

Южно-Уральский государственный  
гуманитарно-педагогический университет

Южно-Уральский научный центр  
Российской академии образования (РАО)

**О. В. Мухаметшина, Р. И. Кусарбаев**

## **АНГЛИЙСКИЙ ЯЗЫК**

Практикум для студентов направления подготовки  
«Специальное (дефектологическое) образование»

На английском языке

Челябинск  
2021

УДК 42-8(076)(021)

ББК 81.432.1-923

М 92

Рецензенты:

канд. пед. наук, доцент Л. В. Куценко;

канд. пед. наук, доцент Л. Н. Овинова

**Мухаметшина, Ольга Викторовна**

М92 Английский язык : практикум для студентов направления подготовки «Специальное (дефектологическое) образование» : на английском языке ; поясн. записка и заключение на русском языке / О. В. Мухаметшина, Р. И. Кусарбаев ; Южно-Уральский государственный гуманитарно-педагогический университет. – [Челябинск] : Южно-Уральский научный центр РАО, 2021. – 114 с.

ISBN 978-5-907408-13-5

Настоящий практикум предназначен для студентов направления подготовки «Специальное (дефектологическое) образование». Практикум способствует овладению студентами английским языком на уровне, достаточном для эффективной работы в типичных ситуациях профессионального общения. Включает две части: тексты профессиональной направленности с коммуникативными заданиями и сборник упражнений по грамматике в соответствии с программой дисциплины «Иностранный язык».

Материал практикума может быть использован для аудиторной и самостоятельной работы студентов по дисциплине «Иностранный язык».

УДК 42-8(076)(021)

ББК 81.432.1-923

ISBN 978-5-907408-13-5

© Мухаметшина О. В., Кусарбаев Р. И., 2021

© Издание на английском языке, 2021

© Оформление. Южно-Уральский научный центр РАО, 2021

## Содержание

Пояснительная записка .....	5
.....	
1 Special Education .....	6
.....	
2 Special-needs Education .....	10
.....	
3 The Declaration of Rights of Disabled Persons .....	14
.....	
4 Speech Therapy .....	20
.....	
5 Identifying Students or Learners with Special Needs .....	34
.....	
6 Methods of Provision .....	37
.....	
7 Speech and Clefts .....	40
.....	
8 The Phonological Approach to Developing Correct Sound Production .....	45
.....	
9 Development of Speech of the Child from Birth till 6 Months .....	51
.....	
10 The Development of Speech of the Child from 6 till 12 Months .....	58
.....	

11 The Intelligence Quotient (IQ) .....	64
.....	
12 Speech and Language Development of the Deaf .....	68
.....	
13 Deaf and Hard of Hearing .....	72
.....	
14 Hard of Hearing Children .....	75
.....	
15 Impact of Hearing Loss .....	79
.....	
16 Lip Reading .....	86
.....	
17 Sign Language .....	90
.....	
English Grammar Exercises .....	93
.....	
Заклучение .....	112
.....	
Список литературы.....	113
.....	

## **Пояснительная записка**

Целью данного практикума является усовершенствование языковой подготовки студентов, развитие умений и навыков чтения, перевода и говорения на основе специальной профессиональной лексики.

Практикум предназначен для студентов направления подготовки «Специальное (дефектологическое) образование».

Иностранный язык выступает средством формирования не только иноязычной коммуникативной компетенции как частной универсальной компетенции, но и универсальных компетенций, заявленных федеральным образовательным стандартом нового поколения.

Практикум включает оригинальные тексты в областях инклюзивного образования, логопедии, сурдопедагогики и олигофренопедагогики.

Каждый текст сопровождается различными заданиями, нацеленными на формирование коммуникативных умений у студентов, на овладение специальной терминологией в соответствии с профилем подготовки. Обучение всем видам чтения, переводу со словарем, реферированию, аннотированию и говорению на заданную тему являются задачами данного практикума.

Система заданий грамматического материала практикума обеспечивает развитие умений у студентов грамотно выражать мысли на изучаемом языке. Грамматическая часть практикума составлена с учетом тем, представленных в рабочей программе дисциплины «Иностранный язык».

# PROFESSIONAL TEXTS

## 1 Special Education

### 1.1 Pay attention to the following words

to deviate – иметь отклонения от нормы, отличаться

to make use of smth – использовать ч.-л.

specialized methods – специальные методы

to include – включать в себя

handicapped children – дети с физическими или умственными недостатками

the crippled – инвалиды

blind and the partially sighted – слепые и слабовидящие

deaf and the hard of hearing – глухие и слабослышащие

the deafened – оглохшие

the speech defectives (logopaths) – логопаты, дети с дефектами речи

the emotionally disturbed – эмоционально неустойчивые дети

the mentally retarded – умственно отсталые дети

the mentally gifted – одаренные, талантливые дети

behavior problems – проблемы поведения

universal compulsory education – общее обязательное образование

to imply – значить, включать в себя

## **1.2 Read the text and translate it into Russian. Use a dictionary if necessary**

In every school system there are pupils who deviate markedly from so called «normal children». Today all «special» children are called the children with special educational needs. That term includes the various types of physically handicapped children such as: the crippled, the blind and the partially sighted, the deaf and the hard of hearing, the deafened, the speech defectives (logopaths), the children with special health problems, the emotionally disturbed and the mentally retarded. There are two more groups in the American classification – the mentally gifted and the children presenting serious behavior problems.

The education of the children with special educational needs in Russia is a part of the State Educational System. A few months after the Revolution of 1917 the State took upon itself the care of the children with special educational needs, which in pre-revolutionary Russia had been chiefly the domain of private or philanthropic establishments. With universal compulsory education, special education became a necessity. Since then retarded children have been cared for and educated in the so-called auxiliary schools, while blind, deaf and physically handicapped children have attended corresponding special schools; children with nervous and mental disorders have been cared for in sanatoria-schools, convalescent schools and other special establishments of the Ministry of Health. This network of special establishments has been under constant improvement.

Special education presents a wide variety of medical, vocational and administrative problems for education. It is applied to each type of exceptional children who are handicapped physically, mentally or socially because such children cannot follow the regular school programme but they can profit by a

restricted or adjusted one. It implies the development of a healthy well adjusted personality who can adapt to a society successfully.

The training of specialists for special education began in 1920 in Russia, when the faculty of Defectology was founded in Moscow State Pedagogical Institute. Later on such faculties were founded in many other cities throughout the country. Nowadays the training of defectologists is carried out in four specialties: oligofrenopedagogics, surdopedagogics, speech therapy and special psychology.

The primary function of special education is to provide treatment, training and instruction for handicapped children.

The children with special educational needs must be placed in special schools and classes, where they can get additional services and special instruction. In such schools children are taught, special habits and abilities are given according to the normal training course but the applied methods are specialized.

Special education is planned to make use of highly specialized methods in order to provide all children with special educational needs with the specific type of educational service they need. These special services may include a radical modification of the curriculum, special methods of instruction as well as special equipment.

Each kind of children with special educational needs presents learning difficulties, their sensory and motor impairments require careful study in order to adjust instruction successfully as they cannot adapt to the ordinary school program.

The best system of training is one in which the child follows the normal training course designed for ordinary school work, but in addition devotes some time to special work designed to eliminate the respective defects.

In practice special education has been carried out in residential schools and institutions, segregating children from



society, community and family. Many have been deemed inadequate. The benefit of special education for children with disabilities is still a matter for debate in international circles.

### **1.3 Answer the questions**

1.3.1 What is special education?

1.3.2 What are the aims of special education?

1.3.3 Where is special education held

1.3.4 When did special education begin in Russia?

### **1.4 Say whether the following statements are true or false**

1.4.1 The system of special education is independent from the state.

1.4.2 SE deals with average children.

1.4.3 The children with SEN may attend ordinary schools.

1.4.4 Nowadays SE is a part of state educational system.

1.4.5 The system of SE doesn't exist in other countries.

1.4.6 The faculty of defectology is the only place where the training of the specialists for the work with subnormal children is carried out.

1.4.7 The main target of defectology is to make children get ready to go to school.

1.4.8 All the children with SEN are educated to the same programme.

1.4.9 There are no investigations of the conditions which may influence the development of a healthy well adjusted personality.

1.4.10 The children with SEN must work only on the elimination of their handicaps.

1.4.11 The crippled are not treated as the children with SEN.

## **2 Special-needs Education**

### **2.1 Pay attention to the following words**

special education – специальное образование

arrangement of teaching procedures – организация учебных процедур

accessible settings – доступные условия

interventions – вмешательства

special needs – особые потребности

learning disabilities – неспособность к обучению, нарушения обучаемости

communication disorders – коммуникативные расстройства

emotional and behavioral disorders – эмоциональные и поведенческие расстройства

physical disabilities – инвалидность, ограниченные физические возможности

osteogenesis imperfecta – несовершенный остеогенез

cerebral palsy – детский церебральный паралич

muscular dystrophy – мышечная дистрофия

spina bifida – расщепление позвоночника

developmental disabilities – нарушения развития

autistic spectrum disorders – расстройства аутистического спектра

Asperger syndrome – синдром Аспергера

intellectual disability – умственная отсталость

### **2.2 Read the text and translate it into Russian.**

**Use a dictionary if necessary**

Special education (also known as special-needs education, aided education, exceptional education, special ed., SEN or SPED)

is the practice of educating students in a way that provides accommodations that address their individual differences, disabilities, and special needs. Ideally, this process involves the individually planned and systematically monitored arrangement of teaching procedures, adapted equipment and materials, and accessible settings. These interventions are designed to help individuals with special needs achieve a higher level of personal self-sufficiency and success in school and in their community which may not be available if the student were only given access to a typical classroom education.

