adult names it, and identifying and naming five or more letters (see Figure 4.26). Keith’s mother reported concerns with seven of the 12 questions asked: recognizing common logos, understanding that letters form words, sequencing story events, identifying and naming five numbers, recognizing own printed name and familiar printed words, saying the sounds for five or more letters, and joining letters to make words.
In the area of emergent writing skills, Keith’s mother reported no Level 4 (always) responses (see Figure 4.27). She reported concerns with all questions. Concerns included imitating writing, left-to-right directionality, copying, producing recognizable simple drawings, and attention to spacing between letters and words.

<table>
<thead>
<tr>
<th>Emergent Reading Skills</th>
<th>Never</th>
<th>Some-</th>
<th>Often</th>
<th>Always</th>
<th>Not Apl.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. holds a book right side up</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>2. turns the pages in books one at a time in front-to-back order</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. can point to a picture when an adult names it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>4. recognizes common logos in community (e.g., fast food logos, restroom signs, or a stop sign)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>5. understands that a group of letters forms a word</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>6. can tell what happened first, next, and last in a familiar story (recalls a sequence of events)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>7. identifies and names 5 or more printed numbers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>8. identifies and names 5 or more letters of the alphabet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>9. recognizes own printed name and familiar printed words (e.g., &quot;dad,&quot; &quot;mom,&quot; &quot;dog,&quot; or &quot;cat&quot;)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>10. says the sound that 5 or more familiar letters make (e.g., when asked what sound an &quot;s&quot; makes, the child says &quot;s-a-s&quot;)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergent Writing Skills</th>
<th>Never</th>
<th>Some-</th>
<th>Often</th>
<th>Always</th>
<th>Not Apl.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The child appropriately</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. writes, draws, and/or scribbles to imitate writing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>14. copies circles and squares</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>15. writes and/or scribbles from the left to the right side of a page</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>16. draws and/or writes within the space provided</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>17. produces recognizable simple drawings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>18. copies and/or writes own name accurately</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>19. copies and/or writes numbers from 1–5 accurately</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>20. copies and/or writes 5 or more single letters accurately</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>21. writes most letters accurately</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>22. uses correct spacing between letters or words (letters are not written on top of or joined to other letters)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>23. writes on printed lines when provided</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>24. copies short words from the board accurately (e.g., &quot;go,&quot; &quot;dog&quot;)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>25. does not reverse letters or numbers (e.g., writes &quot;21,&quot; &quot;b&quot; or &quot;5&quot; in the correct direction)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>26. self-corrects errors if letters or numbers are copied incorrectly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
</tbody>
</table>

Figure 4.26. Keith, parent prequestionnaire, emergent reading.

Figure 4.27. Keith, parent prequestionnaire, emergent writing.
According to the criterion score for age guidelines, Keith should present a raw score CELF-P2 equal to or greater than 49. Keith’s raw score was 63, which is above the criterion score for his age (see Figure 4.28). Based upon the preliteracy rating scale completed by Keith’s mother, the score reported presented Keith as a child with average emergent literacy and emergent writing abilities. SLPs would not consider Keith to have possible reading and writing difficulties.

![Keith’s preintervention reading and writing rating score.](image)

**Postintervention parent questionnaire results: Keith.** At the time of postintervention questionnaire completion, Keith was 4 years and 10 months old. In response to the DIAL-3 (Mardell-Czudnowski & Goldenberg, 1998) postintervention parent questionnaire, Keith’s mother reported the following information.

**Cognitive development.** In the area of self-help development, Keith received a raw score of 26 out of 30, and a percentile rank of 58. Keith received a higher raw score as a result of positive shifts in answer choices by his mother. Keith’s percentile increased from 8 to 58 (see Figure 4.29 and Figure 4.30). When results were analyzed, Keith presented many more self-help skills that required large-muscle and fine-motor abilities. He was now judged to be able to wash and dry his hands, brush his teeth, and dress himself. Tasks listed as concerns by the mother included buttoning, blowing and wiping his nose, putting clothes on with front and back correct, and washing his body during bath time.
Figure 4.29. Keith, parent prequestionnaire, self-help cognitive development.

Figure 4.30. Keith, parent postquestionnaire, self-help cognitive development.
In the area of social development, Keith received a raw score of 26 out of 40, and a percentile rank of 25. Keith received a slightly higher raw score, resulting in a significantly higher percentile (from the 16th percentile to the 25th percentile; see Figure 4.31 and Figure 4.32). Again, age and positive shifts of answer choices by his mother resulted in slightly higher scores. When results were analyzed, positive shifts included sticking to one activity, admitting mistakes, and asking permission to use something that belongs to someone else.

*Figure 4.31. Keith, parent prequestionnaire, social development.*
Figure 4.32. Keith, parent postquestionnaire, social development.

In the area of overall development, Keith’s mother reported that was doing “ok” in all areas. The postquestionnaire results presented a positive shift with the inclusion of thinking and understanding, hearing, language, and general development as shifting away from “a little worried” to “ok” (see Figure 4.33 and Figure 4.34).
Expressive and receptive language repertoire. Again, an informal checklist was given to parents to complete that asked seven questions about academic development.
Keith’s mother completed the questionnaire after Keith participated in the 16-week blended therapy intervention. Keith’s mother reported a positive shift in response to one question and a negative shift in response to another question (see Figure 4.35 and Figure 4.36). A positive shift occurred around the question of name writing. Keith’s mother reported that he was sometimes able to print his name. A negative shift occurred around the question “Does your child ask to be read to?” She reported a change from “often” to “sometimes.”

**Figure 4.35.** Keith, parent prequestionnaire, expressive and receptive language.

<table>
<thead>
<tr>
<th>Academic Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please mark one of the following for each question:</td>
</tr>
<tr>
<td>1. Does your child like to look at books?</td>
</tr>
<tr>
<td>2. Does your child ask to be read to?</td>
</tr>
<tr>
<td>3. Does your child ask questions as you read to him or her?</td>
</tr>
<tr>
<td>4. Does your child tell you stories about experiences, people, objects, or events?</td>
</tr>
<tr>
<td>5. Can your child print his or her name?</td>
</tr>
<tr>
<td>6. Can your child follow a one-step direction when asked?</td>
</tr>
<tr>
<td>7. Does your child ask how and why questions about something he or she finds interesting?</td>
</tr>
</tbody>
</table>

**Figure 4.36.** Keith, parent postquestionnaire, expressive and receptive language.
Emergent literacy. Keith’s mother completed the CELF-P2 (Wiig et al., 2004) parent questionnaire again at the conclusion of the 16-week blended therapy intervention sessions. In the area of emergent literacy skills, Keith’s strengths were impressive. His mother reported positive shifts in recognizing common logos, understanding a group of letters form a word, recalling and sequencing a story, identifying and naming five numbers, providing the sound for a given letter, and combining letters to make words (see Figure 4.37 and Figure 4.38).

**Emergent Reading Skills**

<table>
<thead>
<tr>
<th>The child</th>
<th>Never</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
<th>ALWAYS</th>
<th>NOT A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. holds a book right side up</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>2. turns the pages in books one at a time in front-to-back order</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>3. can point to a picture when an adult names it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>4. recognizes common logos in community (e.g., fast food logos, restroom signs, or a stop sign)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>5. understands that a group of letters forms a word</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>6. can tell what happened first, next, and last in a familiar story (recalls a sequence of events)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>7. identifies and names 5 or more printed numbers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>8. identifies and names 5 or more letters of the alphabet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>9. recognizes own printed name and familiar printed words (e.g., “dad,” “mom,” “dog,” or “cat”)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>10. says the sound that 5 or more familiar letters make (e.g., when asked what sound an “s” makes, the child says “s-s-s”)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>11. joins 2 letters to make a syllable or word (e.g., combining “a” and “i” to say “ai”)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>12. joins 3 letters to make a syllable or word (e.g., combining “e,” “a,” and “i” to say “cat”)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
</tbody>
</table>

*Figure 4.37. Keith, parent prequestionnaire, emergent reading.*
Figure 4.38. Keith, parent postquestionnaire, emergent reading.

In the area of emergent writing skills, Keith’s strengths were again impressive. His mother reported positive shifts in all areas (see Figure 4.39 and Figure 4.40). He showed strengths with imitating writing, copying, drawing, and writing within the space provided. She reported that Keith produced recognizable drawings, copied and wrote his name, copied and wrote the numerals 1 through 5, copied and wrote single letters correctly, wrote most letters accurately, wrote on printed lines, copied short words accurately, and would now attempt to self-correct errors when copying. Improvement was noted with left-to-right directionality, and there was significant improvement in spacing between letters or words.
Emergent Writing Skills
The child appropriately

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 13. writes, draws, and/or scribbles to imitate writing | 1 | 2 | 3 | 4
| 14. copies circles and squares | 1 | 2 | 3 | 4
| 15. writes and/or scribbles from the left to the right side of a page | 1 | 2 | 3 | 4
| 16. draws and/or writes within the space provided | 1 | 2 | 3 | 4
| 17. produces recognizable simple drawings | 1 | 2 | 3 | 4
| 18. copies and/or writes own name accurately | 1 | 2 | 3 | 4
| 19. copies and/or writes numbers from 1–5 accurately | 1 | 2 | 3 | 4
| 20. copies and/or writes 5 or more single letters accurately | 1 | 2 | 3 | 4
| 21. writes most letters accurately | 1 | 2 | 3 | 4
| 22. uses correct spacing between letters or words (letters are not written on top of or joined to other letters) | 1 | 2 | 3 | 4
| 23. writes on printed lines when provided | 1 | 2 | 3 | 4
| 24. copies short words from the board accurately (e.g., "go," "dog") | 1 | 2 | 3 | 4
| 25. does not reverse letters or numbers (e.g., writes "d," "b," or "5" in the correct direction) | 1 | 2 | 3 | 4
| 26. self-corrects errors if letters or numbers are copied incorrectly | 1 | 2 | 3 | 4

Figure 4.39. Keith, parent prequestionnaire, emergent writing.

Emergent Writing Skills
The child appropriately

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 13. writes, draws, and/or scribbles to imitate writing | 1 | 2 | 3 | 4
| 14. copies circles and squares | 1 | 2 | 3 | 4
| 15. writes and/or scribbles from the left to the right side of a page | 1 | 2 | 3 | 4
| 16. draws and/or writes within the space provided | 1 | 2 | 3 | 4
| 17. produces recognizable simple drawings | 1 | 2 | 3 | 4
| 18. copies and/or writes own name accurately | 1 | 2 | 3 | 4
| 19. copies and/or writes numbers from 1–5 accurately | 1 | 2 | 3 | 4
| 20. copies and/or writes 5 or more single letters accurately | 1 | 2 | 3 | 4
| 21. writes most letters accurately | 1 | 2 | 3 | 4
| 22. uses correct spacing between letters or words (letters are not written on top of or joined to other letters) | 1 | 2 | 3 | 4
| 23. writes on printed lines when provided | 1 | 2 | 3 | 4
| 24. copies short words from the board accurately (e.g., "go", "dog") | 1 | 2 | 3 | 4
| 25. does not reverse letters or numbers (e.g., writes "d", "b", or "5" in the correct direction) | 1 | 2 | 3 | 4
| 26. self-corrects errors if letters or numbers are copied incorrectly | 1 | 2 | 3 | 4

Figure 4.40. Keith, parent postquestionnaire, emergent writing.

According to the criterion score for age guidelines, Keith should present a raw CELF-P2 score equal to or greater than 56. Keith's raw score was 86, well above the criterion score for his age (see Figure 4.41 and Figure 4.42). Based on the preliteracy
rating scale completed by Keith’s mother, the score reported presented Keith as having average emergent-literacy and emergent-writing abilities. SLPs would not consider Keith to have possible reading and writing difficulties.

Figure 4.41. Keith’s preintervention reading and writing rating score.

Figure 4.42. Keith’s postintervention reading and writing rating score.

Preintervention parent questionnaire results: Townsley. In response to the DIAL-3 (Mardell-Czudnowski and Goldenberg, 1998) preevaluation parent questionnaire, Townsley’s mother was asked to place a check in the box that best described her child for each requested task. Townsley’s mother completed the DIAL-3 questionnaire prior to Townsley’s participation in the blended therapy group. At the time of completion Townsley was 3 years and 6 months old. Townsley’s mother reported the following information.

Cognitive development. In the area of self-help development, Townsley received a raw score of 23 out of 30, and a percentile rank of 55 (see Figure 4.43). When results were analyzed, Townsley presented many self-help skills that required large-muscle and fine-motor abilities. He was able to button, brush his hair, and wash his hands and body. Tasks listed as concerns by the mother included unscrewing the lids of jars and bottles, putting shoes on the correct feet, and completely dressing himself.
In the area of social development, Townsley received a raw score of 30 out of 40, and a percentile rank of 63 (see Figure 4.44). When results were analyzed, Townsley was judged to be fluent in many social development tasks. He was reported by his mother to play with toys without breaking them, working until a task was completed, being well liked by his peers, doing what he is asked to do, liking to be around people, admitting mistakes, and smiling or laughing when something is funny. Areas of concern included sticking with one activity for 15 minutes, accepting limits, turn-taking skills, stopping an activity when asked, waiting for his turn, overreacting to situations, using words rather than physical actions to solve problems, describing feeling of others, waiting to hear the
entire question before answering, and asking permission to use something that belongs to someone else.

Figure 4.44. Townsley, parent prequestionnaire, social development.

In the area of overall development, his mother reported that Townsley was performing “ok” in seven of the nine listed areas: general development, health, motor skills, self-help skills, social skills, vision, and hearing (see Figure 4.45). She stated she was “a little worried” about two of the listed areas: understanding and thinking skills and language skills. Townsley’s mother wrote the following response to the open-ended question “Please describe any other specific worries you have about your child”: “I am concerned with his Speech and ability to wait and answer.”
Expressive and receptive language repertoire. Parents were asked to complete an informal checklist that asked seven questions about academic development with respect to expressive and receptive language strengths in relation to academic success.

Townsley’s mother reported the following information.

Townsley’s mother noted some concerns with requesting to be read to, asking questions when he is read to, and writing his name (see Figure 4.46). Townsley was identified by checklist analysis as a child who told stories about experiences, people, objects, or events (which requires a command of narrative structure, including semantic and syntax understandings, as well as vocabulary usage in order to be understood by a listener). Townsley was identified as receptively understanding language commands and
as displaying higher-level thinking about and understanding of concepts of interest by asking “how” and “why” questions.

<table>
<thead>
<tr>
<th>Academic Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please mark one of the following for each question:</td>
</tr>
<tr>
<td>1. Does your child like to look at books?</td>
</tr>
<tr>
<td>2. Does your child ask to be read to?</td>
</tr>
<tr>
<td>3. Does your child ask questions as you read to him or her?</td>
</tr>
<tr>
<td>4. Does your child tell you stories about experiences, people, objects, or events?</td>
</tr>
<tr>
<td>5. Can your child print his or her name?</td>
</tr>
<tr>
<td>6. Can your child follow a one-step direction when asked?</td>
</tr>
<tr>
<td>7. Does your child ask how and why questions about something he or she finds interesting?</td>
</tr>
</tbody>
</table>

Figure 4.46. Townsley, parent prequestionnaire, expressive and receptive language.

Emergent literacy. Prior to Townsley’s participation in the blended therapy group, Townsley’s mother also completed the CELF-P2 (Wiig et al., 2004) Pre-Literacy Scale parent questionnaire, which asked questions about emergent reading skills and emergent writing skills. In the area of emergent literacy skills, Townsley’s strengths included book-handling skills, turning the pages of a book one at a time, and recognizing common logos in the community (see Figure 4.47). His mother reported concerns with nine of the 12 questions asked: pointing to a picture when named by an adult, understanding that letters form words, sequencing story events, identifying and naming five numbers and letters, recognizing his own printed name and familiar printed words, saying the sounds for five or more letters, and joining letters to make words.
In the area of emergent writing skills, Townsley’s mother reported three Level 4 (“always”) responses to 14 questions (see Figure 4.48). Areas of strength for Townsley included scribbling to imitate writing, scribbling from left to right, and drawing and writing in the space provided. His mother reported concerns with the following areas: copying, writing his name, writing numbers, writing/copying letters, using correct spacing between letters and words, letter and number reversals, and self-correcting his writing. In response to the open-ended question “Please list any other concerns or additional observations,” Townsley’s mother wrote, “I am concern about his attention during speech lessons given.”
The CELF-P2 Pre-Literacy Rating Scale is a normed questionnaire. According to the criterion score for age guidelines, Townsley should present a raw score equal to or greater than 46. Townsley’s raw score was 61, which was above the criterion score for his age (see Figure 4.49). The score reported presented Townsley as a child with average emergent literacy and emergent writing abilities. SLPs would not consider Townsley to have possible reading and writing difficulties.

Figure 4.49. Townsley, preintervention reading and writing rating score.

Postintervention parent questionnaire results: Townsley. Parent questionnaires were completed at the conclusion of the 16-week blended therapy
intervention. At the time of postquestionnaire completion, Townsley was 3 years and 10 months old. In response to the DIAL-3 (Mardell-Czudnowski & Goldenberg, 1998) postevaluation parent questionnaire, Townsley’s mother reported the following information.

**Cognitive development.** In the area of self-help development, Townsley received a raw score of 22 out of 30, and a percentile rank of 40. Townsley received a lower raw score as a result of negative shifts of answer choices by his mother as well as his increase in age. Townsley’s percentile decreased from 55 to 40 (see Figure 4.50 and Figure 4.51). When the results were analyzed, Townsley presented as needing more assistance with previously determined independent tasks. Shifts in data included putting on clothes with front and back correct, using the toilet, brushing his hair, and washing his body during bath time.
Figure 4.50. Townsley, parent prequestionnaire, self-help cognitive development.
In the area of social development, Townsley received a raw score of 30 out of 40, and a percentile rank of 60. Townsley received the same raw score on the preintervention and postintervention questionnaires (see Figure 4.52 and Figure 4.53). However, because of his age, Townsley’s percentile dropped slightly, from 63 to 60. When results were analyzed, positive shifts were noted in turn-taking skills, waiting for his turn, using words to settle problems, describing other feelings, and waiting to hear the entire question before speaking.
Figure 4.52. Townsley, parent prequestionnaire, social development.

<table>
<thead>
<tr>
<th>Feeling or Behavior</th>
<th>Always or almost always</th>
<th>Sometimes or partially</th>
<th>Never or almost never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sticks to one activity (listens to a story, does coloring) for at least 15 minutes at a time.</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2. Accepts limits without getting upset.</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>3. Plays with toys without breaking them.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. Plays well with other children (takes turns, shares).</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Stops an activity when parents say to do so.</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>6. Keeps working at something until it is finished.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7. Is well liked by other children.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8. Does what parents ask him or her to do.</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>9. Waits his or her turn in games.</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10. Over-reacts or has temper tantrums.</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Social Raw Score (max = 30)

---

Figure 4.53. Townsley, parent postquestionnaire, social development.

<table>
<thead>
<tr>
<th>Feeling or Behavior</th>
<th>Always or almost always</th>
<th>Sometimes or partially</th>
<th>Never or almost never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sticks to one activity (listens to a story, does coloring) for at least 15 minutes at a time.</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Accepts limits without getting upset.</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>3. Plays with toys without breaking them.</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>4. Plays well with other children (takes turns, shares).</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>5. Stops an activity when parents say to do so.</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>6. Keeps working at something until it is finished.</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>7. Is well liked by other children.</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>8. Does what parents ask him or her to do.</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>9. Waits his or her turn in games.</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>10. Over-reacts or has temper tantrums.</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

Social Raw Score (max = 30)
In the area of overall development, Townsley’s mother reported that Townsley was performing “ok” in all areas except language and motor skills. Two concerns, understanding and thinking skills and language skills, were noted on the preintervention questionnaire, and two concerns, motor skills and language skills, were noted on the postintervention questionnaire (see Figure 4.54 and Figure 4.55).

**Figure 4.54.** Townsley, parent prequestionnaire, overall cognitive development.
Expressive and receptive language repertoire. Again, an informal checklist was given to parents to complete that asked seven questions about their child’s academic development with respect to expressive and receptive language strengths in relation to academic success. Townsley’s mother completed the questionnaire after he participated in the 16-week blended therapy intervention. As identified by the completed checklist, Townsley’s mother reported a negative shift in response to three of the seven questions (see Figure 4.56 and Figure 4.57). She reported that he would sometimes like to look at books. She stated that he rarely asked questions when being read to. Another shift occurred with the telling of stories: Townsley shifted from “often” to “sometimes.” There was no shift in response to the question about name writing: his mother again checked “never.”
Emergent literacy. Townsley’s mother completed the CELF-P2 (Wiig et al., 2004) Pre-Literacy Scale parent questionnaire again, at the conclusion of the 16-week blended-therapy intervention sessions.

In the area of emergent literacy skills, Townsley’s mother reported a positive shift in understanding that letters form words (see Figure 4.58 and Figure 4.59). Her responses also reflected several shifts from “always” to “often” for three of the tasks.
### Emergent Reading Skills

**The child**

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Some</th>
<th>Often</th>
<th>Always</th>
<th>Not Appropriate (usually or other reason)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. holds a book right side up</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>2. turns the pages in books one at a time in front-to-back order</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>3. can point to a picture when an adult names it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>4. recognizes common logos in community (e.g., fast food logos, restroom signs, or a stop sign)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>5. understands that a group of letters forms a word</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>6. can tell what happened first, next, and last in a familiar story (recalls a sequence of events)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>7. identifies and names 5 or more printed numbers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>8. identifies and names 5 or more letters of the alphabet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>9. recognizes own printed name and familiar printed words (e.g., “dad,” “mom,” “dog,” or “cat”)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>10. says the sound that 5 or more familiar letters make (e.g., when asked what sound an “s” makes, the child says “s-s-s”)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>11. joins 2 letters to make a syllable or word (e.g., combining “a” and “t” to say “at”)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>12. joins 3 letters to make a syllable or word (e.g., combining “c,” “a,” and “t” to say “cat”)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Figure 4.58.** Townsley, parent prequestionnaire, emergent reading.

In the area of emergent writing skills, Townsley’s mother noted five positive shifts: writing his name, writing numbers, writing letters, copying short words, and fewer reversals (see Figure 4.60 and Figure 4.61). She did not provide any Level 4 (“always”) responses on the postquestionnaire, whereas she had provided three Level 4 responses on the prequestionnaire.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Some</th>
<th>Often</th>
<th>Always</th>
<th>Not Appropriate (usually or other reason)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. holds a book right side up</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>2. turns the pages in books one at a time in front-to-back order</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>3. can point to a picture when an adult names it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>4. recognizes common logos in community (e.g., fast food logos, restroom signs, or a stop sign)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>5. understands that a group of letters forms a word</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>6. can tell what happened first, next, and last in a familiar story (recalls a sequence of events)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>7. identifies and names 5 or more printed numbers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>8. identifies and names 5 or more letters of the alphabet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>9. recognizes own printed name and familiar printed words (e.g., “dad,” “mom,” “dog,” or “cat”)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>10. says the sound that 5 or more familiar letters make (e.g., when asked what sound an “s” makes, the child says “s-s-s”)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>11. joins 2 letters to make a syllable or word (e.g., combining “a” and “t” to say “at”)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>12. joins 3 letters to make a syllable or word (e.g., combining “c,” “a,” and “t” to say “cat”)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
</tbody>
</table>
According to the criterion score for age guidelines, Townsley should present a raw score greater than or equal to 46 for the CELF-P2. Townsley’s raw score was 51, which is above the criterion score for his age (see Figure 4.62 and Figure 4.63). Based on the preliteracy rating scale completed by Townsley’s mother, the score reported presented Townsley as a child with average emergent literacy and emergent writing abilities.
Townsley would not be considered by SLPs to have possible reading and writing difficulties.

![Figure 4.62](image1.png)

**Figure 4.62.** Townsley’s preintervention reading and writing rating score.

![Figure 4.63](image2.png)

**Figure 4.63.** Townsley’s postintervention reading and writing rating score.

**Research Question 2: Cognitive, Language, and Literacy Tools of Traditional Therapy**

Research Question 2 was, “What cognitive, expressive, and receptive language repertoire and emergent literacy tools do three comparison children exhibit and acquire after 16 weeks of traditional speech and language services within a private clinical setting?”

The DIAL-3 (Mardell-Czudnowski & Goldenberg, 1998) screening instrument was used to determine the cognitive tools that participants in this study exhibited after 16 weeks of traditional language therapy. The DIAL-3 was designed to identify young children’s developmental needs and strengths. Its overall purpose is to guide effective services for the benefit of young children and is used by public school systems to assess children between the ages of 3 years (3.0) and 6 years, 11 months (6.11). The screening consists of three categories: motor, concepts, and language. For the purposes of this study, the concept category was administered in order to report the cognitive scores of the
traditional group of preschoolers. Cognitive tasks included naming and identifying body parts and colors, counting blocks, sorting shapes, identifying concepts in a triad of pictures, and a unique assessment tool of automatic naming of colors.

Calvin. Calvin, a white male who was 4 years and 3 months of age at the time of the study, had been receiving speech and language services for 2 years.

DIAL-3. Calvin was administered the concepts category of the DIAL-3 assessment in order to provide a snapshot of his cognitive tools after 16 weeks of traditional language therapy. Areas of strength were found in color naming, rapid color naming, comparative and superlative concepts, shape sorting, and shape identifying (see Figure 4.64). Calvin showed some difficulty with body parts, meaningful counting (processing number request and collecting that amount of items to give to the evaluator / number sense), and prepositions. Calvin earned a raw score of 22 and a percentile rank of 93. The scores were considered above average for his age.
In order to determine his expressive and receptive language tools after 16 weeks of traditional language therapy, Calvin was administered the CELF-P2 (Wiig et al., 2004). Administration of three core subtests of the CELF-P2 are required in order to determine a core language standard score (sentence structure, word structure, and expressive vocabulary). The core language standard score was considered to be the most representative measure of Calvin’s language skills and provided a reliable way to quantify his overall language performance. The core language standard score has a mean of 100 and a standard deviation of 15. A score of 100 on the scale represents the performance of the typical language user of a given age. Calvin received a core language
standard score of 116 and a percentile rank of 86 (see Figure 4.65). In the area of language, Calvin was identified as above average, as his language score was one standard deviation above the mean.

*Figure 4.65. Calvin’s CELF-P2 expressive and receptive language scores.*

**Dominie Show Me Book Concepts of Written Language.** In order to determine emergent literacy tools after 16 weeks of traditional language therapy, Calvin was
administered the Dominie Show Me Book Concepts of Written Language Assessment (DeFord, 2004). Calvin scored a stanine of 1 (see Figure 4.66).

<table>
<thead>
<tr>
<th>Stanines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beginning of Year</strong></td>
</tr>
<tr>
<td><strong>Show Me</strong></td>
</tr>
</tbody>
</table>

*Figure 4.66. Calvin’s Dominie Show Me Book Concepts of Written Language stanine.*

Within the Show Me Book, one task asks the child to write his or her first and last name. A rubric, ranging from 1 to 4 points, with 4 the highest score, was developed to score name-writing responses. Calvin scored a 1 based on the name-writing rubric. He presented one letter and letterlike shapes (see Figure 4.67).

*Figure 4.67. Calvin, name-writing sample. Calvin’s first name contains nonlinear circles. His last name contains a “B.”*

Matthew. Matthew, a white male who was 4 years and 3 months of age at the time of the study, had been receiving speech and language services for 2 years.
**DIAL-3.** Matthew was administered the concepts category of the DIAL-3 assessment in order to provide a snapshot of cognitive tools after 16 weeks of traditional language therapy. Areas of strength were found in the naming of colors, rapid color naming, number sense, comparatives and superlatives, and shape naming and sorting (see Figure 4.68). Matthew showed some difficulty with body parts, rote counting, and prepositions. Matthew earned a raw score of 20 and percentile rank of 85. The scores listed were considered above average for his age.

![Figure 4.68. Matthew’s DIAL-3 cognitive score.](image)

**CELF-P2 results.** In order to determine his expressive and receptive language repertoire tools after 16 weeks of traditional language therapy, Matthew was administered
the CELF-P2. Mathew received a core language standard score of 114 and a percentile rank of 82 (see Figure 4.69). In the area of language, Mathew was identified as above average, as his language score was one standard deviation above the mean.

<table>
<thead>
<tr>
<th>Subtest Scaled Score</th>
<th>Core Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sentence Structure</td>
<td>14</td>
</tr>
<tr>
<td>Word Structure</td>
<td>20</td>
</tr>
<tr>
<td>Expressive Vocabulary</td>
<td>37</td>
</tr>
<tr>
<td>Concepts &amp; Following Directions</td>
<td>14</td>
</tr>
<tr>
<td>Recalling Sentences</td>
<td>13</td>
</tr>
<tr>
<td>Basic Concepts</td>
<td>BC</td>
</tr>
<tr>
<td>Word Classes–Receptive</td>
<td>WC–R</td>
</tr>
<tr>
<td>Word Classes–Total</td>
<td>WC–T</td>
</tr>
</tbody>
</table>

**Core Language Score and Indexes**

| Sum of Subtest Scaled Scores  | 37           |
| Standard Score               | 114          |
| Standard Score Points +/-    | to           |
| Percentage Interval (%)      | 82           |

*See Appendix C in Examiner's Manual.

**Composite Score Chart**

**Discrepancy Comparisons**

Receptive–Expressive Language Index

Language Content–Structure Index

*See Tables 3.5–3.6.