Special education aims to provide accommodated education for students with disabilities such as learning disabilities (such as dyslexia), communication disorders, emotional and behavioral disorders (such as ADHD), physical disabilities (such as osteogenesis imperfecta, cerebral palsy, muscular dystrophy, spina bifida, and Friedreich's ataxia), and developmental disabilities (such as autistic spectrum disorders including autism and Asperger syndrome and intellectual disability) and many other disabilities. Students with these kinds of disabilities are likely to benefit from additional educational services such as different approaches to teaching, the use of technology, a specifically adapted teaching area, a resource room, or a separate classroom.

While some scholars of education may categorize gifted education under the umbrella of «special education», this pedagogical approach is much different based on students' capabilities. Intellectual giftedness is a difference in learning and can also benefit from specialized teaching techniques or different educational programs, but the term «special education» is generally used to specifically indicate instruction of disabled students.

Whereas special education is designed specifically for students with learning disabilities, remedial education can be designed for any students, with or without special needs; the

defining trait is simply that they have reached a point of unpreparedness, regardless of why. For example, even people of high intelligence can be under-prepared if their education was disrupted, for example, by internal displacement during civil disorder or a war.

In most developed countries, educators modify teaching methods and environments so that the maximum number of students are served in general education environments. Therefore, special education in developed countries is often regarded as a service rather than a place. Integration can reduce social stigmas and improve academic achievement for many students.

### **2.3 Answer the questions**

2.3.1 What is special education?

2.3.2 What does the process of special education involve?

2.3.3 How can the interventions of special education help?

2.3.4 How can special education provide accommodated education for students with disabilities such as learning disabilities?

2.3.5 What is intellectual giftedness?

2.3.6 Can remedial education be designed for any students, with or without special needs?

2.3.7 Why is special education in developed countries often regarded as a service?

### **2.4 Say whether the following statements are true or false**

2.4.1 Special education (also known as special-needs education, aided education, exceptional education, special ed., SEN or SPED) is the practice of educating students in a way that provides accommodations that address their individual differences, disabilities, and special needs.

2.4.2 These interventions are not designed to help individuals with special needs achieve a higher level of personal self-sufficiency and success in school and in their community which may not be available if the student were only given access to a typical classroom education.

2.4.3 Special education doesn't aim to provide accommodated education for students with disabilities such as learning disabilities (such as dyslexia), communication disorders, emotional and behavioral disorders (such as ADHD), physical disabilities (such as osteogenesis imperfecta, cerebral palsy, muscular dystrophy, spina bifida, and Friedreich's ataxia), and developmental disabilities (such as autistic spectrum disorders including autism and Asperger syndrome and intellectual disability) and many other disabilities.

2.4.4 Intellectual giftedness is a difference in learning and can also benefit from specialized teaching techniques or different educational programs, but the term «special education» is generally used to specifically indicate instruction of disabled students.

2.4.5 Remedial education can't be designed for any students, with or without special needs.

## **3 The Declaration of Rights of Disabled Persons**

### **3.1 Pay attention to the following words**

pledge – торжественное обещание, зарок, обязательство  
to take joint

and separate actions – предпринимать общие и частные  
ПОПЫТКИ

co-operation – сотрудничество, взаимопомощь

to promote – обеспечивать

to affirm – утверждать, подтверждать

the dignity – достоинство, благородство

to recall – вспоминать

to prevent – предотвращать, предвосхищать какие-либо  
СОБЫТИЯ

to assure – заверять

to ensure – обеспечивать, гарантировать, ручаться

the welfare – система социального обеспечения

to bear in mind – помнить, иметь ввиду

to assist – помогать, сотрудничать

an effort – попытка, старание

congenital – пренатальные повреждения

to set forth – издать, опубликовать

suppression – подавление, замалчивание

prosthetic and orthotic appliances – протезы и  
ортопедические приспособления

counseling – совет

to hasten – торопить, подгонять, ускорять

social integration – вовлечение в жизнь общества

a decent level of living – достойный уровень жизни

to retain – нанимать за определенную плату  
remunerative occupation – хорошо оплачиваемая работа  
foster parents – приемные родители  
to derive – устанавливать происхождение, происходить от  
чего-либо  
indispensable – необходимый, обязательный  
abusive – бранный, оскорбительный  
to avail – быть полезным, пригодным  
to take into account – принимать во внимание

**3.2 Read the text and translate it into Russian. Use a dictionary if necessary**

**Declaration on the Rights of Disabled Persons**

**Proclaimed by General Assembly resolution 3447 (XXX)  
of 9 December 1975**

The General Assembly,

Mindful of the pledge made by Member States, under the Charter of the United Nations to take joint and separate action in co-operation with the Organization to promote higher standards of living, full employment and conditions of economic and social progress and development,

Reaffirming its faith in human rights and fundamental freedoms and in the principles of peace, of the dignity and worth of the human person and of social justice proclaimed in the Charter,

Recalling the principles of the Universal Declaration of Human Rights, the International Covenants on Human Rights, the Declaration of the Rights of the Child and the Declaration on the Rights of Mentally Retarded Persons, as well as the standards already set for social progress in the constitutions, conventions, recommendations and resolutions of the International Labour Organisation, the United Nations Educational, Scientific and

Cultural Organization, the World Health Organization, the United Nations Children's Fund and other organizations concerned,

Recalling also Economic and Social Council resolution 1921 (LVIII) of 6 May 1975 on the prevention of disability and the rehabilitation of disabled persons,

Emphasizing that the Declaration on Social Progress and Development has proclaimed the necessity of protecting the rights and assuring the welfare and rehabilitation of the physically and mentally disadvantaged,

Bearing in mind the necessity of preventing physical and mental disabilities and of assisting disabled persons to develop their abilities in the most varied fields of activities and of promoting their integration as far as possible in normal life,

Aware that certain countries, at their present stage of development, can devote only limited efforts to this end,

Proclaims this Declaration on the Rights of Disabled Persons and calls for national and international action to ensure that it will be used as a common basis and frame of reference for the protection of these rights:

1. The term «disabled person» means any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life, as a result of deficiency, either congenital or not, in his or her physical or mental capabilities.

2. Disabled persons shall enjoy all the rights set forth in this Declaration. These rights shall be granted to all disabled persons without any exception whatsoever and without distinction or discrimination on the basis of race, colour, sex, language, religion, political or other opinions, national or social origin, state of wealth, birth or any other situation applying either to the disabled person himself or herself or to his or her family.

3. Disabled persons have the inherent right to respect for their human dignity. Disabled persons, whatever the origin, nature and



seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow-citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and full as possible.

4. Disabled persons have the same civil and political rights as other human beings; paragraph 7 of the Declaration on the Rights of Mentally Retarded Persons applies to any possible limitation or suppression of those rights for mentally disabled persons.

5. Disabled persons are entitled to the measures designed to enable them to become as self-reliant as possible.

6. Disabled persons have the right to medical, psychological and functional treatment, including prosthetic and orthotic appliances, to medical and social rehabilitation, education, vocational training and rehabilitation, aid, counseling, placement services and other services which will enable them to develop their capabilities and skills to the maximum and will hasten the processes of their social integration or reintegration.

7. Disabled persons have the right to economic and social security and to a decent level of living. They have the right, according to their capabilities, to secure and retain employment or to engage in a useful, productive and remunerative occupation and to join trade unions.

8. Disabled persons are entitled to have their special needs taken into consideration at all stages of economic and social planning.

9. Disabled persons have the right to live with their families or with foster parents and to participate in all social, creative or recreational activities. No disabled person shall be subjected, as far as his or her residence is concerned, to differential treatment other than that required by his or her condition or by the improvement which he or she may derive therefore. If the stay of a disabled person in a specialized establishment is indispensable, the

environment and living conditions therein shall be as close as possible to those of the normal life of a person of his or her age.

10. Disabled persons shall be protected against all exploitation, all regulations and all treatment of a discriminatory, abusive or degrading nature.

11. Disabled persons shall be able to avail themselves of qualified legal aid when such aid proves indispensable for the protection of their persons and property. If judicial proceedings are instituted against them, the legal procedure applied shall take their physical and mental condition fully into account.

12. Organizations of disabled persons may be usefully consulted in all matters regarding the rights of disabled persons.

13. Disabled persons, their families and communities shall be fully informed, by all appropriate means, of the rights contained in this Declaration.

### **3.3 Answer the questions**

3.3.1 When was the Declaration of Rights of Disabled Persons proclaimed?

3.3.2 What does it deal with?

3.3.3 What are the main purposes of this Declaration?

3.3.4 Are there any restrictions for this Declaration?

3.3.5 If you were to deal with the updating of this Declaration what other points would have been included?

### **3.4 Say whether the following statements are true or false**

3.4.1 The Declaration of the Rights of the Disabled People deals with all types of handicapped children.

3.4.2 All the handicapped children are obliged to do the military service to the state as well as other citizens of the country.

3.4.3 The people with any type of impairments are entitled disabled ones.

3.4.4 This Declaration of the Rights of Disabled People works on the whole territory of Russian Federation.

3.4.5 Average people have the same rights as disabled ones.

3.4.6 The protection of rights of disabled people is in the competence of the Ministry of Health.

3.4.7 The UN updates this declaration every decade.

3.4.8 The Declaration was designed to promote higher standards of living.

## **4 Speech Therapy**

### **4.1 Pay attention to the following words**

to carry out – выполнять, осуществлять

to perceive – получать информацию

to distinguish – различать, отличать

a retort – ответ, реплика

coherent narration – связная речь

to assume – брать на себя ответственность, присваивать

to issue – происходить, получаться в результате ч.-л.

an infringement – недостаток, уродство, отклонение от нормы

to prevent – предотвращать

to reveal – открывать, показывать

semi logy – семиология

a root – корень слова

frustrated speech activity – аномальная речевая деятельность, с нарушениями

to treat (for, with) – лечить от к.-л. болезни; обращаться; угощать ч.-л.

compensating opportunities – компенсаторные способности

to influence – влиять

intersubject communications – межпредметные связи

to maintain – поддерживать, содержать, утверждать

motility – побуждение к действию

the formation of personality – формирование, становление личности

cognitive activity – познавательная деятельность

simultaneous – одновременный

to promote – обеспечивать, продвигать

a target – цель, идея  
indemnification – возмещение, компенсация, контрибуция  
to take part in smth. – принимать участие  
to acquire – приобретать, получать, снискать  
speech disturbance – нарушение речи  
the brain bark – кора головного мозга  
parietal brain area – височная зона головного мозга  
occipital brain area – затылочная часть головного мозга  
operative intervention – оперативное вмешательство  
medical treatment – медикаментозное лечение  
an organic defeat of central nervous system – органическое повреждение ЦНС  
to observe – наблюдать, отмечать  
brain maturing delay – задержка процесса созревания  
ГОЛОВНОГО МОЗГА  
to make up the conclusion – давать заключение  
impellent – побуждающий, двигающий  
anxiety – беспокойство, тревога  
to diagnose – ставить диагноз  
perception and generation of speech – восприятие и воспроизводство речи (понимание и говорение)  
intellectual insufficiency – интеллектуальная, умственная недостаточность, неполноценность  
surrounding validity – окружающая действительность, реальность  
inferiority – более низкое положение, качество  
voice cords – голосовые связки

**4.2 Read the text and translate it into Russian.  
Use a dictionary if necessary**

Speech therapy or logopedics is a science about the infringements of speech, the methods of their prevention, revealing

and elimination by means of special training and education. Speech therapy studies the reasons, mechanisms, semi logy, current structure of infringements of speech activity, and the system of correctional influence.

The term «logopedics» comes from the Greek roots: logos (a word) and pedos (I bring up, I train) - and in translation means «education or teaching correct speech».

The subject of speech therapy as a science is the infringements of speech and the process of training and education of persons with frustrated speech activity. The object of studying is the person (individual), treated for the infringement of speech.

The infringements of speech are studied by physiologists, neuropathologies, psychologists, linguists, etc. thus everyone considers them under the certain point of view according to the purposes, problems and means of the science.

Speech therapy considers speech disturbance from the positions of the prevention and overcoming it by means of specially organized training and education, therefore it deals with special pedagogic.

The structure of modern speech therapy is made with preschool, school and the speech therapy of teenagers and adults.

The basic purpose of speech therapy is the development of scientifically proven system of training, education and re-education of persons with the infringements of speech, and also the prevention of speech frustration.

It creates optimum conditions for the development of the personality of children with the infringements of speech. There are numerous modern researches by Russian and foreign authors testifying great compensating opportunities in the development of children's brain and the perfection of ways and the methods of speech therapy correctional influence.

Proceeding from the definition of speech therapy as a science, it is possible to focus on its problems:

1. Studying speech activity at various forms of speech infringements;

2. Defining the prevalence, semi logy and a degree of displays of infringements of speech;

3. Revealing of dynamics of the spontaneous and directed development of children with the infringements of speech activity, and also the character of influence of speech frustration on the formation of their personality, mental development, realization of various kinds of activity, behavior;

4. Studying the forming features of speech and speech infringements at children with various deviations in development (with intelligence, hearing, sight handicaps);

5. Finding-out the background and the reasons, the mechanisms, the structure and semi logy of speech infringements;

6. Developing the methods of pedagogical diagnosis of speech frustration.

7. Ordering speech frustration;

8. Developing the principles, the differentiated methods and the means of elimination of speech infringements;

9. Perfecting the methods of preventive maintenance of speech frustration.

10. Developing the organization questions of the speech therapy help.

The theoretical aspect of speech therapy is studying speech frustration and the development of scientifically proven methods of its preventive maintenance, revealing and overcoming; though its practical aspect is the preventive maintenance, revealing and elimination of speech infringements. The theoretical and practical problems of speech therapy are closely connected.

It is necessary to fulfill the following tasks to match the aims and the problems of speech therapy:

- to use intersubject communications and to attract many experts studying speech and its infringements (psychologists, neuropsychologists, neurophysiologists, linguists, teachers, doctors of various specialties, etc.);

- to maintain interrelation of the theory and practice, communication of scientific and practical establishments for faster introduction in practice of advanced scientific achievements;

- to realize the principle of early revealing and overcoming of speech infringements;

- to distribute speech therapy knowledge among the population to prevent the maintenance of infringements of speech.

The fulfilling of the listed tasks defines the course of speech therapy influence.

The basic direction of speech therapy influence is the development of speech, the correction and preventive maintenance of its infringements. During the speech therapy work the development of touch functions is provided; the development of motility is provided, especially speech motility; the development of cognitive activity, first of all thinking, memorizing, attention; the formation of the child personality with simultaneous regulations, and also correction of social attitudes onto the influence on social environment.

The organization of speech therapy process allows eliminating or softening of both speech, and psychophysical infringements, promoting achievement of an overall objective of pedagogical influence, where the main target is to train the personality.

The speech therapy influence should be directed on both external and internal factors causing infringements of speech. It represents the complex pedagogical process directed first of all on correction and indemnification of infringements of speech activity.



Speech therapy is closely connected with many sciences. Successfully to be engaged in correction and preventive maintenance of various speech infringements, comprehensively to influence the personality, it is necessary to know semiology of speech infringements, the etiology, the mechanisms of speech and nonverbal symptoms in the structure of infringements of speech activity.

A speech therapist uses the general anatomy and physiology, neurophysiology of speech mechanisms, the brain organization of speech process, knows the structure and the functions of the analyzers taking part in speech activity.

For the understanding of the mechanisms of speech infringements and revealing of laws of correctional process it is important to know the dynamic localization of the maximum mental functions, the brain organization of speech processes.

The speech functional system is based on the activity of many brain structures, each of which carries out the certain operation in speech activity.

The process of articulation, the motor organization of the speech production is carried out on the basis of the thin regulation of the coordinated complex work of speech muscles. The motor organization of the speech production is provided with the secondary departments of the post central area and the bottom departments of the left pre-motor area.

The choice of language units and their combination, the processes of sense decoding of speech form are impossible without the participation of the most highly organized structures of the brain bark, tertiary departments of front forehead and parietal and occipital areas.

Thus, various brain zones participate differently in the process of speech production. A defeat of its any site leads to specific symptoms of infringements of speech activity. The data about the

brain organization of speech process enables to specify the representations of etiology and mechanisms of infringements of speech activity. These data are especially necessary for differential diagnostics of various forms of a speech disturbance, at local defeats of a brain that allow to plan speech therapy work more effectively on restoration of speech at these patients.

Speech therapy is also closely connected with otoloringologia, neuropathology, psychopathology, clinic oligofrenia, pediatrics. So, the given pathologies of ears and speeches (for example, at voice infringements ) enable not only to define etiology of infringements, but also allow to combine correctly speech therapy work with medical influence (medical and physiotherapeutic treatment, operative intervention, etc.). These data are necessary at studying and elimination of voice frustration, infringements of speech at the lowered hearing, etc. In particular, voice frustration can be caused by various organic damages of throat and voice cords (a tumor, papillomas, particular damages of voice cords, etc.). The elimination of infringements of voice in these cases is impossible without normal physiological functioning of voice that is provided with medical, surgical, physiotherapeutic, psychotherapeutic influence.

Many kinds of speech infringements are connected with an organic defeat of the central nervous system, and their diagnostics is possible only with the joint efforts of the speech therapist and neuropathology or neuropsychiatric specialists. At speech frustration various infringements of mental activity can be observed: backlog of mental development, behavioral and emotional infringements, infringements of attention, memory, intellectual working capacity, etc. Their estimation in structure of speech frustration, the analysis of mechanisms of their occurrence, differentiation are primary connected with the defeat of the central nervous system, and secondary infringements of mental activity in

connection with speech defect are the competence of the neuropsychiatric specialists. That doctor makes up the conclusion about the intelligence condition of the child, establishes the clinical speech diagnosis and provides corresponding treatment.