Notes:

CELF = SS
DML = 2
Dial = 3
Raw

Figure 4.69. Matthew’s CELF-P2 expressive and receptive language score.
**Dominie Show Me Book Concepts of Written Language.** In order to determine his emergent literacy tools after 16 weeks of traditional language therapy, Matthew was administered the Dominie Show Me Book Concepts of Written Language Assessment. Matthew scored a stanine of 2 (see Figure 4.70).

| Stanines
| Beginning of Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|-------------------|----------------|---|---|---|---|---|---|---|---|---|
| Show Me           | 0-2            | 3-4| 5-7| 8 | 9-10| 11-12| 13 | 14 | 15-17 |

*Figure 4.70. Matthew’s Dominie Show Me Book Concepts of Written Language stanine.*

For the Show Me Book task in which a child is asked to write his or her first and last name, Matthew scored a 2 out of 4 points. Some, but not all, letters in the first and last name were presented (see Figure 4.71).

*Figure 4.71. Matthew’s name-writing sample. Matthew’s first name contains “h” and “t.” His last name contains “B.” Notice how writing is positioned on the far right side of the page which correlates to his incorrect answer to the question, “Where do you begin reading on this page?”*

**Ella.** Ella, a white female who was 4 years and 8 months old at the time of this study, had been receiving speech and language services since she was 9 months of age.
**DIAL-3.** Ella was administered the concepts category of the DIAL-3 assessment in order to provide a snapshot of her cognitive tools after 16 weeks of traditional language therapy (see Figure 4.72). Areas of strength were naming of colors, rapid color naming, and shape naming. Ella showed some difficulty with body parts, rote counting to 20, number sense, prepositions, concepts, and shape sorting. Ella scored a raw score of 15 and percentile rank of 33. The scores listed were considered average for her age.

![Figure 4.72. Ella’s DIAL-3 cognitive score.](image)

**CELF-P2.** In order to determine her expressive and receptive language repertoire tools after sixteen weeks of traditional language therapy, Ella was administered the
CELF-P2. Ella received a core language standard score of 96 and a percentile rank of 39 (see Figure 4.73). In the area of language, Ella was identified as average.

Figure 4.73. Ella’s CELF-P2 expressive and receptive language score.

Dominie Show Me Book Concepts of Written Language. In order to determine her emergent literacy tools after 16 weeks of traditional language therapy, Ella was
administered the Dominie Show Me Book Concepts of Written Language Assessment.

Ella scored a stanine of 3 (see Figure 4.74).

<table>
<thead>
<tr>
<th>Stanines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beginning of Year</strong></td>
</tr>
<tr>
<td><strong>Show Me</strong></td>
</tr>
</tbody>
</table>

*Figure 4.74. Ella’s Dominie Show Me Book Concepts of Written Language score.*

For the Show Me Book task in which a child is asked to write his or her first and last name, Ella scored 3 out of 4 points. Spelling and letter formation of her first name was presented (see Figure 4.75).

*Figure 4.75. Ella’s name-writing sample. Ella writes her first name correctly and includes all letters. Her last name contains the letter “a.”*

**Research Question 3: Cognitive, Language, and Literacy Growth**

Research Question 3 was, “By combining individualized language needs and emergent literacy practices in a small group therapy setting, what are the patterns
exhibited in cognitive tools, expressive and receptive language repertoire, and emergent literacy growth before and after 16 weeks of service with three case-study children?”

Kendrell. After having participated in 16 weeks of a blended language therapy approach, Kendrell was once again administered three batteries of assessments that evaluated his cognitive, language, and emergent literacy growth. Kendrell was 5 years and 7 months old at the time postassessments were completed.

DIAL-3. At the time of the preassessment, Kendrell was 5 years and 3 months old. He was administered the concepts category of the DIAL-3 assessment in order to provide a snapshot of his cognitive strengths before taking part in the blended language-therapy intervention. Areas of strength were found in the naming of colors, rapid color naming, rote counting to 20 and number sense, prepositions, and shape naming and sorting (see Figure 4.76). Kendrell showed some difficulty with body parts, and concepts that required -er, -est, understanding. Kendrell scored a raw score of 24 and a percentile rank of 86. The pretest scores listed were considered high average (+1SD above the mean) for his age.

The DIAL-3 was administered again after 16 weeks of the blended language intervention. Kendrell showed improvement in all areas previously listed as areas of difficulty which included an improvement with the naming of body parts, and concepts which required -er, -est understanding. Kendrell scored a raw score of 26 and percentile rank of 92. The scores listed were considered high average (+1SD above the mean) for his age.
**Figure 4.76.** Kendrell’s before-and-after DIAL-3 cognitive scores.

**CELF-P2.** In order to determine his expressive and receptive language repertoire tools before the blended language-therapy intervention, Kendrell was administered the CELF-P2. Kendrell received a core language standard score of 86 and a percentile rank of 18 (see Figure 4.77). In the area of language, Kendrell was identified as low average. Based on a careful analysis of each individual subtest administered to determine the core language score, Kendrell presented the lowest scaled score (ss) in the area of word structure (ss = 6), closely followed by vocabulary (ss = 9) and sentence structure (ss = 9).

The Word Structure subtest is used to evaluate a child’s knowledge of grammatical rules in a sentence-completion task. Kendrell was asked to complete a sentence that pertained to an illustration using the targeted word structures. Information from this subtest is designed to determine how Kendrell is acquiring the morphological rules of Standard English. This subtest has mean of 10 and a standard deviation of 3.
After 16 weeks of the blended language-therapy approach, Kendrell was again administered the CELF-P2. This time, Kendrell received a core language standard score of 96 and a percentile rank of 39. In the area of language, Kendrell was identified as above average. He presented the lowest scaled score (ss) in the area of sentence structure (ss = 7), followed by word structure (ss = 9) and vocabulary (ss = 12), the highest area of growth. The Sentence Structure subtest is used to evaluate the ability to interpret spoken sentences of increasing length and complexity. For this subtest, Kendrell was asked to point to the picture that illustrated a given sentence. This subtest informs the test administrator about how the child understands/processes spoken sentences. The mean for this subtest is 10 and the standard deviation is 3.
**Dominie Show Me Book Concepts of Written Language.** In order to determine his emergent literacy tools and understandings prior to participation in the blended therapy session, Kendrell was administered the Dominie Show Me Book Concepts of Written Language Assessment. He scored a stanine of 5 (see Figure 4.78). In order to determine his emergent literacy growth after the intervention, Kendrell was administered the Dominie Show Me Book Concepts of Written Language Assessment. Kendrell scored a stanine of 9, a perfect score.

![Stanines Table]

*Figure 4.78. Kendrell’s before-and-after Dominie Show Me Book Concepts of Written Language stanines.*

For the Show Me Book task in which the child is asked to write his or her first and last name, Kendrell scored a perfect score of 4 out of 4 on both the pre- and postassessment. He presented accurate spelling and letter formation in both first name and last name (see Figure 4.79).
Keith. After participating in the 16-week blended language-therapy approach, Keith was once again administered three batteries of assessments that gauged his cognitive, language, and emergent literacy growth. Keith was 4 years and 10 months old at the time postassessments were completed.

DIAL-3. At the time of the preassessment, Keith was 4 years and 6 months old. He was administered the concepts category of the DIAL-3 assessment in order to provide a snapshot of his cognitive strengths before the intervention. Areas of strength were found in the naming of colors, rapid color naming, and shape naming and sorting. Keith showed some difficulty with body parts, rote counting to 20, number sense, prepositions, and concepts that required -er, -est understanding. Keith scored a raw score of 20 and percentile rank of 77. The scores listed were considered average for his age.

The DIAL-3 was administered again after 16 weeks of blended language therapy. Keith showed improvement in all areas including the naming of body parts, rote counting, number sense, prepositions, and concepts that required -er, -est understanding (see Figure 4.80). Keith scored a raw score of 25 and percentile rank of 95. The scores reported are considered above average (+2SD above the mean) for his age.
In order to determine his expressive and receptive language repertoire tools before the 16-week blended language-therapy approach, Keith was administered the CELF-P2. Keith received a core language standard score of 88 and a percentile rank of 21. In the area of language, Keith was identified as low average. Careful analysis of each individual subtest administered to determine his core language score showed that Keith presented the lowest scaled score in the area of word structure (SS = 5), closely followed by sentence structure (SS = 7) and vocabulary (SS = 12). The Word Structure subtest is used to evaluate a child’s knowledge of grammatical rules in a sentence-completion task. Keith was asked to complete a sentence that pertained to an illustration using the targeted word structures. Information from this subtest was used to determine how well Keith is learning the morphological rules of Standard English. This subtest has a mean of 10 and a standard deviation of 3.
In order to determine his expressive and receptive language growth after the 16-week intervention, Keith was again administered the CELF-P2. Keith received a core language standard score of 114 and a percentile rank of 82 (see Figure 4.81). In the area of language, Keith was identified as above average. Careful analysis of each individual subtest administered revealed that Keith presented above average scaled scores (SS) in all areas. The mean for each individual subtest is 10 and the standard deviation is 3. Scaled scores were all above the mean of 10, sentence structure (SS = 13), word structure (SS = 11), and vocabulary (SS = 13).

Figure 4.81. Keith’s before-and-after CELF-P2 language scores.

**Dominie Show Me Book Concepts of Written Language.** In order to determine his emergent literacy tools prior to his participation in the blended therapy intervention,
Keith was administered the Dominie Show Me Book Concepts of Written Language Assessment. Keith scored a stanine of 1 (see Figure 4.82). In order to determine his emergent literacy growth postintervention, Keith was again administered the Dominie Show Me Book Concepts of Written Language Assessment. Keith scored a stanine of 8.

<table>
<thead>
<tr>
<th>Stanines</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of Year</td>
<td>0-2</td>
<td>3-4</td>
<td>5-7</td>
<td>8</td>
<td>9-10</td>
<td>11-12</td>
<td>13</td>
<td>14</td>
<td>15-17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stanines</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of Year</td>
<td>0-2</td>
<td>3-4</td>
<td>5-7</td>
<td>8</td>
<td>9-10</td>
<td>11-12</td>
<td>13</td>
<td>14</td>
<td>15-17</td>
</tr>
</tbody>
</table>

Figure 4.82. Keith’s Before and After Dominie Show Me Book Concepts of Written Language stanine.

For the Show Me Book task in which the child is asked to write his or her first and last name, Keith scored a 1 out of 4, which reflected his sample of one or two letters or letterlike shapes (see Figure 4.83). After 16 weeks of participating in the blended language-therapy approach, Keith was again asked to write his name, and this time he scored a 3 out of 4, with accurate spelling and letter formation of the first name.

Figure 4.83. Keith’s before-and-after name-writing sample.
**Townsley.** After participating in the 16-week blended language-therapy approach, Townsley was once again administered three batteries of assessments to gauge his cognitive, language, and emergent literacy growth. Townsley was 3 years and 10 months old at the time postassessments were completed.

**DIAL-3.** At the time of the preassessment, Townsley was 3 years and 6 months old. He was administered the concepts category of the DIAL-3 assessment in order to provide a snapshot of his cognitive strengths before taking part in the 16-week blended language-therapy approach. Areas of strength were found in the naming of body parts, prepositions, and identifying shapes. Townsley showed some difficulty with naming colors, rapid color naming, rote counting to 20, number sense, concepts that required -er, -est understanding, and shape sorting. Townsley scored a raw score of 7 and a percentile rank of 15. The scores listed were considered below average for his age.

After participating in the 16-week a blended language-therapy approach, Townsley was once again administered the DIAL-3, and his score increased (see Figure 4.84). Townsley showed improvement with the naming of body parts, colors, rote counting, number sense, concepts that required -er, -est understanding, and shape sorting. Townsley scored a raw score of 15 and a percentile rank of 66.
In order to determine Townsley’s expressive and receptive language repertoire tools before the 16-week blended language-therapy approach, I administered the CELF-P2 to Townsley. Townsley received a core language standard score of 92 and a percentile rank of 30 (see Figure 4.85). In the area of language, he was identified as low average. Careful analysis of each individual subtest administered to determine the core language score revealed that Townsley presented the lowest scaled score in the area of word structure (SS = 6), closely followed by sentence structure (SS = 10) and vocabulary (SS = 10). The Word Structure subtest is used to evaluate a child’s knowledge of grammatical rules in a sentence-completion task. Townsley was asked to complete a sentence that pertained to an illustration using the targeted word structures. Information from this subtest was designed to determine how well Townsley is learning the
morphological rules of Standard English. This subtest has mean of 10 and a standard deviation of 3.

In order to determine his expressive and receptive language growth after the blended language-therapy intervention, Townsley was again administered the CELF-P2. Townsley received a core language standard score of 96 and a percentile rank of 39. In the area of language, Townsley was identified as high average. Careful analysis of each
individual subtest administered to determine his core language score revealed that Townsley’s lowest scaled score was in the area of sentence structure (SS = 6). He earned an average SS in the area of word structure (SS = 10) and an above-average scaled score in the area of vocabulary (SS = 12). The mean for each individual subtest is 10 and the standard deviation is 3.

**Dominie Show Me Book Concepts of Written Language.** In order to determine his emergent literacy tools prior to his participation in the blended therapy approach, Townsley was administered the Dominie Show Me Book Concepts of Written Language Assessment. Townsley scored a stanine of 1 (see Figure 4.86). In order to determine his emergent literacy growth after the intervention, Townsley was again administered the Dominie Show Me Book Concepts of Written Language Assessment. This time Townsley scored a stanine of 4.

![Stanines Table](image1)

*Figure 4.86. Townsley’s before-and-after Dominie Show Me Book Concepts of Written Language stanine.*

For the Show Me Book question that asks a child to write his or her first and last name, Townsley scored a 1 out of 4 for his sample, which included one or two letters or letterlike shapes (see Figure 4.87). After 16 weeks of participating in the blended therapy...
intervention, Townsley was asked to write his name again. Townsley scored a 2 out of 4, with some letters of the first name presented.

![Image of name-writing samples]

*Figure 4.87. Townsley’s before-and-after name-writing sample.*

**Research Question 4: Growth Comparison Between Groups**

Research Question 4 was, "What cognitive, expressive and receptive language repertoire, and emergent literacy growth is exhibited by three case-study students receiving a blended therapy intervention as compared to a similar set of children receiving traditional services for speech and language difficulties at the same private clinic?"

Research Question 4 allowed for firsthand exploration into participants’ growth after 16 weeks of intervention in the areas of cognitive skills, oral language, and written language awareness / concepts about print, in order to uncover differences in intervention outcomes of those who participated in a blended language program, which worked through an emergent literacy lens, and those who participated in a traditionally based speech and language program.
**DIAL-3 results comparison.** Table 4.1 highlights the range of cognitive scores of participants from both the blended intervention group and the traditional speech and language intervention group. The DIAL-3 assessment has an average percentile of 50.