These data have great value for the correct pedagogical analysis of speech infringement and the organization of speech therapy work, the choice of structure of special establishment.

Many kinds of speech infringements connected with the brain maturing delay are connected with early organic (sometimes even minimal) defeat. In these cases speech therapy work turns out to be effective only when it is combined with the special medical treatment stimulating the maturing of the central nervous system. This treatment is provided by the neuropsychiatric specialists. In some cases speech infringements are combined with the impellent anxiety, the raised emotional excitability and the employment of the speech therapist will not be effective until the child does not receive special treatment.

The reason of some kinds of speech frustration, for example, some forms of stutter, can be sharp mental traumas: the fright, excitement, change of a habitual stereotype (separation from relatives), etc. During the moment of their occurrence the child requires a corresponding mode of treatment; only the teamwork of the neuropsychiatry and the speech therapist may promote the recovery. All these data testify that though speech therapy is a pedagogical science, it can solve the problems successfully only in close connection with medical sciences and first of all neuropathology and children's psychiatry.

The theory of training and education of abnormal children including children with speech frustration is under construction on the basis of knowledge of the structure of nervous system, its functions and the features of its development.

The speech therapist should know neurologic bases of speech frustration, to be focused on the questions of children's psychopathology, to know about the most frequent forms of mental infringements at children, the so-called boundary conditions shown in behavioral and emotional infringements, oligophrenia and the delays of mental development. This knowledge will help the specialist to define the correct structure of speech infringement, to choose the optimal methods of correction, training and education of the child and to warn abnormal development of the person. The communication and cooperation of a speech therapist with neuropathologists, psychopathologists, clinic oligophrenics, the specialists in the field of pathology of ears and sight is necessary for speech differential diagnostics of the infringements of speech.

So, the diagnostics of infringements of speech at decrease in hearing and touch allalia demands careful inspection of a condition of acoustical function; diagnostics of infringements of speech at oligofrenics and allalia are impossible without the definition of the condition of intelligence, the features of mental and sensor and motor development.

The data of medical sciences help to approach the understanding of etiology, the mechanisms of speech infringements, allow deciding the questions of diagnostics and the differentiated speech therapy influence for the elimination of various forms of speech infringements. Correct definition of children depends on the exact diagnosis in various types of special establishments also.

Speech therapy is also closely connected with linguistic sciences and psycholinguistics. Speech assumes the use of language units of a various level and the rules of its functioning. They can be broken differently at various speech disturbances.

At studying and the elimination of the system of speech infringements in modern speech therapy the news of

psycholinguistics, based on the teaching of N. Vigodskiy, of A. Lurija, A. Leonteva about the complex structure of speech activity, about the operations of perception and generation of the speech statement, are widely used. The perception and generation of the speech statement represent the multilevel processes having complex hierarchically organized structure, including various operations. Each level and operation of the process of generation of the speech statement has the vocabulary, the syntax of association units. Any speech statement is generated by the certain motive which is caused by the occurrence of speech ideas.

Speech therapy is also closely connected with the general and special psychology, psycho diagnostics. It is important for a speech therapist to know the laws of mental development of a child, to master the methods of psycho-pedagogical inspection of children of different age. Applying these methods, a speech therapist can differentiate various forms of speech frustration and to differentiate them from the speech infringements connected with intellectual insufficiency, emotional and behavioral frustration. The knowledge of psychology helps a speech therapist to see not only speech frustration, and first of all, the child, correctly to understand interrelation of his or her speech infringements with the features of mental development as a whole. That information will help to come into contact with the children of different age, to choose adequate methods of inspection of their speech, perception, memory, attention, intelligence, emotional-strong-willed sphere, and also to provide speech therapy work more effectively.

Speech therapy as a science has the important theoretical and practical value which is caused by the social essence of language, speech and close connection of the development of speech, thinking and all mental activity of child.

Speech function is one of the major mental functions of a person. During speech development the maximum forms of

cognitive activity, ability to conceptual thinking are formed. The word meaning already in itself is the generalization and in this connection represents not only the units of speech, but also the units of thinking. They are not identical and arise to some extent independently from each other. But during mental development of the child there is a complex, qualitatively new unity - speech thinking, the production of speech activity. Mastering the ability of dialogue creates the preconditions for specifically human social contacts owing to which the representations of the child about the surrounding validity are formed and specified, the forms of its reflection are improved. Mastering speech promotes comprehension, planning and regulation of the child behavior. Dialogue creates the necessary conditions for the development of various forms of activity and participation in collective work.

The infringements of speech to some extent (depending on the character of speech frustration) influence negatively all mental development of the child; reflect in his or her activity, behavior. Heavy infringements of speech can influence intellectual development, especially the formation of the highest levels of cognitive activity which are caused by the close interrelation of speech and thinking and limitation social, in particular speech, contacts during which the knowledge is carried out by the child of the surrounding validity.

The infringements of speech, limitation of speech dialogue can negatively influence the formation of the personality of a child, cause mental stratifications, specific features of emotional-strong-willed sphere, promote the development of negative features of character (shyness, indecision, isolation, negativism and feeling of inferiority).

The real value of speech therapy is in the help to a child to overcome speech infringements, with that to provide high-grade, its all-round development.

A speech therapist should possess the system of a general-theoretical and special professional study, should know the typology and structure of abnormal development, the ways of the prevention and overcoming of speech insufficiency, the methods of psycho-pedagogical influence.

A speech therapist should be able to distinguish speech infringements, to master the methods of their elimination and correction, special methods of training of children with speech frustration to the native language both in preschool, and at school age, to provide preventive work, it is good to know psychological features of children with a speech pathology, to use receptions and methods of their education, correction and development at the maximum cortex functions. The success in solving these problems depends on the presence of a speech therapist, on his deep professional skills, on wide orientation in the modern domestic and foreign achievements in corresponding sciences, and also on the creative activity and initiative.

A speech therapist must be characterized by following qualities:

- humanistic conviction;
  - civil moral maturity;
  - cognitive and pedagogical orientation;
  - enthusiasm for a trade;
  - love for children;
  - insistence on him or herself and associates;
  - validity, endurance and self-criticism;
  - pedagogical creative imagination and observation;
  - sincerity, modesty, responsibility, hardness and sequence in words and actions.
- sincerity, modesty, responsibility, hardness and sequence in words and actions.

A speech therapist should conduct the search for the best means of correction of speech of children, generalizing the best practices.

The work of a speech therapist is under construction in the view of the conclusion about the child with the neuropathologist or the neuropsychiatrist. Joint discussion with colleagues of the most complex kinds of speech infringements in the atmosphere of mutual understanding and respect create the favorable conditions for carrying out the correctional work. A speech therapist provides a uniform speech mode, trains the average and younger personnel of special children's establishments in a standard of speech, and in some cases the heads of all teaching and educational process, for example in conditions of special children's educational establishments.

### **4.3 Answer the questions**

4.3.1 What is speech therapy?

4.3.2 What are the main purposes of speech therapy?

4.3.3 What are the tasks for speech therapy?

4.3.4 What qualities should a speech therapist have?

4.3.5 What sciences is speech therapy connected with?

4.3.6 Are there any unions of speech therapists in the world?

4.3.7 Do you think the methods of speech therapy are international?

### **4.4 Say whether the following statements are true or false**

4.4.1 Speech therapy deals with mentally disadvantaged children.

4.4.2 Speech defects are inherited.

4.4.3 Speech therapists work in every educational establishment.

4.4.4 Speech defects are caused with traumas.



4.4.5 Speech therapy is an independent science.

4.4.6 Speech therapy has got the great value for the development of world economy.

4.4.7 Logopeds are trained in the special schools and classes.

4.4.8 Speech therapists have got the infringements of speech.

4.4.9 Medical treatment is required for the elimination of speech defects.

4.4.10 No special information is needed to help the patient to get rid of speech defects.

## **5 Identifying Students or Learners with Special Needs**

### **5.1 Pay attention to the following words**

brain damage – повреждение головного мозга

developmental disorder – расстройство развития

obvious disabilities – очевидные недостатки

discrepancy model – модель несоответствия

the response to intervention model – модель реагирования на вмешательство

a reading remediation program – программа восстановления чтения

### **5.2 Read the text and translate it into Russian.**

#### **Use a dictionary if necessary**

Some children are easily identified as candidates for special needs due to their medical history. For example, they may have been diagnosed with a genetic condition that is associated with intellectual disability, may have various forms of brain damage, may have a developmental disorder, may have visual or hearing disabilities, or other disabilities.

On the other hand, for students with less obvious disabilities, such as those who have learning difficulties, two primary methods have been used for identifying them: the *discrepancy model* and the *response to intervention model*. The discrepancy model depends on the teacher noticing that the students' achievements are noticeably below what is expected. At which the teacher may make the decision for the student to receive support from a special education specialist. Before doing so, the teacher must show documentation of low academic achievement. The response to intervention model advocates earlier intervention.

In the discrepancy model, a student receives special education services for a specific learning difficulty (SLD) if the student has at least normal intelligence and the student's academic achievement is below what is expected of a student with his or her IQ. Although the discrepancy model has dominated the school system for many years, there has been substantial criticism of this approach (e.g., Aaron, 1995, Flanagan and Mascolo, 2005) among researchers. One reason for criticism is that diagnosing SLDs on the basis of the discrepancy between achievement and IQ does not predict the effectiveness of treatment. Low academic achievers who also have low IQ appear to benefit from treatment just as much as low academic achievers who have normal or high intelligence.

The alternative approach, response to intervention, identifies children who are having difficulties in school in their first or second year after starting school. They then receive additional assistance such as participating in a reading remediation program. The response of the children to this intervention then determines whether they are designated as having a learning disability. Those few who still have trouble may then receive designation and further assistance. Sternberg (1999) has argued that early remediation can greatly reduce the number of children meeting diagnostic criteria for learning disabilities. He has also suggested that the focus on learning disabilities and the provision of accommodations in school fails to acknowledge that people have a range of strengths and weaknesses and places undue emphasis on academics by insisting that students should be supported in this area and not in music or sports.

### **5.3 Answer the questions**

5.3.1 How can children be identified as candidates for special needs?

5.3.2 What is the discrepancy model?

5.3.3 What is the response to intervention model?

5.3.4 Why was the discrepancy model criticized?

5.3.5 What has Sternberg argued?

**5.4 Say whether the following statements are true or false**

5.4.1 Some children are easily identified as candidates for special needs due to their medical history.

5.4.2 On the other hand, for students with less obvious disabilities, such as those who have learning difficulties, three primary methods have been used for identifying them: the *discrepancy model* and the *response to intervention model*.

5.4.3 The response to intervention model doesn't advocate earlier intervention.

5.4.4 In the discrepancy model, a student receives special education services for a specific learning difficulty (SLD) if the student has at least normal intelligence and the student's academic achievement is below what is expected of a student with his or her IQ.

## **6 Methods of Provision**

### **6.1 Pay attention to the following words**

inclusion – инклюзия, вхождение

speech and language therapy – речевая и языковая терапия

occupational therapy – трудотерапия

rehabilitation      counseling      –      реабилитационное  
консультирование

mainstreaming – актуализация

co-teaching – совместное обучение

### **6.2 Read the text and translate it into Russian. Use a dictionary if necessary**

Schools use different approaches to providing special education services to students. These approaches can be broadly grouped into four categories, according to how much contact the student with special needs has with non-disabled students (using North American terminology):

- *Inclusion*: In this approach, students with special needs spend all, or most of the school day with students who do not have special needs. Due to the fact that inclusion can require substantial modification of the general curriculum, most schools use it only for selected students with mild to moderate special needs, which is accepted as a best practice. Specialized services may be provided inside or outside the regular classroom, depending on the type of service. Students may occasionally leave the regular classroom to attend smaller, more intensive instructional sessions in a separate classroom, resource room, or to receive other related services that might require specialised equipment or might be disruptive to the rest of the class, such as speech and language therapy, occupational therapy, physical therapy, rehabilitation counseling. They might

also leave the regular classroom for services that require privacy, such as counseling sessions with a social worker.

- *Mainstreaming* refers to the practice of educating students with special needs in classes with non-disabled students during specific time periods based on their skills. Students with special needs are segregated in separate classrooms exclusively for students with special needs for the rest of the school day.

- *Segregation* in a separate classroom or special school for students with special needs: In this model, students with special needs do not attend classes with non-disabled students. Segregated students may attend the same school where regular classes are provided, but spend all instructional time exclusively in a separate classroom for students with various disabilities. If their special class is located in an ordinary school, they may be provided opportunities for social integration outside the classroom, such as by eating meals with non-disabled students. Alternatively, these students may attend a special school.

- *Exclusion*: A student who does not receive instruction in any school is excluded from school. In the past, most students with special needs have been excluded from school. Such exclusion still affects about 23 million disabled children worldwide, particularly in poor, rural areas of developing countries. It may also occur when a student is in hospital, housebound, or detained by the criminal justice system. These students may receive one-on-one instruction or group instruction. Students who have been suspended or expelled are not considered excluded in this sense.

- «Co-teaching»: In this setting, students with disabilities are placed in a General education classroom to learn along with their disabled peers and non-disabled peers. A General Education teacher and a Special Education teacher work as partners in instruction. Types of co-teaching include «one teaching/one helping» in which one teacher instructs while the other circulates around the class to evaluate and offer help, «parallel teaching» in which both teachers

teach the same content to two groups of students of equal size, «station teaching» in which both teachers present differing content to different groups of students simultaneously and students rotate through each station, «alternative teaching» in which one teacher works with a smaller group or individual students while the other works with the rest of the class, and «team teaching» in which both teachers plan and teach a lesson together.

### **6.3 Answer the questions**

6.3.1 Do schools use different approaches to providing special education services to students?

6.3.2 What is inclusion?

6.3.3 How may specialized services be provided inside or outside the regular classroom?

6.3.4 What is segregation?

### **6.4 Say whether the following statements are true or false**

6.4.1 Specialized services may not be provided inside or outside the regular classroom, depending on the type of service.

6.4.2 Mainstreaming refers to the practice of educating students with special needs in classes with non-disabled students during specific time periods based on their skills.

6.4.3 Segregated students may not attend the same school where regular classes are provided, but spend all instructional time exclusively in a separate classroom for students with various disabilities.

6.4.4 A student who does not receive instruction in any school is excluded from school.

6.4.5 These students may receive one-on-one instruction or group instruction.

6.4.6 A General Education teacher and a Special Education teacher work as partners in instruction.

## **7 Speech and Clefts**

### **7.1 Pay attention to the following words**

to wonder – интересоваться

cleft lip – расщелина губы

cleft palate – расщелина твердого неба

to affect – влиять

to indicate – отмечать

to be related – быть связанным

hearing loss – потеря слуха

soft palate – твердое небо

to breathe in – вдыхать

to breathe out – выдыхать

a rate – частота, очередность

to inhale – вдыхать носом

air stream – воздушный поток

larynx – носоглотка

surgical closure of the palate – операция по закрытию расщелины твердого неба

surgical intervention – хирургическое вмешательство

omission of sounds – пропуск звуков

distortion of sounds – искажение звуков

substitution of sounds – замена звуков

to guide through – провести через ч.-л.

to encourage – хвалить, поощрять

beforehand – заранее

intelligibility of speech – осмысление речи

crucial – важный, необходимый



## **7.2 Read the text and translate it into Russian. Use a dictionary if necessary**

You are probably wondering if cleft lip and palate will affect baby's ability to speak. Speech is so important in our lives. Everyone does require the ability to speak. If there are no other developmental problems, the child will develop vocabulary and learn to speak just like other children. Research findings, however, indicate that many children with clefts begin talking several months later than children without clefts of the palate. This seems to be in part related to the increased number of ear infections and thus, frequent episodes of hearing loss. Difficulty with speech has been one of the most severe results of cleft palate. Cleft of the lip alone rarely produces a noticeable speech problem, but palatal clefts, especially in the area of the soft palate, may make production of many speech sounds difficult. Speaking takes place on the air we breathe out. Ordinarily we breathe in and out at a regular rate. When we talk, however, we inhale in a slow, controlled way. The outgoing air stream passes through the larynx, where for the production of sound, a tone is added to the air stream by the vibration of the vocal cords. From the larynx the air is directed into the throat. If the soft palate and the pharyngeal walls (throat walls) are not pulled together, the sound from the throat will enter the nose and the mouth. More than 97% of the speech sounds are produced and formed in the mouth. For these sounds, the soft palate (velum) and the throat walls work together to block off the nose so that the air and sounds will be directed into the mouth. During the first period, from the time of birth to the time of surgical closure of the palate, the child will produce all sounds through the nose. He or she may develop, in his or her attempt to speak like you, different habits of articulation. Usually he will try to move the back part of the tongue to the pharyngeal wall, in an effort to block the air stream. This attempt may lead to sound omission, substitution and distortion. So instead of «pa-pa», it may sound like «ga-ga», etc.

Early closure of the soft palate is very essential for speech. Cleft lip should be repaired as soon as possible after birth. As to cleft palate repair, opinions are different. Some specialists prefer to operate when the child is eight or ten months old; others prefer to wait until the child is eighteen or twenty- four months of age. As a rule, more than one operation is required to close the cleft completely. Real speech re-education cannot begin until surgical repair has been completed.

Nevertheless, these compensatory articulatory habits are the basis of defective speech, even if the cleft is surgically closed in an ideal way. Speech is usually not established at the earliest until towards the end of the second year of life, but the actual sounds used in speech are acquired much earlier. Therefore you should work closely with the team of speech pathologists who will guide you through all the necessary steps.

The best general advice for parents of children with clefts of the palate is to encourage and stimulate speech just like with any child, but not to expect the same precision and distinctness in the sounds and not to press their child to make the sounds more clearly. They should talk with their child, name things, share experiences and be pleased with their child's attempts to talk. Children with cleft palates, like any other children, do not know they cannot be understood clearly unless they are constantly reminded.