Ella, a participant in the traditional language therapy group, scored in the lowest percentile on the DIAL-3 with a score of 33. Keith, a participant in the blended language-intervention group, scored the highest percentile on the DIAL-3 with a reported score of 95.

Table 4.1. *DIAL-3 Concept Subtest Comparison*

<table>
<thead>
<tr>
<th>Group and member</th>
<th>Percentile</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kendrell</td>
<td>92</td>
<td>Above average</td>
</tr>
<tr>
<td>Keith</td>
<td>95</td>
<td>Above average</td>
</tr>
<tr>
<td>Townsley</td>
<td>66</td>
<td>Average</td>
</tr>
<tr>
<td>Traditional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calvin</td>
<td>93</td>
<td>Above average</td>
</tr>
<tr>
<td>Matthew</td>
<td>85</td>
<td>High average</td>
</tr>
<tr>
<td>Ella</td>
<td>33</td>
<td>Below average</td>
</tr>
</tbody>
</table>

**CELF-P2 results comparison.** Table 4.2 highlights the range of language scores of participants from both the blended intervention group and the traditional language intervention group. Overall, the scores reported after 16 weeks of intervention projected little difference. From a clinical perspective, it is worth noting that within the entire sample, both the traditional and case-study groups achieved a mean standard score above 85. All participants were therefore no longer classified as language impaired, regardless of which intervention they participated in. These results are encouraging in that, overall, it appears that children’s language skills improved as a result of participating in language
therapy, whether the intervention was enhanced with an emergent literacy component or not.

Table 4.2. CELF-P2 Language Comparison Scores

<table>
<thead>
<tr>
<th>Group and member</th>
<th>Standard score</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kendrell</td>
<td>96</td>
<td>Average</td>
</tr>
<tr>
<td>Keith</td>
<td>114</td>
<td>High average</td>
</tr>
<tr>
<td>Townsley</td>
<td>96</td>
<td>Average</td>
</tr>
<tr>
<td>Traditional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calvin</td>
<td>116</td>
<td>Above average</td>
</tr>
<tr>
<td>Matthew</td>
<td>114</td>
<td>High average</td>
</tr>
<tr>
<td>Ella</td>
<td>96</td>
<td>Average</td>
</tr>
</tbody>
</table>

The CELF-P2 assessment has an average standard score of 100 with a plus or minus range of 15. This results in an area of average scores ranging from low average (85) to high average (115). Ella, a participant in the traditional language therapy group, Kendrell, a participant in the blended intervention group, and Townsley, a participant in the blended intervention group presented the lowest standard scores on the CELF-P2 language assessment (96). Calvin, a participant in the traditional language intervention group, scored the highest standard score (116), followed by Calvin, another participant in the traditional group (114), and Keith, a participant in the blended language intervention group (114). All preschoolers scored average or above in the area of language.

Comparison of Dominie Show Me Book Concepts of Written Language results. Table 4.3 highlights the range of the Dominie Show Me Book Concepts of Written Language assessment and name-writing stanines of participants from both the blended intervention group and the traditional language intervention group. Overall, the
stanine reported after 16 weeks of intervention projected a large difference. In the area of concepts about print, the highest stanine was 9. In the area of name writing, the highest stanine was 4. Kendrell, Keith, and Townsley, all participants in the blended intervention group, scored higher than all participants in the traditional language intervention group. It should be noted that Townsley, who was 3 years and 10 months old at the time of the postassessment, scored higher on print concepts than all traditional group participants. Traditional group participants’ ages ranged from 4 years and 3 months to 4 years and 8 months.

Table 4.3. *Dominie Show Me Book Concepts of Written Language Comparison Stanines and Name-Writing Rubric Points*

<table>
<thead>
<tr>
<th>Group and member</th>
<th>Stanine</th>
<th>Name-writing rubric points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kendrell</td>
<td>9/9</td>
<td>4/4</td>
</tr>
<tr>
<td>Keith</td>
<td>8/9</td>
<td>3/4</td>
</tr>
<tr>
<td>Townsley</td>
<td>4/9</td>
<td>2/4</td>
</tr>
<tr>
<td>Traditional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calvin</td>
<td>1/9</td>
<td>1/4</td>
</tr>
<tr>
<td>Matthew</td>
<td>2/9</td>
<td>2/4</td>
</tr>
<tr>
<td>Ella</td>
<td>3/9</td>
<td>3/4</td>
</tr>
</tbody>
</table>

Research Question 5: Blended Therapy Methods

Research Question 5 was, “What language and emergent literacy methods emerge from implementing a blended approach to therapy that promotes cognitive, expressive and receptive language, and literacy development in three-case study children?”

After quantitatively documenting that the experimental intervention had a positive impact on emergent literacy and expressive and receptive language skills for preschoolers
who participated in the blended language and literacy group, it was important to investigate the instructional strategies that posed a clinical significance. In carefully analyzing lesson plans, preschooler responses, assessment data, parent responses, and the responses of the other practicing SLPs at the clinic, I was able to code data into seven categories. This question asks for the presentation of the seven categories of emergent literacy and language methodology that emerged in this study.

**Cooperative reading.** Cooperative reading was used during each therapy session. Cooperative reading in this study was used as a broad term that encompassed various forms and manners of reading. The therapist and preschoolers would engage in read alouds, shared reading, and therapist-planned independent reading that encouraged the exploration of text. This instructional method developed concepts about print and familiarized students with features of text and genre frameworks. This type of reading allowed the therapist to model the use of “think alouds” and narrative language construction to explore literate language and reading comprehension strategies such as decoding, predicting, questioning, and confirming.

Cooperative reading also provided time in the therapy lesson for genre discussions. Not only were children encouraged to think about real and fantasy situations but they were also encouraged to question and comment on text features and text frameworks. Encouraging questioning of text and text curiosity was viewed as assisting the development of the emerging critical literacy eye. Children were taught to read for a purpose and to question why the author wrote stories. Books that contained interesting language patterns that imparted a sense of the cadence of written language, such as rhyme
sequences and alliteration, were purposefully selected for cooperative reading activities throughout this study.

**Systematically analyzing conceptions about print.** Systematically analyzing conceptions about print was part of every therapy session. Conceptions of print in this study were used to describe the understanding children have of print vocabulary and print conventions. The conceptions in this study accepted all standards and practices needed for interacting with printed materials. Strategies to foster growth in this area focused on book-handling experiences that highlighted the left-to-right orientation of English print, and the front-to-back directionality of book reading (for example, asking “Show me where I should start reading”). Intentionally selecting different forms of writing (for example, a letter versus a recipe) to share and read; systematically noting the spaces between words by pointing them out and talking about them; distinguishing between a letter, a word, and a sentence; and noting punctuation in printed materials and its influence on how we read statements, questions, and exclamations.

Unlike other areas of assessment discussed, the area of print concepts and name writing presented the largest discrepancy in reported scores. Why is this important? Emergent literacy knowledge differs vastly across individual children, with skill levels mediated by experiential and developmental characteristics of the child (Chaney, 1992; Goodman, 1986; Mason, 1980). Word awareness in written language contexts is a necessary competence for beginning reading development, since the concept of word finger-pointing tasks and tracking print is a key element of early reading instruction (Invernizzi, Justice, Landrum & Booker, 2004; Clay, 1979).
When children first encounter print, they are not aware that the symbols on the page represent spoken language or that they convey meaning. The term “concepts about print” refers to awareness of how language is conveyed in print. These concepts include directionality, differences between letters and words, awareness of capitalization and punctuation, and common characteristics of books. Print concepts including print forms, print conventions, and book conventions are skills that provide contextual frameworks for interpreting printed information (van Kleeck & Stahl, 2003; Clay, 1993).

Knowledge of print forms is the understanding that print units can be named and differentiated (“k” is a letter; “2” is a number; words and letters differ). The understanding of print conventions is the knowledge that print has an organizational scheme (print is read from left to right and top to bottom, and we “sweep” to read from one line to the next). Knowledge of book conventions is the understanding of how books are created, how they function, and how they are organized (the author writes the story; books have titles; books have a front and a back).

The distinction between print and pictures is one of the first concepts that children learn about literacy. Children need an orientation to print and meaning in some general sense as a foundation for learning more specifically about alphabet principles related to print and reading (Lomax & McGee, 1987; Mason, 1980). Researchers suggested that the distinction between print and pictures is important because it establishes a separate identity for print and allows children to begin learning about its function and structure (Christie, Enz, & Vukelich, 2003).

**Explicit teaching of literate language and the framework of answerable talk.**

Explicit teaching of literate language and the framework of answerable talk were stressed
in each therapy session. All of the preschool children in the study featured needed growth in the use of specific linguistic features. This area of language has an impact on successful delivery of thoughts and ideas. Consequently, young children who struggle with using these features in oral discourse struggle to communicate complex and specific information.

Explicit teaching of literate language and the framework of answerable talk was used in this study to focus on teaching literate language and the framework of answerable talk through books and the authors’ word choice and language style. This category of coded strategies allowed for spoken and written language analysis. Preschoolers and the therapist discussed the concept of present, past, and future tense and how tense situates the story, the written language, and our spoken language discourse. The preschoolers and the therapist also talked about pronouns and how authors could write a name once then refer to the character in several other ways, such as me, I, us, you, and so forth, as highlighted in Figures 4.88, 4.89, and 4.90.

Figure 4.88. Townsley’s interview poster.
Discussion of plural nouns as meaning more than one and looking at written words of others and ourselves assisted in practicing and investigating the literate language features that caused curiosity and wonderings. Each blended therapy session used literate language features within the framework of answerable talk when discussing books and connections made by each individual preschooler. Awareness of text structure influenced listening, reading, writing, and formulation of literate spoken discourse. Helping preschoolers gain explicit knowledge of text structures and linguistic cohesion devices helped them communicate and improve their reading comprehension and written discourse structures. Narrative language structure was targeted through reading, writing, and speaking activities.
Preschoolers were given opportunities to understand and compose informational (expository) texts as well. The expository text genre became an important element of the therapy sessions in that I understood that the general education curriculum and a major medium for acquiring content knowledge about academic subjects was an expectation of school. The intervention program took a blended approach by providing activities designed to target communication skills with opportunities to foster emergent literacy. Books were chosen that easily demonstrated literate language models to encourage preschoolers to hear and use different vocabulary, phrases, expressions, and voice inflection as evidenced in their answerable talk frameworks.

**Sense of story.** The fostering of a sense of story and knowledge of informational text features were used and stressed in each therapy session. Much like the framework of answerable talk, a sense of story was used in this study to provide evidence that each child was acquiring a sense of narrative and was assessed when the children could tell their own stories, answer questions about a story, retell a story, or produce storylike sequences spontaneously. Increasing a child’s sense of story was accomplished through reading storybooks that had well-developed story structures and logical plot sequences that led to a clear conclusions. I would guide children to recognize these structures by talking about the interesting and well-delineated characters and how the events of the story proceeded in logical temporal and causal sequences. I used several wordless pictures books that provided awareness of story, character, and other plot elements. I often used predictable stories with repetitive themes and rhyme sequences as well as familiar daily sequences of preschooler events. Repeated readings were used to increase
language output, and overall quality of oral and written response. Sense of story was also reinforced through role-playing in which children acted out different parts of the book.

Use of informational texts gave preschoolers opportunity to discover knowledge about animals, science topics, and historical time periods. I used text such as informational books about brown bears, black bears, and polar bears to develop curiosity and provide answers to questions generated by the children before reading. Child generated questions included (a) Where do bears live? (b) What do bears eat? and (c) What color is the bear in your story? Time was taken to highlight the use of boldface words and labels, and to explain the use of diagrams as a means to gain information and solidify concrete thinking. In this study sense of story using literary texts was used to develop inquiry into descriptions and knowledge about “real” animals. In the image provided, Keith answered all three questions. Figure 4.91 highlights Keith’s responses to the questions generated by the children. He drew a cave to answer the first question. He drew a tree and leaves to answer the second question, and he drew a brown bear using a brown crayon to answer the third question.
Word work. Working with and thinking about words was part of each therapy session and in this study was delivered through open and closed picture sorts. Sort varieties included phonological awareness (rhyming), segmenting and blending phonemes, recognizing and thinking about word patterns and principles, as well as initial sounds. Preschoolers and the therapist also sorted pictures and objects by language concepts and categories such as farm animals, household items, colors, living and nonliving, as well as other sorts that children would create and for which they would then excitedly explain their logic and thinking.

Writing. Writing for a purpose with the therapist and alone was another method that transpired during therapy sessions. As a way to develop good readers, writers, speakers, and listeners, the children were active participants in all writing activities.
Some writing activities were completed together; others, each child completed on his or her own. All children knew why they were writing a particular text and had strategies they would bring to bear on each task. As highlighted in Figure 4.92, one child demonstrated his understanding of tone and mood by adding an extra “o” to his writing of the word “no.” The extra “o” reflected a purposeful and intentional “no.” Others drew pictures and then wrote the first letter of the word they wanted to write in a list, as highlighted in Figure 4.93. Still others formed linear circles to emulate print, as featured in Figure 4.94. After analyzing the writing samples of each child, I knew that children could be taught to write for a purpose and to speak to a given topic. Connections between written and spoken language were built, which resulted in the strength of one modality improving the other. Writing for a purpose strengthened topic maintenance in oral language.

“Little Pig, do you want to be gobbled up?”

“____________________“No.” said

Figure 4.92. Writing sample, “Noo.” Preschoolers were taught to write for a purpose.
Figure 4.93. Writing a list. Keith was asked to make a list of animals that hatched from eggs. “C” was for crocodile and “D” was for dinosaur.

Figure 4.94. Independent writing sample. Notice the linear movement and circular marks written during independent writing.
Children’s knowledge about their names at 3, 4, and 5 years of age extends beyond the universal characteristics of all language systems to include specific shapes of letters. This sophisticated level of name knowledge is impressive and supports findings of previous studies that name writing is a very early step in learning to write. When the youngest child, Townsley, was asked to write his name, he stated that he could not; however, he often volunteered to attempt to spell his name orally. When asked to write his name on paper, he would spontaneously add, “I know what my name starts with” and would then proceed to write the first letter of his name, “T.” Figure 4.95 highlights one of Townsley’s independent name-writing attempts.

Figure 4.95. Independent name writing. Townsley wrote many: “T,” “o,” and “w.”

Preschoolers’ knowledge regarding their names is more advanced than their other writing skills (Bloodgood, 1999; Ferreiro & Teberosky, 1982; Levin, 2005; Tolchinsky-
Landsmann & Levin, 1987). Most of the children who were able to write their names in this study displayed both universal and language-specific features, as highlighted in the name-writing images provided. In the blended therapy group, children spent time writing their names by rote and writing their names as they visually remembered them (as a chunk or a as whole unit). They were encouraged to sign their name to any story they wrote at home. Figure 4.96 is an example captured during Townsley’s writing-at-home-with-a-parent activity. Townsley signed his name to his story, which was written by his mother and illustrated by Townsley.

Figure 4.96. Name writing at home.

**The intentional language environment.** Intentionally creating a language and literacy environment was one of the most important methods that emerged from the data. Typically, clinical speech therapy rooms are sterile and nondistractible. I made a point to
display authentic work throughout the learning environment, pictured in Figures 4.97 and Figure 4.98.

*Figure 4.97. The intentional language and literacy environment.*

*Figure 4.98. Authentic writing on therapy walls*

In turn, a language-rich therapy room was created. Because of its permanency, authentic written language in the form of individual stories, afternoon messages, poems, and songs was always available for extensive reflection, revision, and rereading by the
children. Children were given a reading pointer and were encouraged to “read the room” before each therapy session. As they read, they pointed to words with their pointers. They exercised directionality and expanded spoken language content, which was transient but maturing with each therapy session. Parents witnessed immersion within text and talk as they viewed therapy sessions through the one-way mirror in the therapy room (see Figure 4.99).

*Figure 4.99. Parent observation mirror.*

The methods that emerged from a blended therapy approach can best be understood when perceived through the use of a concept map. Figure 4.100 highlights the foundation and supporting pillars of the study of a blended language approach. In the center of the concept map, the foundations of the intervention are stated. The foundation of the blended language approach includes an application of tenants from the theories of social constructivism, sociolinguistics, and emergent literacy practices.
Figure 4.100. Blended therapy methods concept map.
From this foundation grow pillars of knowledge that include cooperative reading, conceptions about print, literate language / answerable talk, sense of story, word work, writing, and the intentional language environment. Each supporting pillar is sustained by various activities that strengthen and nourish the pillar, such as read aloud, shared reading, independent reading, directionality, word, letter, syntax, narrative discourse, semantics, sequence, closed sorts, open sorts, writing with someone, and writing alone.
Chapter 5:
Summary, Alternatives, Findings, and Implications

Summary

The primary purpose of this study was to investigate the effects of a language and literacy intervention that focused on reading, writing, and speaking as developing concurrently and complementarily as defined by Teale and Sulzby (1986). Second, the study’s purpose was to clarify the relationship between preschoolers’ early language and literacy abilities in order to better understand how to conceptualize emergent literacy practices within a language therapy session. Grounded in the basic tenets of a mixed-methods research design, the research process included the observation and interpretation of interpretive narrative, parent questionnaires, and quantitative-assessment data analysis. A commitment was made to the presentation of participants’ points of view as critical to the study and to an acknowledgment of the researcher’s perspective as one of many possible views through which participants’ perceptions were filtered. The questions guiding the study probed for the essence of three preschoolers’ experiences in a blended-therapy group and led to a consideration of more specific aspects of the process of their language and literacy learning: reading, writing, and speaking.

Academically, this study is presented to fill gaps in the literature that looks at intervention approaches for preschoolers with language difficulties. These gaps exist because of the limited number of studies that present a multifaceted approach to treatment. The review of research identified areas of emergent literacy that are critical for
inclusion in an intervention for preschoolers with language difficulties including code-related skills and meaning-related skills. However, a small number of studies have demonstrated success in targeting one of these skills with preschoolers with identified language weaknesses. There are no known investigations of interventions that have targeted multiple domains of emergent literacy specific to the speech-, hearing-, and language-disorders community. Researchers have emphasized the need for such an intervention and have called for investigations that look beyond isolated aspects of language and literacy components, broadening the scope of studies to investigate more carefully the interrelated nature of reading, writing, and speaking in the preschool population.

Although different language-therapy interventions may approach identified specific developmental language concerns in preschoolers differently, given their unique backgrounds, life experiences, and family makeups, it is also likely that some commonalities occur among children receiving a wide range of treatment approaches for which this study might provide new treatment options. Thus, as a careful look at the experiences of three preschool children who participated in a blended-language approach, this study may hold implications for SLPs, parents, and teachers who work with children identified as having speech and language variations.

**Methodological Details**

The primary participants in this study were three preschool boys—Townsley, Keith, and Kendrell—who had been previously identified as having a language impairment and who had been receiving speech therapy at a private practice. I began working with the three boys in a small group setting on January 26, 2012. Because I had
no knowledge of how these students qualified for clinical communication therapy, before working with the group I evaluated all three participants in order to determine their present levels of functioning in the areas of language, concepts about print, and cognitive abilities. Before our first therapy session together, I was able to meet and talk with their parents, as well as therapists and student clinicians who had worked with the participants in the past.

For the first therapy session, I spent most of the hour as a participant observer, getting to know the boys and making space for them to get to know each other. During the second therapy session, I began to form and establish the structural framework of the blended-therapy intervention. Data collection was ongoing (weekly) from January 26, 2012, through May 10, 2012. Handwritten field notes, recorded observations, and reflections concerning session events and, of course, any wonderings that arose were recorded. Sixteen hours of videotape recording documented every therapy session.

Documental data were collected from the preschoolers that included independent writings, artifacts from word sorts, and emails from family members, letters and stories written by the boys, and pre- and post-assessment results. Still photographs were taken to provide further perspectives on the preschoolers’ experiences in the therapy room. Data and interpretations of data were repeatedly discussed with all participants, including the boys’ previous speech therapists; the private-practice director; student clinicians, who observed from local colleges and universities; parents; and, when appropriate, the preschool boys themselves. Videotapes were reviewed weekly, and quantitative assessments were scored. Data were analyzed weekly, at the conclusion of the study and throughout the writing of each chapter of the dissertation. Journal entries of reflections
were entered after each therapy session as a way to document my initial thoughts and the progress of the blended-therapy intervention.

In chapter 4, data and interpretations of data were presented in five parts as determined by the five research questions that guided this study. In the Research Question 5 section the responses are organized according to themes as they emerged from the review of the data. The themes, although presented separately for clarity, represent an interwoven set of elements that occurred collectively as the preschoolers learned to navigate a new therapy environment and plot their individual course of learning with the blended therapy approach. Preschoolers showed overall growth in language, literacy, and cognitive abilities.

**Alternatives: What Might Have Been Done Differently?**

Throughout the research process, every researcher makes choices about what to record, when to record, and how to interpret the resulting data. The qualitative pieces of data are based on the researcher’s interpretation. Thus, while there may be a variety of ways in which this study could have been conducted and interpreted, alternatives are not necessarily limitations but should be seen as other possibilities requiring acknowledgment and discussion.

In determining ways in which this study might have been conducted differently, I find that questions about choice of location come to mind. For example, if I had chosen to conduct the study in a private practice unfamiliar to me and less comfortable, I might have recognized less-obvious environmental factors of the clinical setting. There was no way for me to strip myself of my SLP identity, but choosing to conduct the study in an unfamiliar, less comfortable setting might have helped me see more clearly how the
setting played a role. Although it is possible that intersecting data might have emerged if I had conducted the study at a different site, my lack of this knowledge set the scene for emergence of other kinds of data.

Certainly more alternatives exist concerning where, with whom, and in what ways therapy interventions might have been investigated. In this study, aspects of three preschoolers’ experiences in a blended-language intervention were explored based on methodological decisions I made as researcher and within the relationships and circumstances that existed at the time of the study.

Findings

The three preschool boys in this study learned to navigate and grow in a very differently structured speech and language therapy program and environment. The documented growth occurred because of their involvement in a variety of activities and experiences with their peers, family members, text structures and illustrations, and the blended language-therapy environment. Clearly, the most significant of those experiences were their informal interactions with print and their use of more literate language structures as they talked about their reading and writing. Even before beginning this journey, I knew as the researcher that I wanted to create an environment that was pleasurable, child centered, and above all print-rich. The preschoolers noticed my love of print, of stories, and of language play, and they voluntarily included me in their spoken and written interactions. As the preschoolers grew to know each other and to work within a framework of collaboration (Johnston, 2012), they constructed methods of communication and shared a history of language and literacy routines, which allowed them to extend their communicative system and construct and adapt to the rules of
narrative discourse, all while learning from their newly acquired relationship with print. Print assisted in the governance of their associations with one another, their narrative discourse, and their movement within the new blended-therapy environment. Through print, they had a different view of language itself, hence their use of more literate language as they engaged in literate activities.

With the interpretation of quantitative data described in the previous chapter as a basis, a look at more specific discoveries representing qualitative, interdependent elements in the understanding of a blended language therapy intervention follows. These findings are divided into four sections: (a) parent beliefs: cognitive, language, and literacy abilities; (b) language therapy and traditional delivery; (c) blended language therapy: areas of strength and areas to question; and (d) blended therapy materials to support identified methods.

**Parent Beliefs: Cognitive, Language, and Literacy Abilities**

Throughout this study, aspects of parental beliefs were brought to the forefront and paralleled the basic tenets of language acquisition as first developed and supported by parents. Halliday (1978) and Wells (1986) discussed the social construction of literacy knowledge and the ways parents and children build shared knowledge of the world as well as shared language to express their meanings. As very young children and their caregivers talk about everyday events, an exchange of meaning occurs. Both adults and children track the meanings of the other, and adjust their utterances on previously shared experiences and the talk that is systematically related to it. As children experience social interpretations of their actions and the language related to those interpretations, they come to internalize their family’s worldview and language. Eventually they form
language hypotheses that allow them to communicate intentionally and independently. However, Halliday (1978) reminded us, independence is an illusion. Children’s intentional communication always reflects the social meanings and social interactions in which those meanings were formed.

Looking carefully at the parent pre- and post-questionnaire results with regard to cognitive development, language, and literacy beliefs, I found that all three parents of the preschoolers participating in the blended therapy group scored their children overall higher on the prequestionnaires than on the postquestionnaires. In reflecting upon the data, the principles of language acquisition and the shared world of children and service providers, was questioned.

The blended therapy environment was different from the environment of home, and different from the known environment of traditional therapy sessions to which the participants and parents had become accustomed. The relationship between and history of the parent and child is different from the relationship between and history of the SLP and child. With entry into any new collaborative learning group (Johnston, 2012), there could be a disconnect, at first. Many of the post questionnaire results tended to better match quantitative assessment snapshots as well as participant observations by the researcher. After observing and understanding the cognitive development, language, and literacy demands of a new community of practice framework and a new therapy approach, parents were better equipped to answer questions about their child’s true abilities and progress. Parents began to question ways of scaffolding their child in mediating new collaborative learning contexts. This is evidenced by the parent questions I began to receive. Examples include the following:
Parent: So does your test determine if he has a speech problem or is that just assumed? Do you know what speech disability he has? Is it bad?

Parent: What can I do to help my child at home? I thought he could do a lot of the things you are doing. He has done well in language therapy in the past.

Parent: The only kind of books I read to him are Dr. Seuss books. Maybe I need to read him real stories so we can talk about them. You know, Dr. Seuss stories do not really have a plot, do they? What do you think?

Parent: Do you think this class is developmentally appropriate for my child? He seems so young and not ready to think about some of these activities.

**Language Growth**

When looking strictly at language growth between blended language therapy participants and traditional language therapy participants, overall, the scores reported after 16 weeks of intervention projected little difference. From a clinical perspective, it is worth noting that within the entire sample, both the traditional and case-study groups achieved a mean standard score above 85, as highlighted in Table 5.1. These results are encouraging in that, overall, it appears that children’s language skills improved as a result of participating in language therapy, whether the intervention was enhanced with an emergent-literacy component or not.
Table 5.1. **CELF-P2 Language Comparison Scores**

<table>
<thead>
<tr>
<th>Group and member</th>
<th>Standard score</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kendrell</td>
<td>96</td>
<td>Average</td>
</tr>
<tr>
<td>Keith</td>
<td>114</td>
<td>High average</td>
</tr>
<tr>
<td>Townsley</td>
<td>96</td>
<td>Average</td>
</tr>
<tr>
<td>Traditional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calvin</td>
<td>116</td>
<td>Above average</td>
</tr>
<tr>
<td>Matthew</td>
<td>114</td>
<td>High average</td>
</tr>
<tr>
<td>Ella</td>
<td>96</td>
<td>Average</td>
</tr>
</tbody>
</table>

**Blended Language Therapy: Areas of Strength and Areas to Question**

As reported in the language post-assessments, all children participating in the blended language intervention performed at the average and above level in the area of language and progressed in the area of vocabulary after receiving 16 weeks of intervention. All blended therapy participants outscored their peers on the Dominie Concepts of Written Language Assessment. However, based on a careful reanalysis of post intervention language subtests, the area of greatest growth for Kendrell and Townsley was vocabulary. Keith’s results showed equal growth in sentence structure and word structure. Kendrell and Townsley scored lower on the sentence structure subtest than they did on the pretest. Why the decrease in scores?

The sentence structure subtest is used to evaluate the ability to interpret spoken sentences of increasing length and complexity. For this subtest, Kendrell and Townsley were asked to point to the picture that illustrated a given sentence. This subtest is used to determine how children understand spoken sentences. The sentences are written using Standard English.
The sentence structure subtest contains a number of items that can be affected by normal dialect differences. Children who are typically developing African American English speakers may have their responses scored as incorrect on several of the grammatical items included within this subtest if dialect differences are not taken into account. Because I scored both the pretest and posttest, I was cautious about how I scored them in relation to dialect. The decrease in score was a possible sign of questioning and uncertainty on the part of the boy’s schema for understanding the various forms of language. I think the assessment captured the beginning stages of understanding that “types” of talk exist. Although the boys are young and may not yet fully understand the concepts that surround language styles, I think this subtest shows that the waters have been stirred and that they are questioning the differences in how sentences are structured. Therefore, I am encouraged by the low score, which I have reason to believe acts as a reflection on the language styles they have heard in books, the sentence structures they used in their written messages, and their remembering the narrative discourse practices used in the blended language therapy environment. In pushing children toward new learning there always seems to be a time of being uncomfortable.

**Blended Therapy Materials and Activities to Support Identified Methods**

**Cooperative Reading**

**Read aloud.** Reading aloud is one major factor in literacy development (Neuman, Copple, & Bredenkamp, 2000). It demonstrates to children phrased, fluent reading (Fountas & Pinnell, 2011). It reveals the rewards of reading, and develops the listener’s interest in books and desire to be a reader (Mooney, 1990). Listening to others read develops key understanding and skills, such as an appreciation for how a story is written.
and familiarity with book conventions. Reading aloud demonstrates the relationship between the printed word and meaning. Children begin to understand that print tells a story or conveys information. Reading invites the listener into a conversation with the author. Children can listen on a higher language level than they can read, so reading aloud makes complex ideas more accessible and exposes children to vocabulary and language patterns that are not part of everyday speech. This, in turn, helps them understand the structure of books when they read independently (Fountas & Pinnell, 2011). Children of any age benefit from hearing an experienced reading of a wonderful book.