Another question you may have is whether speech therapy will be necessary after repair of the cleft palate. It is impossible to determine this beforehand. The cleft palate team speech pathologist will be able to make this determination more accurately after seeing your child many times. Some children require little therapy, while others may need several months or years and some (luckily very few) may require a special surgical intervention (pharyngoplasty).

The child must, first of all, learn to direct the air stream through the mouth instead of through the nose as has been his or

her habit. This ability is crucial for normal sound production. Teaching the consonant sounds to cleft palate children is often more difficult than teaching them to children with speech defects, caused with other reasons. Cleft palate children usually have little conception of how to use the tongue. As the consonant sounds are essential for intelligibility of speech, it is usually wise to teach consonants first even though the vowels are still nasalized.

### **7.3 Answer the questions**

7.3.1 Are clefts dangerous for the health of children? Can those children survive without any treatment?

7.3.2 What parts of the articulatory apparatus are affected with the clefts?

7.3.3 What kind of treatment is required for the clefts?

7.3.4 Is surgical intervention necessary or can the children do without it?

7.3.5 When do usually children with the clefts start speaking? Is speech affected with the clefts?

7.3.6 What can parents do to promote their children speaking?

7.3.7 Is the complete cure possible? Or do the clefts leave a mark for the rest of the life?

7.3.8 What speech therapy treatment do the children with the clefts need?

7.3.9 How is the normal process of the production of speech carried out?

7.3.10 How is the process of the production of speech with the cleft carried out?

### **7.4 Say whether the following statements are true or false**

7.4.1 Clefts are caused with the organic damage of the central nervous system.

7.4.2 All clefts must be operated on.

7.4.3 The children with the clefts cannot speak.

7.4.4 The speech of the children with the clefts is indistinct.

7.4.5 The children with the clefts start speaking later than their peers.

7.4.6 The nasalization of sounds is typical for the speech of the children with the clefts.

7.4.7 The substitution of sounds is very characteristic for the speech of the children with the clefts.

7.4.8 The presence of the clefts affects the further development of the child.

7.4.9 Clefts are caused with the early traumas.

7.4.10 The children with the clefts can attend ordinary mainstream schools.

## **8 The Phonological Approach to Developing Correct Sound Production**

### **8.1 Pay attention to the following words**

to acquire – приобретать

to observe – наблюдать

to involve – вовлекать

remediation approach – подход к лечению

accuracy – точность, аккуратность, соответствие

to look beyond – детально рассмотреть

to set about – начинать, приступать к ч.-л.

to identify – узнавать

a simplification – упрощение

to drop out – выпадать

to progress – делать успехи, развиваться

to focus on smth. – концентрироваться, сосредотачиваться

на чем-л.

to differ in smth. – отличаться чем-л.

to suppress on smth. – запрещать, скрывать

to inhabit – наследовать, иметь от рождения

to delete – удалять, избавляться

to utilize – использовать

a clinician – учитель-логопед

to devise – придумывать, изобретать

feedback – исправление ошибок, коррекция

to term – идентифицировать, относить к определенной группе

to facilitate – облегчать, продвигать

to incorporate – соединять, объединять

auditory bombardment – аудио атака

to enhance – увеличивать, повышать, усиливать

to shorten – укорачивать, сокращать

## **8.2 Read the text and translate it into Russian. Use a dictionary if necessary**

When a child learns to talk, he is actually acquiring skills in four different areas: sound (phonology), vocabulary (semantics), syntax (grammar and morphology) and usage (pragmatics). When any one of these areas is defective, it results in some problems in communication. While all of these areas are important, only one, phonology, will be observed in this article.

The improvement of inadequate phonology has been one of the major tasks for speech-language pathologists. Until 1970s, the typical remediation approach involved teaching sounds, one-by-one to a pre-selected criterion (for example, 90% accuracy). If a child had multiple sound errors, the process usually took years.

In 1970s, speech-language pathologists began revising their approach to sound remediation, especially in the cases of the severely unintelligible child. They started looking beyond the individual sounds and set about identifying patterns of errors called phonological processes.

All children use phonological processes (rule governed simplifications of the adult form) as they learn to talk. These processes normally drop out as the child progresses toward adult speech. When they do not, speech intelligibility remains at a level expected of a younger child. The more phonological processes a child uses, the more unintelligible he is to the rest of the world. According to Hodson and Paden (1991), if a child uses a basic process more than 40% at a time, the process is clinically significant and requires remediation. The phonological approach provides a systematic way of teaching the sounds of the language quickly and efficiently. While both phonological remediation

and traditional articulation therapy focus on speech productions that are acceptable and intelligible, they differ in many other areas, such as, goals, acceptance of misproductions, and reinforcement (Khan 1985). Traditional therapy techniques emphasize sounds mastering (with 90% accuracy) in increasingly more complicated contexts (syllables, words, sentences, etc.); whereas the phonological approach focuses on suppressing phonological processes. As a phonological process is inhabited, the sound system becomes more similar to the adult system and the child's speech becomes more intelligible. Any production in which the targeted process has been eliminated is judged to be «correct», even though a sound may be produced incorrectly. Keeping in mind that the ultimate goal is correct sound production, misproductions in the early phase of treatment are accepted if the targeted phonological process has been eliminated. For example, when a child says «ho» for «home», he has used the phonological process known as deletion of final consonants. Utilizing the phonological approach, the clinician will devise a program that focuses on teaching the child to produce «a sound» at the end of target words. While a specific sound is preferred, any consonant sound produced at the end of the word is accepted. The verbal feedback (reinforcement) a clinician gives after these misproductions is critical. While the misproductions are accepted as correct, only a portion of the child's response is reinforced. For example, if deletion of final consonants is the phonological process being suppressed in the target word «home», a clinician will accept «hone» as correct and say, «Good, you put a sound at the end of the word». A child's production is termed incorrect only if he fails to close the syllable with a final consonant.

While there are several different procedures for remediating phonological disorders, only the two most common ones will be presented. Hodson and Paden have introduced the concept of cycles, in which several phonological processes are modified in a

specific sequence. Several sounds are used to facilitate the suppression of each phonological process. A cycle may be introduced several times. When the utilized sounds to eliminate the phonological process emerge (50% accurate), the process is said to be suppressed sufficiently and that cycle is dropped and another one is introduced. Hodson and Paden also incorporate the concept of auditory bombardment at the beginning and end of each session. The purpose of auditory bombardment is to enhance the child's ability to discriminate the target sounds auditorally. During the auditory bombardment phase the clinician reads a word list modeling the sounds that are being used in the cycle to suppress the phonological processes. This list is read at a comfortable loudness level and the child is only required to listen to the words.

The second treatment method is known as minimal pairs. Minimal pairs consist of two words that differ in pronunciation in only one sound. This method of instruction takes advantage of the semantic confusion which exists because of a phonological process the child is using. For example, if the phonological process to be suppressed is deletion of final consonants, one of the minimal pairs presented in treatment could be «bee» and «beep». Utilizing the minimal pairs method, situations are devised in the treatment session to capitalize on the semantic confusion that exists when a child pronounces both words as «bee». The child must revise his productions until his clinician is no longer confused between the two words. Whereas the traditional articulation approach is effective with children who demonstrate difficulty with a limited number of sounds, the phonological approach is better suited for use with the children who are severely unintelligible due to the difficulty with numerous sounds. Using the phonological treatment approach with severely unintelligible children shortens the length of time necessary to improve their sound systems. And in today's time-pressured world that is important.



### **8.3 Answer the questions**

- 8.3.1 What is phonological approach?
- 8.3.2 When did it appear?
- 8.3.3 Who was the founder of this approach?
- 8.3.4 What other approaches do you know?
- 8.3.5 What children is this approach applied to?
- 8.3.6 What are the main goals of this approach?
- 8.3.7 What features can the speech of the children with phonological approach be characterized with?
- 8.3.8 What are the main advantages of this approach?
- 8.3.9 Can this approach be accompanied with any other method?
- 8.3.10 Which of the listed above methods is more effective?
- 8.3.11 How is the process of the evaluation carried out by the clinician?
- 8.3.12 How is phonology connected with other language units?

### **8.4 Say whether the following statements are true or false**

- 8.4.1 The use of phonological process approach is a part of speech therapy correction work.
- 8.4.2 Phonology as well as vocabulary effect communication.
- 8.4.3 The children with speech defects cannot get rid of the defects without the phonological process approach.
- 8.4.4 The phonological approach is the only method used in speech therapy practice.
- 8.4.5 Speech–language pathologists deal with the defects of speech and its improvement.
- 8.4.6 All children learn to speak in the same manner and way.
- 8.4.7 The method of minimal pairs is a part of speech correction work.

8.4.8 The method of auditory bombardment is the most influential as it teaches the children to say between the words.

8.4.9 The speech therapist only observes the sound correctional process and the clinician really works on the elimination of the respective defects.