Children need to be exposed to a wide range of stories and books. They need to see themselves as well as other people, cultures, communities, and issues in the books that are read to them. They need to see how characters in books handle the same fears, interests, and concerns they experience (Barton & Booth, 1990). Selecting a wide range of diverse books will help all children find and make connections to their own life experiences, other books they have read, and universal literacy concepts (Dyson & Genishi, 1994). Children use real life to help them understand books, and books help children understand real life. The literature suggested that we should choose books that invite children to respond with enthusiasm and understanding and look for books with rich language, meaningful plots, compelling characters, and engaging illustrations (Gambrell & Almasi, 1996). Ideas I considered when selecting books for this study included the following:

- Does the story sound good to the ear when I read it aloud?
- Will it appeal to preschool boys?
• Will preschoolers find the book relevant to their lives and experiences?
• Will the book spark conversation?
• Does the book inspire preschoolers to find or listen to another genre on the same topic?
• Is the story memorable?
• Will children want to retell the story?
• Will the text provide information about science, history, or other nonfiction topics appropriate for young children?

**Shared reading.** A sense of community is developed when time is taken to arrange for a small group of students to gather in an area near a big book, chart/easel, or a story wall so that all participants can easily see the enlarged text and comfortably engage in the experience of narrative discourse and reading. Having a few items on hand during a shared reading moment will allow the SLP greater flexibility during the blended language therapy experience. Items used in this study included the following:

• A reading pointer—I used a large, colored glow stick. I used a different color each session and talked about the color of the reading pointer, which assisted with prereadiness color skills.
• Sticky notes to mask key portions of the text to focus on vocabulary or specific aspects of print, such as the beginning of a word.
• A highlighter marker to highlight the repetitive words, repetitive phrases, or frequently occurring words that the children know.

Shared reading provided an excellent opportunity for me to model the integrated use of the cueing systems and strategies for reading that could be applied to independent
reading opportunities. The shared reading experience also allowed me to bring to light
different genres, or types of books, with the preschoolers and familiarize them with some
text features and literate language use by the authors. The following are examples of the
variety of print materials used for shared reading in this study:

- Big books
- Lap books (each child has a copy of the same book)
- Poetry
- Chants or nursery rhymes
- Songs
- Afternoon message
- Language experience stories
- Informational texts
- Fiction texts

**Independent reading.** Wiener (1988) recommended extensive reading of pictures
to build vocabulary and descriptive language and to provide the basis for simple
narratives. From a single action picture (example, a child eating soup or cereal), one can
ask countless questions about the objects, the actions, how things might taste, whether the
soup is hot, the kinds of soup the child does or does not like, as well as simple inferential
questions. Independent reading provides time for reading practice. The preschoolers in
this study were encouraged to read the pictures of text. In order to strengthen visual
processes and whole-word recognition, I had the children “read the room” as an
independent reading activity. The therapy walls were covered in authentic writings, all of
which were the result of the cumulative writing we did during our sessions. I asked
children to choose a piece of text and then circle words that looked the same. This could also be done with high-frequency words, and asking a child to find others that look the same.

**Systematic Analysis of Conceptions About Print**

Concept of print includes an understanding that print carries meaning and that books contain letters, words, sentences, and spaces. It also includes an understanding of what books are used for and that books have parts, such as a front cover, a back cover, and a spine. Activities used in this study included having each child physically hold a card that represented a word in a sentence I created. I used single-page-size cards for each student, with one word on each card (for example, “Keith” “went” “home”). Children worked together to arrange themselves (as a word) into the proper order to form a sentence. I also cut up sentences from familiar nursery rhymes, as seen in Figure 5.1, and allowed the children to recreate the sentence in the proper order. This helped encourage the concept that each word is a separate entity, has meaning, and is separated by a space within each sentence.
I also played a game with the afternoon message in which children drew a task card from a bag. I read the card aloud and had a child carry out the request. Task cards included requests for circling words, circling a letter, and drawing a line to mark the end of a sentence. We also played many games to strengthen their print-concept knowledge. We played a game I created called Print Pizza (see Figure 5.2). This game allowed the preschoolers to enter into their natural world of play. We pretended that we were pizza makers and that people were calling the store placing orders for Print Pizzas. I answered the phone, called out the order, and the boys wrote or circled the pizza order and made the Print Pizza. For example, one caller ordered a medium pizza with a “two-word” topping and a hint of “one letter.” The children knew to find the correct size of pizza and then place the correct topping cards on the pizza. I was quickly able to see whether the preschoolers could distinguish between one word, two words, one letter, and shapes that were designated as the various pizza toppings. They loved this game and asked to play it
over and over again. The wonderful thing about this strategy is that it allowed me to target language concepts (small, medium, and large) along with print concepts.

Figure 5.2. Print Pizza.

Explicit Teaching of Literate Language and the Framework of Answerable Talk

One of the important goals of the blended language intervention was to build the understanding of literate language in texts and to offer a framework of answering questions about text incorporating literate language. An effective strategy that I used to accomplish this goal was to read aloud to the children. It is the talk that surrounds the storybook reading that gives it power, helping children bridge what is in the story and in their lives (Dickinson & Smith, 1994; Snow, Tabors, Nicholson, & Kurland, 1995). Snow (1991) described these types of powerful conversations as “decontextualized language.” In this study, I refer to these types of conversations as literate language and the framework of answerable talk.

When I use the term “literate language” I automatically consider higher-level thinking by broadening the experiences in stories from what the children may see in front
of them to what they can imagine, and then, if appropriate, to abstract thinking. I also use the term literate language to mean language that provides understanding for syntactic sentence structures and features. These understandings assist with the awareness of time (tense), amount (plurals), and who is involved in the story (pronouns). In this study, literate language included an awareness of syntactical structures combined with an understanding of semantic features. For example, we talked about pronouns (semantic feature), and I explained that “Bill” and “he” are the same character in the story. After talking about pronouns and establishing an answerable talk framework, the boys could use pronouns, unsolicited, in their talks about text.

Another example included the discussion of setting. I started reading a story, and it began with “Once upon a time . . . .” Kendrell asked, “When is once upon a time?” This original semantic question led to a powerful discussion of past tense (syntax) and the abstractness of language. We talked about the many ways authors could use words to paint pictures in our minds. We looked and listened for clue words and word endings that would help us determine whether the story happened long ago, in the present, or in the future. Again, as we talked the boys would use the framework of answerable talk built by the literate language discussion.

The next therapy session naturally led me to write my afternoon message using an abundant amount of literate language. My message was about a train; however, I never wrote the word “train” in my message. After reading the afternoon message aloud, I asked, “What are we going to talk about today?” Every child responded, “A train!” I asked how each child knew this, and again, we reviewed and circled “clue” words in our message. We looked for word endings that helped determine how many trains were
meant. We completely dissected the afternoon message and filled the chart with circles and lines marking our discoveries!

Other activities that foster literate language understanding and the framework of answerable talk include the following:

- Talk about the past, present, and future. Align the talk to a text.
- Ask sincere questions.
- Respond to a child’s question by demonstrating how to find the information:
  “I don’t know what bears like to eat. Let’s see what it says in the bear book.”

**Sense of Story**

“Writing floats on a sea of talk” (Britton, 1970, p. 164). Children’s stories provide valuable insight into what they think about and how they interpret their experiences.

Geertz (2000) concluded that it is not so much a matter of providing something the child hasn’t got as much as enabling something the child already has—the desire to make sense of self and others. Helping children see their own experiences and stories as valued and important can build their confidence and competence in reading, writing, and critical thinking. In this study a sense of story was measured by listening to narratives and retellings of the preschoolers’ experiences. During every session, one of the boys shared their experience with “George.” Sharing experiences with George is a strategy that all SLPs can implement by sending home a literacy book bag with one child each session. The bag contains a writing journal, a reading pointer, a book, and a stuffed animal. Our stuffed animal, a stuffed monkey, was named George. Each child was asked to write about an activity that he and the character did together, and to then share his experience with the group.
Figure 5.3 highlights the story and illustrations. The first child who took the bag home presented the following story:

**Therapist:** Ok, Kendrell, I think you took George home with you last week so today you get to share with all of us your adventure with George.

**Kendrell:** This is me (point). This is a ball and a ball (point). This is Haliegh and Justin. We play games.

The story written by Kendrell’s mother read:

Kendrell and George played soccer and basketball. Kendrell and George went to karate on Friday. Kendrell and George went to Auntie Nik’s house and played video games with Haliegh, Justin and Julian.

*Figure 5.3. Sense of story 1.*

At the end of the blended language intervention sessions, Kendrell again presented his new “George” story to the group, as highlighted in Figure 5.4.

**Therapist:** Ok, Kendrell come share your “George” story.
**Kendrell:** This past week, George and Kendrell went to karate. They played with a blue balloon. They also played with the Wii.

Kendrell’s drawing is detailed. His drawings are in a defined story order. He has separated each event with a line. George is drawn in the picture with Kendrell and is represented in each activity. The story written by Kendrell’s mother reads:

George and Kendrell went to karate. Kendrell and George played with the blue balloon. Kendrell and George played the Wii.

![Image of a drawing with the text: George and Kendrell went to karate. Kendrell and George played with the blue balloon. Kendrell and George played the Wii.]

*Figure 5.4. Sense of story 2.*

The story Kendrell presented orally was better developed and more elaborate than the written text. The oral account highlighted the growth and understanding of his sense of story and narrative discourse.

**Word Work**

An insight developed in children’s early years, through instruction, is the alphabetic principle: the understanding that there is a systematic relationship between
letters and sounds (Adams, 1990). One way I communicated the alphabetic principle was through concept picture sorts. I completed open and closed picture sorts with the preschoolers. In a closed picture sort, I established how the pictures were to be sorted by providing the preschoolers with the category name such as words that begin with the initial “b” sound. In an open picture sort, the preschoolers were allowed to establish their way of sorting the pictures, and they provided their own category name and method of sorting, such as colors. Word sorts are an easy way to introduce sound symbol relationships, rhyming words, and any language concept.

Writing

Therapy rooms should provide children with regular opportunities to express themselves on paper and should assist children in understanding that writing has real purpose. SLPs can serve as scribes and help children write down their ideas. Clay (1979) and Bissex (1980) confirmed the value of dictations of children’s stories as a way to help develop word awareness, spelling, and the conventions of written language. The first few sessions of this study were filled with statements such as “I can’t write” and “I do not know how to spell yet.” With encouragement, the boys began to label their pictures, tell stories, and attempt to write stories about the pictures they had drawn. I never made writing a high-pressure activity; instead, I used novice writing strategies as a way to send the important message that writing is not just handwriting practice but is how we use our own words to compose a message to communicate with others.

The Intentional Language Environment

Early literacy activities teach children a great deal about writing, reading, and oral language, but often in ways that little resemble traditional elementary school instruction.
In no way is this study stating that SLPs should be reading teachers or establish their therapy rooms and therapy sessions as an extension of traditional school instruction. However, capitalizing on the active and social nature of children’s learning, early language and literacy interventions must provide rich demonstrations, interactions, and models of literacy in the course of activities that make sense to young children.

Children should learn about the relationship between oral and written language and between letters, sounds, and words in therapy environments that are built around a wide variety of intentional and purposeful text, such as afternoon messages, and familiar songs and poems. Talking, reading, writing, playing, and listening to one another should be a natural part of the therapy process. Children will be motivated to read, write, talk, and feel capable of interacting with text, and they will become risk-takers when the environment imparts to them that they can. Implementing a blended language approach means throwing out commercial posters and meaningless pictures and instead using the work and the writings generated together or work the children generate alone. The room environment as highlighted in Figure 5.5 should reflect this expectation.
**Implications**

Although the interpretation of data presented in the preceding chapter relates specifically to three preschoolers and their experiences in a blended therapy intervention, it is likely that SLPs, parents, and teachers of other children with language concerns may find some of the insights from this study to be helpful in the home or classroom learning environment. I make the following recommendations acknowledging that they are based on the study of three preschool children who participated in a blended language-therapy intervention specific to their individual strengths and needs and that they may not apply to all preschoolers with language concerns. Possible implications are divided into four sections: (a) implications for speech and language pathologists, (b) implications for parents, (c) methodological implications, and (d) implications for future research.
Implications for Speech and Language Pathologists

There are two implications that I wish to share with speech and language pathologists. The first implication is directly linked to the finding that average language scores do not equal average emergent literacy development. Oral language is best assessed and targeted through an interweaving of speaking, listening, reading, and writing approaches. Implications for SLPs include the following.

- Children need to have access to print and writing materials.
- Children need to be explicitly taught print concepts and book-handling skills.
- Vocabulary growth is best learned within settings that incorporate reading aloud and shared reading opportunities.
- Word-work activities build knowledge about word structure.
- In order to increase comprehension and narrative discourse, make room for conversations about texts.
- Use a variety of genres when reading with children and teach genre structure.
- Talk about reading and writing purposes as an extension and starting point for valuing home language and literacy practices.
- Keep a reflective journal in which entries can be made that question a strategy, student comments, parent comments, and the reasons behind your thinking and doing. This will enable you to be more intentional during therapy sessions.

A second implication for the field of Speech and Language Pathology is to move to discourse analysis of words spoken by the therapist to the child. Speech and Language Pathologists need to recognize that they do not just teach children skills, they also have
the responsibility to build emotionally supportive and socially interactive communities. It is past time for the field of speech and language pathology to begin to question choice words and language use that frames treatment models and service delivery terminology. The most powerful teaching tool that SLP’s have is language. Through language, children learn how to become literate people. Through language, children learn how to become strategic thinkers. Things we say (or don’t say) within our profession have surprising consequences for what children learn and for who they become. Sometimes a single word changes everything. The words SLP’s use affect the spaces children inhabit in the speech and language therapy setting and ultimately, their futures. Clinical settings should not only promote productive talk but also support and value prior, meaningful experiences each individual child brings to the speech and language learning setting.

The following texts are recommended for further reading. The suggested texts encourage shifts in thinking with regard to “words” we choose to say and use as language brokers as well as a look at real versus nuanced language use from an ethnographic study of how language is cultural situated and learned within three different communities of one town.


Implications for Parents

Because parents are the first educators of language and literacy for their children, the following list of recommendations for parents is a significant aspect of this study. Helping young children develop literacy skills means having a home environment that supports literacy. Instructional environments have a powerful impact on children’s
growth in reading, and the same effects may be found in supportive home environments.

A literate home means more than just having books and writing materials on hand. To be effective, parents need to plan for how these materials will be used.

- Read with your child.
- Talk about the stories you read. Help them make connections to the stories they have heard and to experiences they have had.
- Balance readings—do not read books of one genre (all Dr. Seuss or all nursery rhymes).
- Talk about print concepts (letter, word, and sentence).
- Encourage your child to finger sweep while you read (directionality).
- Encourage your child to predict what a story will be about.
- Allow time for narrative story construction based on the pictures in the text.
- Give the child opportunities to write, make lists, and see you write.
- Make reading and writing opportunities real and meaningful.