8.4.10 The cycles first presented by Hodson and Paden are not used nowadays.

8.4.11 The sound correctional process takes years.

8.4.12 Speech is very important in our life.

## **9 Development of Speech of the Child from Birth till 6 Months**

### **9.1 Pay attention to the following words**

emotionally-personal dialogue – эмоционально окрашенное личностное общение

to satisfy – удовлетворять

goodwill – хорошие, добрые намерения, расположение, настроение

to connect – соединять

interaction – взаимодействие

mentality – мышление, сознательность

in particular – в частности

in due time – в нужное, соответствующее время

to imitate – имитировать, подражать

articulation device – артикуляционный аппарат, органы речи

shout – крик

a defensive reaction – защитная реакция

placenta blood circulation – внутриутробное кровообращение

newborns – новорожденные

sympathetic nervous system – симпатическая нервная система

ache – боль

to memorize – запоминать, вспоминать

to expand – распространяться, расти в размерах

educational influence – педагогическое влияние

simultaneous – одновременный

period of lulling – период гуления

the most considerable acquisition – наиболее важное приобретение, достижение

to consist in smth. – состоять из ч.-л.

a trill – трель (быстрое использование двух звуков)

to babble – нечленораздельная речь ребенка (до гуления)

to distinguish – различать

vocalism – употребление гласных звуков

articulation differentiation – артикуляционные различия

to underline – подчеркивать, выделять

the verge – исход, конец

to conclude – прийти к заключению

timbre noised vowels – звонкие (нередуцированные) гласные (под ударением)

to mutter – первые попытки говорения, говорить короткие слова или очень тихим голосом

## **9.2 Read the text and translate it into Russian. Use a dictionary if necessary**

The first half of the year of life of a child represents the stage of emotionally-personal dialogue with surrounding people which satisfies its requirement for attention and goodwill. As emotionally-personal interaction influences the formation of all parts of mentality of the baby, this stage of dialogue gets the status of the leading activity of the child of the first half of the year of life.

The development of speech of the child is connected with organic development of its brain, but nevertheless basically is defined by education of the child by adults. Brain development at the early age is very intensive. However it is not necessary to think that brain organic development is a sufficient condition for mental development of the child, for the development of its speech in particular. Hence, education should begin in due time as its «deficiency» can arise from first months of life of the child. Speech

of the child should be brought up, it is necessary to learn to understand speech of associates and to speak independently. Many adults' efforts and the vigorous activity of the child in various kinds for the purpose are required.

In the first half of the year a very important ability of the child is formed – the ability to imitate the words said by the adult. However the development of its articulation device is at the beginning of the second year when the kid says words with relief: the car – «bi-bi», the doggie – «av-av» (woof-woof). Therefore it is very important for the adults to say word imitation correctly.

The first shout of the child arises as a defensive reaction to the termination of placenta blood circulation and cooling of its body in external atmosphere. The conditions necessary for voice formation arise in the period of newborns casually when under the influence of sharp excitation of sympathetic nervous system the physical properties of muscles of body change and the volume of inhaled and exhaled air increases.

Since the third month mother can define a condition of the child on the character of shouts: whether the child is wet, hungry or has a stomachache. It is accepted to subdivide shouts of children into three kinds: «pain» shouts, shouts of «pleasure» and «hunger» shouts.

Observations show that the baby of the first week of life reacts to speech of the person, and from the end of the second week it stops to shout as soon as to start to talk to him. Becoming silent, the baby watches closely mother and any other adults memorizing the features of emotionally positive behavior: slow and smooth movements of hands, heads and eyes, slow rate and loudness of speech.

On the second month the time of staying awake increases, and it expands the possibilities of educational influence. The problem is in catching the sight of the child, to detain him on itself

and thus to play to the child, influencing simultaneously its sight, hearing.

By the age of 2, 5 - 3 months the child stimulates mother to emotional dialogue with him.

On the third month there is a new phenomenon – the child himself searches for the sight of the adult for communication. The child stops the long, concentrated sight on it and smiles. In reply to a greeting of the adult the child expresses big pleasure – laughs, screams. N. Fugurin and M. Denisov named such expression of pleasure «a revival complex». The dialogue initiative already belongs to the child. The baby acquires first short sounds: g ... k ... phi. During the period of lulling the healthy child says many sounds, for example: a-a-a, a-goo, boo, boom, ma, am, ph... At silent care of the child occurrence of the first sounds is late, and speech starts to develop later.

On the fourth month of life of the child the most considerable acquisition consists in dialogue development. Besides that, within this month some shifts in development of movements of the child are observed. He starts to listen to the voice of the adult, to search for adults and, having met the eyes, to answer with some sounds or loud laughter.

At the age of three months the child reacts to «conversation» with laughter, some voice sounds, movements of hands and legs. The number of sounds said by the child increases: vowel sounds «and», «at», the consonant «r», and at some children difficult complexes of sounds appear, like «ago», «til», «til'ya», etc. Besides, some children often start to use high melodious sounds like a trill which they say with big pressure. The character of all sounds said by children also changes; instead of abrupt lingering, melodious sounds («a-a-a», «r-r-r») now prevail.

Each dialogue with the adult leaves after itself a trace. The child keeps some time good high spirits and continues to babble.

All it leads to that pronouncing of sounds becomes an independent activity of the child.

By 4-6 months time the child completely masters national specificity of emotionally-expressive vocalism of native speech. Learning to distinguish native language vowels, the child passes to articulation differentiation.

For the understanding of the further development of communicatively-informative means it is important to underline that in sound complexes lulling possess emotional values in only vocalized sites. The period of lulling comes to the end with that the child on the verge of the first half of the year. Transition to perception «difficult» noised sites of parent speech is connected with strengthening of communicatively-informative motivation and, hence, activation of corresponding certificates.

From here it is possible to conclude that communicatively-informative activity of the child increases in the period of development of emotionally-expressive vocalism in general. From the point of view of phonetics the ability to identify emotional values of a timbre noised vowels means that the child passed to unconscious perception segments of speech.

The child can learn to speak only on the basis of speaking activity. On the fourth month children usually start to mutter. Mutter –is an important exercise for the subsequent giggle. Kids repeat such simple, usually senseless syllable sound combinations as «ma», «kha», etc with pleasure.

The fifth-sixth months give the big shift in psychological development of the child. Initiative references of the child to the adult join various speech sounds and movements have some purpose.

On the fifth-sixth month the child already a little seizes the movements and the vocal device. It uses movements and sounds for the special dialogue means.

At this stage there is one more feature in dialogue of the child with the adult. The child says sounds and makes movements to «express» the desires. The originality of this dialogue consists in sounds the child uses. These sounds not only express pleasure at the sight of the adult - they are addressed, force the adult to come nearer.

By the age of six months memory starts to play the big role. Last experience helps the child to differentiate present more accurately. In the end of the first half of the year the child starts to pay attention to movements and actions of the adult and to find out their meaning. When the adult stretches to the child of a hand, it, having looked at them, in the answer stretches his.

By 5-6 months the kid says consonants: p, t, d, m, n, l, etc., the first syllables appear: pa, ba, ma, i.e. It is promoted by the development of the articulation device and acoustical concentration, speech hearing.

### **9.3 Answer the questions**

9.3.1 What is the speech of the first half of the year of life characterized with?

9.3.2 How is the development of speech connected with the development of the brain?

9.3.3 What are the main achievements of each month?

9.3.4 What are the first sounds of a child? What causes them?

9.3.5 When does the dialogue appear? What are the main characteristics of the dialogue for that age group?

9.3.6 What may cause delay in speech development?

### **9.4 Say whether the following statements are true or false**

9.4.1 The development of speech of the child is connected with organic development of its brain, but nevertheless basically is defined by education of the child by adults.



9.4.2 Brain organic development is insufficient for mental development of the child, for the development of its speech in particular.

9.4.3 In the first half of the year a very important ability of the child is formed – the ability to imitate the words said by the adult.

9.4.4 Education should begin in due time as its «deficiency» can arise from first months of life of the child.

9.4.5 Speech of the child should be brought up, it is necessary to learn to understand speech of associates and to speak independently.

9.4.6 The period of lulling comes to the end with that the child on the verge of the first half of the year.

9.4.7 Child can learn to speak only on the basis of speaking activity.

9.4.8 Mutter – is a eseless exercise for the subsequent giggle.

9.4.9 The child says sounds and makes movements to «express» the desires since birth.

9.4.10 By the age of six months memory starts to play the big role.

## **10 The Development of Speech of the Child from 6 till 12 Months**

### **10.1 Pay attention to the following words**

situational-business dialogue – ситуационно-обусловленная ситуация говорения

joint – сустав; игрушки из нескольких частей

approximately – предположительно, примерно

to carry out – претворять в жизнь, вести к.-л. действие

to clap hands – хлопать в ладоши

semantic maintenance – управление значениями слов, семантическая разборчивость

initiative – инициатива, побуждение к действию

to possess – приобретать

to advance – продвигать, перемещать на новый, более высокий уровень

to distinguish – различать

to delay – откладывать

to lisp – шепелявить

unfamiliar sounds – незнакомые звуки

to deserve – быть достойным ч.-л.

in appropriate way – в соответствующей форме

aspiration – сильное желание ч.-л. сделать

parents' persistent attempts – постоянные попытки родителей

to babble – нечленораздельная речь ребенка (до гуления)

in murmurs – шепотом, невнятно

palatal or lip consonants – небные или лабиализованные согласные

die away – отпадать, редуцироваться

to enlarge – увеличиваться  
communicatively-informative activity – коммуникационно-информационная активность  
to favor – отдавать предпочтение  
to make comments – комментировать, описывать словами  
to perceive – понять по-своему, особенно

### **10.2 Read the text and translate it into Russian. Use a dictionary if necessary**

In the second half of the year of life situational-business dialogue with adults is formed, where the main thing for the child is the game with joint objects. This dialogue remains approximately till 3-4 years.