**Methodological Implications**

When conducting studies that involve children with identified language concerns, make space for situations in which informal conversations, informal writing, and informal reading can take place. This allows for the emergence of natural discourse and the demonstration of risk-taking behaviors. This is a different framework from the usual therapy session, which is often an environment filled with stilted responses received in formal, structured therapy settings.
Implications for Future Research

Future research should focus on challenging the deficit lens of language placement and treatment with guiding questions that do not begin with: What’s wrong with this child/person? This gaze typically leads to a series of instructional moves aimed at “fixing” students through “best methods”. Using a sociocultural lens, as defined by the field of anthropology, “it is impossible to describe adequately any one person’s actions without an adequate account of all the contexts [cultural, historical and political] in which the actions take place” (McDermott, 1976, p. 106).

From a sociocultural perspective as defined by fields outside of psychology, the student is not the problem (as in deficit perspective), nor is the speech and language pathologist the problem (as in ecological perspective). The problem is the problem—and, rather than being the problem, each person “has a relationship with the problem” (Freedman & Combs, 1996, p. 66). Therefore, the essential questions in response to the appearance of [language] difficulties are: What’s going on here? What moves or conditions of learning make this student (in)competent? (Miller, 1993). Hence, future research should think outside the science of language which embraces nuanced understandings of language and begin to move more towards a view of language as culture.

Other areas of research include broadening the population of participants in order to determine how other children with language variations might experience a blended language intervention and whether it proves beneficial within a dynamic-learning frame (Johnston, 2012). Questions to be asked include:
• What is the nature of language and literacy growth for children whose backgrounds, family situations, and life experiences are different from those of the three children in this study?

• What is the nature of language and literacy growth for children who have been identified with articulation and intelligibility difficulties when receiving a blended language intervention?

• How does the language and literacy growth of the three preschoolers in this study (clinical setting) compare with those who receive language intervention in a school from a school-based SLP?

It is important that further research not only include investigations of other children but also take into account the research completed by scholars in the field of literacy and reading intervention programs that have proved effective, such as Reading Recovery. Another potential area of investigation involves closer looks at how future school experiences affect the process of intervention design and treatment of preschool children identified as having language differences.

Although statistical studies and other short-term investigations of literacy interventions in the speech and language therapy setting might provide helpful information, they would miss the overall view of multifaceted approaches that lead to subtle indications of change and rich details that make up preschoolers’ intervention experiences. Thus, to provide useful information for adults who deal with children experiencing language concerns, further mixed-method studies are warranted.
Conclusion

This study described three children’s experiences as strongly linked to multifaceted approaches interweaving the concepts of reading, writing, and speaking in a blended language therapy intervention. The ability to read and write does not develop naturally, without careful planning and instruction. Children need regular and active interactions with print. Specific abilities required for reading and writing come from immediate experiences with oral and written language. Experiences of children in the early years begin to define the assumptions about and expectations for becoming literate and motivate them to work toward learning to read and write. From these experiences children learn that reading and writing are valuable tools that will help them accomplish many things in life.

What this means is that no single method or approach is likely to be the most effective for all children (Strickland, 1994). Rather, the charge is in having knowledgeable therapists who bring to therapy a variety of strategies that encompass the great diversity of children. Blended language therapy builds on what children already know, and can do, and provides knowledge, skills, and dispositions for lifelong learning. Children need to learn not only the technical skills of reading, writing, and speaking but also how to use these tools to better their thinking and reasoning (Neuman, 1998). The value of a print-rich environment, in comfortable surroundings, holds significance for the preschoolers in the therapy setting by providing spaces for building background knowledge, making connections, increasing motivation, and thrusting overall risk-taking behaviors to the forefront of learning. “When an effort is made to match the curriculum to
the needs of the individual children and the gaps in experiences are filled, progress may be remarkable” (Wells, 1986, p. 138).

I end this study with three journal entries that I feel best highlight my journey through this study and through this experience. For me, journal writing and interpretative narrative were my way of making sense of the world in which I operated. Writing was a means of puzzling through what was happening in the blended language therapy environment. Looking back at my journal entries, I realize that my moments of reflection were written in anticipation of events to come.

**Journal Entry: February 2, 2012**

What a great day! The boys loved my glow in the dark reading pointer! I have been modeling directionality when we read the afternoon message together. They have really picked up on this concept rather quickly and will attempt to read the message with me, almost like choral reading. Keith continues to get mad when I stop reading the book and ask a question or make a comment. He looks at me, grinds his teeth and says . . . “Just read it!” He really does not like for me to talk about stories. I looked back at his Show Me Book answer to the question, “Do you like to read?” He was the only one that answered, “No.”

Again, I had lots of observers today. Parents were behind the glass and students watching via closed circuit TV in the conference room. I think I counted four university students today. I wonder what they are thinking. They just tell me they liked the session.

I almost forgot, there is a new therapist who was hired by the clinic. I met her today. When I walked into the clinic she greeted me by stating her name and then she said, “So you are the literacy therapist.” What is a literacy therapist? I should have asked her . . . instead, I just told her my name and some information about my study.

Today, we attempted our first word sort activity. The boys did great! My undergraduate student kept asking me if the activity was developmentally appropriate. I will push through this and stay focused on my goal and my new learning. We WILL keep sorting pictures!

**Journal Entry: February 16, 2012**

Today is my most favorite session thus far. Keith loved talking about the book. He even stopped me while I was reading to ask a question or make a comment. No teeth grinding, just smiles. The boys did a great job with their picture sorts.
They loved seeing their interview narratives written on chart paper, hanging on the wall. They pointed and said, “That is mine.” Townsley, the youngest of the three said, “That is my T.” Kendrell brought his grandma and grandpa to speech today. He brought them into our room and showed them his interview story hanging on the wall. He was so proud. There were lots of people watching, again today. I guess that is good! Maybe they are curious, I hope so!

Journal Entry: March 1, 2012

Today, I realized that I am a different SLP than the boys are used to. I know this by carefully noticing the behaviors they reflect. They are acting like mini-ME. Townsley and Keith made a text-to-text connection today. As I was reading chick-a-chick-a-boom-boom, and came to the repetitive sentence, Keith and Townsley both said, “Dum-ditty-dum-ditty-dum-dum-dum.” This was a line from a previous story we read together. I quickly noticed that the repetitive rhythm in Chick-a-Chick-a-boom-boom matched that from the Hands, Fingers, Thumb story we read the previous week (Dum-ditty-dum-ditty-dum-dum). They were making connections and hearing the play and rhythm of words!

I passed out ABC baggies to each boy. Keith laughed and said that “baggie” was a funny sounding word. He kept saying the word and laughing. The boys opened the baggie and instantly began searching for letters to make their name. Keith screamed out that he found a “t.” Townsley looked up from his baggie and said, “Give me my ‘t,’’ I am a “t.” They both realized that they had a “t” in their name and in each other’s name. Townsley said, “That’s my /t/.” Keith said, “That’s my /t/ too.” Townsley was very surprised and a little confused that other PEOPLE could have “T’s.” Keith sensed Townsley’s confusion and tried to give his “T” away. They make me laugh!

I hope I am making the literacy side of my language self very proud. I must, because I truly cannot wait until our next time together!
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Appendix

Therapy Session Plan

Greeting: Ways to Greet, Shaking Hands, Making Eye Contact, Etc.

Hello Neighbor, what do you say?
   It’s going to be a happy day.
   So greet your neighbor,
   And boogie on down.
   Give ’em a bump,
   and turn around.

Afternoon Message for 1/26/2012

Good afternoon. Today is Thursday, January 26, 2012. What does a mouse look like? What would you do if you saw a mouse?

The afternoon message needs to have purpose and be meaningful. It needs to promote conversation.

Read the afternoon message together as a group using a “cool” pointer. Choose a child to “read” the afternoon message using the pointer. Make sure the child points to each word as he reads. At first, it may be necessary to complete this task hand over hand. Re-read the message as a group and move on to discuss the questions in the message by sharing thoughts and staying on topic! This activity will then lead into the Read Aloud . . .

Read Aloud for 1/26

Ok, it is now time for our Read Aloud! The story I am going to share with you is titled, The Lion and The Mouse by Jerry Pinkney

State Book Choice Purpose:

- The reason I chose this book to share with you is that this book has received a medal or an award for having excellent pictures. This award is called the Caldecott Award. Can you find the front of the book and the medal?
- Build prior knowledge: “Before we begin reading, some of you said earlier that you have seen a mouse before. Remind me again, what color the mouse was that
you saw. How do you think a mouse feels? Is a mouse slow? Is a mouse big?”

Great, sounds like you know a lot about a mouse.

• Now, let us read the pictures in our book, together. As we read the pictures, let us see if we can tell what our story is going to be about. Let us see if we can make some predictions. (Talk about pictures, ask questions)

Give a purpose for reading:

Now, I am going to read this story aloud, I want you to listen carefully to see if the pictures and the words that I read, match. If they do not . . . I need to know!

Let us check the first page together. (Read the story with appropriate questioning).

• At the end of the story: Share thoughts, I share first (modeling): “I love the part of the story when the mouse helped the lion. It made me think about, a time when I needed help. Did you know that when stories we read remind us of things that we have done or things that have happened to us, good readers and good thinkers call this, making connections. Did this story remind you of something that has happened to you? Do you have any connections you want to share?

Extension Activity: Diagram and Labels

“In the story the mouse was a very important character. If you remember, at the beginning of the story, the mouse was climbing all over the lion’s body. She climbed over his back and his leg. Remember, the mouse did all this climbing around while the lion was sleeping!

Direct children’s attention to the picture of the mouse on the chart! Let us look at this picture of a mouse. He is very much awake and he needs our help! What do you notice about this picture? Now, when we see a picture that has arrows and lines we call it a diagram. (Student) can you come show me a line with an arrow. Very good! Again, this is called a diagram. When we are reading and we see a diagram, this tells us as readers, that the picture has labels. A label is a fancy way of saying; parts of the picture have been given a name. Now there are no labels on our diagram and that is why I need your help. Let’s look at this word together. It says _______. Where is the first letter of this word (Child)? Very good! Now, where is the ____of the mouse? I tape the label in the correct place on the diagram to model! Continue activity. Thank you for your help! Now that we have labeled our diagram let’s move on to our next activity, Shared Writing!

Shared Writing 1/26
Mrs. Ammons’ Story

Our story today talked about how a lion and a mouse became friends! Now, since we are getting to know each other and we are becoming friends, I think we need to learn more
about each other! Today, we are going to interview . . . Townsley! Townsley could you please stand. Townsley, we are going to ask you some questions and I am going to write your answers! Ok boys, Mrs. Ammons will go first! (Use a microphone to interview). Townsley, what is your favorite food? (Write answer) All children ask a question while I write their response. At the end, Townsley will tell us one thing you want us to know about you. I will write your answer! After each child has asked a question, I will then read the chart aloud.

Now we are going to take all of the information we have learned about Townsley and make a book! I am going to make the cover of our book. The title of our book will be, Townsley! I want you to write and draw the things Townsley told us about him. (Re-read chart) After you finish we will share our writing about Townsley with the group. Let’s get to Work!

Share our writing! Why? This activity helps to connect the importance of pictures and story meaning.

Closing Circle

You have worked hard today! Before we leave, I want to introduce you to a friend of mine and a very special notebook. This is George and this is George’s special notebook. Do you know another monkey named George? Well if you know one thing about him, it is that he is very curious and he loves adventure! Now, inside this notebook, I have written a story about George and me going to the circus. We went together last Thursday night! Let me read you what I wrote. I also drew a picture! Read journal entry! Now, George has been asking me to let him visit with some boys so I thought he could visit with each of you. This week I am going to send George home with Kendrell. Kendrell I want you and mom or dad or grandma, to write a story about what you and George do together! Choose one adventure to write about! You can draw a picture or whatever you want to do, it is your story. Now, next Thursday when we are together again, Kendrell will share with all of us his story and George will go home with a new person!

Say Good-bye
Therapy Session Plan

Greeting: Ways to Greet, Shaking Hands, Making Eye Contact, Etc.

Hello Neighbor, what do you say?
It’s going to be a happy day.
So greet your neighbor,
And boogie on down.
Give ’em a bump,
and turn around.

Afternoon Message for 2/9

Good afternoon. Today is Thursday, February 9, 2012. Have you seen a man drive a van? Have you seen a pig wear a wig? Have you ever seen a cat wear a hat?

The afternoon message needs to have purpose and be meaningful. It needs to promote conversation.

Read the afternoon message together as a group using a “cool” pointer. Choose a child to “read” the afternoon message using the pointer. Make sure the child points to each word as he reads. At first, it may be necessary to complete this task hand over hand. Re-read the message as a group and move on to discuss the questions in the message by sharing thoughts and staying on topic! This activity will then lead into the Read Aloud . . .

Read Aloud for 2/2/ Opening Activity (Rhyme)

Our afternoon message was fun today! You did a great job of helping finish the message! Today we are going to listen closely to hear rhyming words. Rhyming words are words that have the same ending sounds. Let’s look back at our afternoon message.

Listen to the ending sounds: man/van, pig/wig, cat/hat. (Write words on chart)

Let’s look at these words together. Let’s see if we can find two letters at the end of these words that are the same. (2 letters together is a Show Me Book Concept). I will circle two letters in the first word and then have a child circle the same two letters in the other word. I have another set of words that have the last 2 letters the same as the ones we just talked about. RAN, BIG, FAT I want you to help me decide where these words may go. Listen carefully as I say our choices-Man/Van or Pig/ Wig or Cat/Hat—OK BIG—can you hear the rhyme? Raise your hand when you hear it—man/van/big; pig/ wig/big; cat/hat/big- Yes—Great Pig Wig and Big—now who can come up and circle the last 2 letters of the word Big—correct--- ETC.
Now, I want us to play a game to wake up our ears and our brains before I share our read aloud! Now, the game is called . . . Erase The Rhyme! You must stay very still and you must listen for the ending sounds when I say the words---

I have drawn a picture on this dry erase board. What kinds of things do you see in my picture? (Draw an outside scene). bass/ grass, hug/bug, bee/tree and shower / flower. OK—Raise your hand when you hear me name something on the dry erase board that has an ending sound like shower---grass? flower yes---great—OK everybody erase the flower from the board we have found a rhyming match. Continue until the whole picture is erased. Good job rhyming!

Ok it, it is now time for our Read Aloud! Today I am going to share with you a poem. Poems are stories or books that many times will have rhyming words. How many of you know the poem . . . Humpty Dumpty sat on a wall. Rhyming words make a nice beat! Sometimes poems make our bodies want to sway from side to side, kind of like music! The poem I am going to share with you today is titled, Honey, I Love by Eloise Greenfield. I chose this poem to share because this week you have been talking about Valentine’s Day and love with Mrs. Martha, Mrs. Kelley and Mrs. Meredith! And because we have been listening for rhyming words.

- Build prior knowledge: “Tell me something you love? Now, as I read the poem aloud I want you to relax and listen to the beat of the rhyming words. Read poem!
- At the end of the poem: Share thoughts, I share first (modeling): “I love the part of the poem when the little girl talks about a flying pool. That reminds me of summer and how I love to go swimming. Remember, when stories or poems we read remind us of things that we have done or things that have happened to us, good readers and good thinkers call this, making connections. Did this poem remind you of something that has happened to you? Do you have any connections you want to share?
- Thank you for sharing!

**Took out due to time – Closed word sort “Hh/ Ll” initial sound (onset)**

Ok, we are going to play a sorting game today. Remember, sorting is when you put things that are alike together, in a little group. Last week we sorted animals. Then we thought of another way we could sort our pictures and that was by listening carefully to the first sound. So, let’s look at today’s concept sort pictures: horse, house, heart, hat, hand, leaf, lion, ladder, leg, lips. Let’s see if we can sort these pictures in to body parts. Good job!

“I just noticed when we were naming these pictures and sorting them . . . that some of them begin with the same beginning sound. Let’s see if we can sort our pictures by sound. First, I have two letters . . . this letter is a h and this letter is a l. This letter says hhh and this letter says lll, so when we are sorting let’s put our cards under that correct letter that makes that sound. For example (model for them): I found a picture of a horse.
HHHorse . . . hmmm I hear the hhh sound at the beginning of this word, so I am going to put the picture card under the Hh. Continue to take turns sorting pictures by sound. Now I am going to give you a piece of paper and we are going to complete a closed word sort. I want you to name the picture you see and then decide if it goes under Hh or Ll. Let us try one together. (Model) Allow children to work independently . . . glue down pictures after we have talked about it.

After you finish the sort . . . have the student read their sort so they can feel the sound in their mouth.

**Shared Writing 2/9**

In our poem today we learned about a little girl who loved many things. We are still getting to know each other and I am very interested in learning about the things you love! Today, we are going to interview . . . Kendrell! Kendrell, we are going to ask you some questions and I am going to write your answers! Ok boys, Mrs. Ammons will go first! (Use a microphone to interview). Kendrell, what is your favorite color? (Write answer) All children ask a question while I write their response. At the end, allow Keith will tell us one thing about himself. I will write his answer! After each child has asked a question, I will then read the chart aloud pointing to each word.

Now we are going to take all of the information we have learned about Kendrell and we are going to make a book about Kendrell! I am going to make the cover of our book. The title of our book will be, Kendrell! I want you to write and draw the things Kendrell told us about him. (Re-read chart) After you finish we will share our writing about Keith with the group. Let’s get to Work!

Share our writing! Why? This activity helps to connect the importance of pictures and story meaning.

**Author’s Moment**

I few could all gather on the blanket it is now time for Author’s Moment. We need to hear from our author Townsley and his adventures with George! Be very quiet!

Ok, Keith, today we will let George go home with you for the week. Remember, write and draw a story about something that you and George do together. Be ready to share your writing next Thursday!

**Goodbye Poem**

Before we leave today I want to end with a goodbye poem. As I read the poem listen to the beat.

On my face I have a nose,  
And way down here I have ten toes.  
I have two eyes that I can blink.  
I have a head to help me think.  
I have a chin and very near,
I have two ears to help me hear.
I have a mouth with which to speak,
And when I run I use my feet.
I have two arms to hold up high,
And here’s a hand to wave GOODBYE!
Therapy Session Plan

Read the Room Activity: Give each child a pointer and have them walk around and read the room.

Greeting: Ways to Greet, Shaking Hands, Making Eye Contact, Etc.

Hello Neighbor, what do you say?
It’s going to be a happy day.
So greet your neighbor,
And boogie on down.
Give ’em a bump,
and turn around.

Afternoon Message for 3/22

A cozy bed and a rainy day.
An active flea on top of a several sleeping creatures causes a commotion,
with just one bite!

The afternoon message needs to have purpose and be meaningful. It needs to promote conversation. Read the afternoon message together as a group using a “cool” pointer. Make sure the child points to each word as he reads. Re-read the message as a group and move on to discuss the questions in the message by sharing thoughts with a focus on topic maintenance!

Concepts About Print Game: Play the afternoon message game. Purpose: to help us, think like readers and writers. (6 cards total – each child gets two turns). First letter, last letter, one word, two words, one letter, two letters . . .

Before Reading 3/22

Activate Prior Knowledge: Are You a Wiggly Sleeper?

Before beginning this activity: Make a T-chart on a large piece of chart paper. Write “Yes” on one side and “No” on the other. Title it “Are You a Wiggly Sleeper?” Hang the chart onto the wall. Give each child a bed cut out and have them write their name. After everyone writes their name, ask each child if he is a “wiggler”. When the child answers have him place his bed in the correct column. Once each child has had a chance to chart his response, tally the responses. Discuss the results in terms of more and less.
Why the Napping House? Research by Diane Deford and many others has shown that books with simple plots and short, choppy sentences are not easier for new readers to read. In fact they are more difficult and furthermore they lead to the writing of short, choppy sentences by those children. The easiest books for children attempting to make sense of our written language are those in which the language flows in a more natural manner and those in which the action of the text is quite literally interpreted by accompanied pictures. Books where one or more phrases or sentences are repeated in the text in an easily recognized pattern also help new readers notice the conventions of print and make meaning of the text.

Today we are going to read, The Napping House. I know you have been reading this story with Mrs. Martha, Mrs. Kelly and Mrs. Meredith. Now as you are reading with me, I want you to be active readers by looking at the pictures, listening to the words and checking to see if the story makes sense!

- Introduce title, author and illustrator; Show the cover and talk about what they see. (observe book handling skills, where to start reading, directionality and return sweep).
- Look at the illustrations. Point out the changing colors as the house wakes. We start with a sleepy blue and change to a vibrant yellow as the afternoon rain changes to sunshine and a rainbow appears. Point out that except for the very first picture, everybody’s there already in the room, long before the text takes notice of them. Watch the sleepers. Do any of them move before they get up to join the pig pile on the bed?
- What about that bike left out in the rain? Is it Granny’s, the child’s, or neither one?
- Notice the tree house in the first picture. What if the action took place in the tree house, would we have the same sleepers in our story?

At the end of the story, share thoughts or connections. Say, “Remember, when stories we read remind us of things that we have done or things that have happened to us, good readers and good thinkers call this, making connections.” Do you have any connections you want to share?

Retell/Sequence

Pass out sequence sticks (paint sticks). Let boys use picture cards to sequence story onto the paint sticks. Have children retell story. (Focus: Listen to their retellings).

Share the Pen

Make a word journal using a house template. Draw a house on poster board. Write: Mrs. Ammons Words at the top of the house. Explain to the children that the words I want to learn to read and write are words that are important to me, words that I see in my house,
my community or my neighborhood. Just like in the Napping House, everything that was precious and special to Granny was in her house! Write the words that I want to read and spell on sentence strips. Stick the words inside the house. Make a poster for each child. Have them tell me three words other than their name they want to learn to write, special words they want to place in their house. Write words on a sentence strip. Talk about the letters and sounds they hear in their words.

**Independent Writing**

Have children write their words in their My Word journal. This will be in the shape of a house. They will practice writing these words each week!

**Share George Experience**

Keith will share his writing experience about his visit with George. Listen for narrative story structure and review writing for phonemic awareness. Send George home with Townsley today!

*Note: In reviewing two 1984 studies of emergent writers, Marjorie Siegel writes: “both studies showed that when young children wrote, they did not just make meaning through linguistic signs. As Harste et al. argued (1984), talking, gesturing, dramatizing, and drawing are ‘an intimate and integral part’ of the writing process (p. 37).” In “Different Texts, Different Emergent Writing Forms,” Liliana Barro Zecket writes: “. . . these children’s early literacy performance highlights the often overlooked value of using children’s readings of their own texts as a way to explore their emergent knowledge of written language. Young authors’ readings of their own compositions are better windows to their emergent understandings of the functional aspects of written language than are their written products considered in isolation.” This lesson marries the multimodality of combining drawings and written text with the satisfaction of reading their own drawings to enable young children to use their own experiences in writing to create sequential stories that are meaningful to them.*


**Goodbye Poem / Lullaby**

Before we leave today, I want to end with the reading of a lullaby. Listen to the beat of the rhyming words.
Therapy Session Plan

**Read the Room Activity:** Give each child a pointer and have them walk around and read the room.

**Greeting: Ways to Greet, Shaking Hands, Making Eye Contact, Etc.**

Hello Neighbor, what do you say?
It’s going to be a happy day.
So greet your neighbor,
And boogie on down.
Give ’em a bump,
and turn around.

**Afternoon Message for 3/29**

Good afternoon. Today is Thursday, March 29, 2012.
All Aboard!
Clickety-clack, say the wheels on the track.
Riding in front, riding in back, everyone hears the song of the track.
Clickety-clack! Choo, choo!
Can I take a ride with you?
yes  no

The afternoon message needs to have purpose and be meaningful. It needs to promote conversation. Read the afternoon message together as a group using a “cool” pointer. Make sure the child points to each word as he reads. Re-read the message as a group and move on to discuss the questions in the message by sharing thoughts with a focus on topic maintenance!

**Concepts About Print Game**

Play the afternoon message game. Purpose: to help us, think like readers and writers. (6 cards total – each child gets two turns). First letter, last letter, one word, two words, one letter, two letters . . .

**Before Reading 3/29**

*Activate Prior Knowledge:* Revisit Afternoon Message. Ask students to share their experiences with trains. Have they ever seen a train? Have they ever ridden on a train? Where? What type of train was it? What sounds do trains make? How do trains move? How would you describe a train?
Shared Reading – *Clickety Clack* by Robert Spence, Amy Spence, Margaret Spengler

Today we are going to read, *Clickety Clack*. Now as you are reading with me, I want you to be active readers by looking at the pictures, listening to the words and checking to see if the story makes sense!

*Introduce Story:* Introduce title, author and illustrator. Discuss the cover of the book. Picture Walk.

After the picture walk, remind them about—what rhyming words are—maybe even pick out the first one for them. Encourage them to try to think of a rhyming word to go in the blank while I am reading.

**Shared Writing**

Complete Rhyming Word Chart for -ack: “Now we are going to use a word from our story—CLACK.

Write the word ‘clack’ on a train car and tell boys that they will be going on a rhyme hunt for other words that rhyme with ‘clack.’ Reread the story, page by page, and let students listen for –ack rhyming words. Ask students to raise their hands when they hear a word that rhymes with ‘clack’. When a student finds a rhyming word, repeat the word “clack” and the word the student identified so children can hear the sound then draw attention to the fact that both words have the same ending letters. (They may not be able to tell me the letters but they will be able to recognize that the letters are the same).

Allow students to vocally assist me in writing words on chart through “share the pen”. I will think out loud (big word—metacognition)! I would say each letter as I wrote it.

Note: If one of the boys has one of the letters in his name I may want to call him up and let him write that letter since he is already familiar with it, knows pretty much how to write it, and will also help seal the learning for letter names.

**Independent Writing**

Revisit word journals. Have children provide a sentence about one of their words. Write sentence, leave word out, have children insert word. I may have to use dots and let them trace the letters to make the word, especially for Townsley.

**Share George Experience**

Keith will share his writing experience about his visit with George. Listen for narrative story structure and review writing for phonemic awareness. Send George home with Townsley today!
Therapy Session Plan

Read the Room Activity: Give each child a pointer and have them walk around and read the room. Pass out bunny glasses for reading the room.

Greeting: Ways to Greet, Shaking Hands, Making Eye Contact, Etc.

Hello Neighbor, what do you say?
It’s going to be a happy day.
So greet your neighbor,
And boogie on down.
Give ’em a bump,
and turn around.

Afternoon Message for 4/5 (Circle Activity)

Good afternoon. Today is Thursday, April 5, 2012.
Today we are going to do something very special.
What can you do with eggs? Can you eat eggs?

The afternoon message needs to have purpose and be meaningful. It needs to promote conversation. Read the afternoon message together as a group using a “cool” pointer. Make sure the child points to each word as he reads. Re-read the message as a group and move on to discuss the questions in the message by sharing thoughts with a focus on topic maintenance!

Concepts About Print Easter Egg Hunt (Room)

Purpose: to help us, think like readers and writers. Write concepts on Easter eggs and hide them around the room (each child gets two turns)! Target concepts: name, two letters, one word – yes (these concepts are the most difficult when looking at past data).

Before Reading 4/5 (Circle Activity)

Compare and contrast real eggs from plastic eggs. Three questions to ponder as the eggs “go around”. Stress that “ponder” means – “think about in your mind”. Write questions on chart paper!

1. Which egg is fragile? Fragile is a fancy word for something that breaks easily.

2. Which egg is real? Which egg is make-believe? How do you know?

3. How are these eggs the same? How are they different?
Make a Venn diagram. Focus on descriptive words. Same / different. Etc.
Hopefully boys will answer the three questions will be answered in the Venn!

**Concept Exploration/ Making Predications (Table Activity)**

Today we are going to be talking about making predictions. What color is this egg? What do you think would happen if we dropped this egg in this cup of water? What color is this water? Give children time to answer: Let’s make a prediction! Give children time to answer. Place egg in water. Take egg out of water. Discuss findings! Why did it turn pink instead of red, etc. Let them explore and talk DO NOT spoon feed them! Now, I am going to give you your own white egg to color. You have to request what color you want to place your egg in. Allow children to request dye color. Boys will place egg in cup and I WILL take egg out of dye. Let boys choose another color. What happened? Lead children into a discussion . . . what color do you see the most / least of? Did your egg change colors? Etc?

**Shared Reading – Chickens Aren’t the Only Ones by Ruth Heller (Circle Activity)**

Ask children: Who lays eggs? Allow children to answer. When they say chickens . . . say well guess what today we are going to read a story called . . . Chickens Aren’t the Only Ones. This book is nonfiction which means everything in this book is REAL! Read the story using the pictures and talk about how chickens are not the only ones that lay eggs.

**Shared Writing (Circle Activity)**

Ok. Let’s see if we can make a list of all the animals we remember that lay eggs. I may need you to help me write. Sketch picture of animal beside animal name.

**Independent Writing / Reader’s Response (Table Activity)**

Give each child an egg and have them draw/write an animal from the shared writing list!

**Share George Experience (Circle Activity)**

Townsley will share his writing experience about his visit with George. Listen for narrative story structure and review writing for phonemic awareness. DO NOT send George home this week. Remind children that there will be no clinic, April 12, 2012.

**Goodbye Poem / My Rabbit (Circle Activity)**

I have a little rabbit.
His eyes are shiny bright!
His fur is velvet soft and his tail is fluffy white!
**Supplies:**

Easter egg dye kit, Plastic eggs, Six hard boiled eggs, Brads, White construction paper, Candy, Paper baskets for egg take home activity, Easter grass

**Nonfiction book:**

Chickens Aren’t the Only Ones