During this period the child starts to understand speech of the adult for the first time. It essentially changes behavior, influences actions development, movements, active speech. By the age of 7 months he looks at the object which was earlier shown to him and named, and at the age of 8 months with the word of the adult can show objects, carry out simple actions (without imitating of the adult): claps hands («ladushki»), waves a hand for «good-bye».

The understanding of speech is one of the major stages of the preparatory period in the development of children's speech. The semantic maintenance is a specific feature of human speech. This type of dialogue develops on the second half of the first year.

Only the dialogue which is directed onto an object, a person, a subject or an action is the specific characteristic of human speech. The initiative of such dialogue always belongs to the adult.

Speech development has two basic directions: passive possession of word when the child understands the speech turned to him, but is not able to speak yet, and active use of speech. Passive speech advances active in its development. Approximately from 6-8 months the development of passive speech begins, the child learns

to distinguish and understand the first simple words, small offers. During this period the important role is played by the surrounding speech environment. The more adults speak to the child, the faster and better his speech develops. If one communicates a little with the child his speech development is delayed. It is also important for the child to hear clear, accurate, correct speech during this period. That is why it is impossible to lisp.

At the age of 8-9 months the kid starts to imitate unfamiliar sounds. This activity deserves approval and parents' support. The child already says double syllables: «ma», «pa-pa». The child can already point on mum, dad or other members of a family. The child can gradually learn to understand words, to react in an appropriate way.

To great pleasure of many parents some kids at the age of 8-10 months start to repeat distinctly some words after adults already, amazing all with «unusual abilities». The aspiration to learn a word, of course, appears in games which develop imitation in children. The child can easily reproduce this or that word, but at the same time never use it in a real situation. Very often parents' persistent attempts to achieve repetition from the kid come to nothing.

By 9 months the small child understands the names of several objects, finds them in any place, knows the name, gives a toy which is in his hands, understands the words connected with regime processes, carries out necessary movements and actions («sit down», «drink», «give me the hand»). Speech of the adult gradually starts to regulate actions of the child.

Without the ability to babble the further development of the kid, his training and education is impossible. By 7 months he repeats separate syllables in murmurs. Each child has two-three syllables which he says repeatedly and in different combinations. At the age of 8 months the child can repeat after the adult, say new syllables already, new combinations of palatal or lip consonants

which he did not say before. Thanks to it the sound structure of babble extends. Now the kid accompanies movements, actions, dialogue with adults and children with babble. However sometimes, in mastering new movements and hobbies of impellent activity, so-called competitive relations between development of movements and babble arise. Babble as new and yet strong ability dies away, if adults do not create special conditions for its development (do not cause syllables imitation, do not have anything in common with the child). Hard of hearing or deaf children, children with any defect of the articulation device can not develop the ability to babble.

Normally dialogue of children with associates is formed by imitation and is consolidated by reflex repetition. For normal development of speech of the child it is important to enlarge his vocabulary by dialogue with associates, to correct errors in pronunciation and to train mastering speech stereotypes. In early childhood speech communications are not numerous, but with the years children acquire an increasing quantity of communications which influences environment on verbal signals.

In the course of motor development the child passes to higher level of communicatively-informative activity. This circumstance favors the development of motivation where his mother stimulates emotional behavior. Carrying out emotional interaction with the child, she regularly pays attention to various surrounding objects and «marks» them stating emotions. The child acquires these emotional labels of subjects together with sound images corresponding to them. Imitating mother the child gets nearer to the sounds and words of their mother tongue.

Approximately by the end of the first year of life the child already understands the meaning of more than ten words, and, probably, already speaks. Parents should continue to speak much with the child, to examine books with pictures together and to make comments.

On the tenth month gradually there comes the understanding of language. The child starts to coordinate the heard word to certain objects and actions. Such understanding always precedes, and the kid already can intelligently perceive simple commands.

In the second half of the year of life often not clear till the child is one and a half years old. The child should be encouraged to communicate in every possible way with parents, and it is always necessary to answer the attempts of the child to communicate.

### **10.3 Answer the questions**

10. 3.1 What is the main type of the game activity for the child since the age of six months?

10.3.2 When does the child start to understand speech for the first time?

10.3.3 What can the child do at the age of eight months?

10.3.4 What is the specific feature of human speech? When does it develop?

10.3.5 When does the development of passive speech begin? What is it characterized with?

10.3.6 What are the main factors for the development of correct speech since the age of six months?

10.3.7 When does the child start to imitate sounds?

10.3.8 What does babble mean for the further development of speech?

10.3.9 How does motor development influence the development of speech?

10.3.10 What is the role of parents in the process of their child`s speech formation?

### **10.4 Say whether the following statements are true or false**

10.4.1 The understanding of speech is one of the major stages the period of maturing of children's speech.

10.4.2 Only the dialogue which is directed onto an object is a specific characteristic of human speech.

10.4.3 Speech development has two basic directions: passive possession of words when the child understands the speech turned to him, but is not able to speak yet, and active use of speech. Passive speech lags behind active in its development.

10.4.4 During the period of murmur the important role is played by the surrounding speech environment.

10.4.5 At the age of 8-9 months the kid starts to imitate familiar sounds.

10.4.6 To great pleasure of many parents some kids at the age of 8-10 months start to repeat distinctly some words after adults already, amazing all with «unusual abilities».

10.4.7 By 9 months the small child understands the names of several objects, finds them in any place, knows the name, gives a toy which is in his hands, understands the words connected with regime processes, carries out necessary movements and actions.

10.4.8 Without the ability to babble the further development of the kid, his training and education is impossible.

10.4.9 At the age of 8 months the child can repeat after the adult, say new syllables already, new combinations of palatal or lip consonants which he did not say before.

10.4.10 In mastering new movements and hobbies of impellent activity, so-called competitive relations between development of movements and babble arise.

## 11 The Intelligence Quotient (IQ)

### 11.1 Pay attention to the following words

intelligence tests – тест на оценку интеллектуального развития

in the field of psychology – в области психологии

to accept – принимать

to assess – допускать

a scale – шкала, рамка

to calculate – считать, подсчитывать

to take smth. into account – принимать во внимание

computation – подсчет голосов, подведение итогов

to take place – иметь место, происходить

a constant – константа, постоянная единица

life span – на протяжении всей жизни

to divide – делить

to multiply – умножать

to be equal – быть равным

a score – балл, результат

to supervise – проводить под наблюдением

interchangeable – взаимозаменяемый

a relative number – относительная цифра, единица

to illustrate – показывать, преподносить

to weight – весить, быть ч.-л. равным

bias – несправедливый

to make claims – утверждение (недоказанное)



## **11.2 Read the text and translate it into Russian. Use a dictionary if necessary**

The first intelligence tests were used in the field of psychology. The scales designed by Binet and Simon were the first intelligent tests that became widely accepted at the beginning of the 20<sup>th</sup> century. The Alpha and Beta army tests that were used in World war I to assess military personnel became very popular.

In recent years, the Wechsler scales are the most widely used instruments in the field of psychology for measuring intelligence. The designer of these tests, Wechsler, published his first scale in the 1930s. He used material from the Binet Alpha and Beta tests to make his test. An important feature of his test was that when calculating the IQ, this test took age into account. In other words, in the computation of the IQ, an age-correction takes place. Because of this feature, the IQ stays constant over the life span.

IQ (intelligence quotient) = (Mental Age/Chronological Age) x 100.

The IQ of a child between the ages of 5 to 16 years old is calculated by dividing the child's mental age by his chronological age and then multiplying the results by 100. If a 10 year old child performs mentally at a 10 year old level, the IQ is calculated as 10 divided by 10 equaling 1, and multiplying the 1 by 100 equals an IQ of 100. If the 10 year old child mentally performs at a 20 year old level, then 20 over 10 equals 2, and multiplying 2 by 100 equals an IQ score of 200.

Adult IQ is calculated by supervised IQ testing. Adult IQ scores are specific to each IQ test and are not interchangeable between one IQ test and another. Membership qualifications to most high IQ societies require percentile ratings instead of IQ scores.

The IQ formula  $(MA/CA) \times 100 = IQ$  was created as an indicator, not based on mathematical rules. IQ scores are relative

numbers, of no real measurement other than to show relative differences of measurable mental performance between different people taking similar tests.

An IQ tells you what your score is on a particular intelligence test, compared to your age-group. The test has a mean score of 100 points and a standard deviation of 15 points. What does this standard deviation mean? It means that 68 percent of the population score IQ within the interval 85-115 and that 95 percent of the population scores within the interval 70-130.

An easy way to interpret an IQ is to use the following rules:

- a score that is no more than one standard deviation (=15) away from 100, can be interpreted as a normal score.

- a score that is between one and two standard deviations away from 100 can be interpreted as low (70-85) or high (115-130).

- a score that is more than two standard deviations away from 100, can be interpreted as very low (lower than 70) or very high (higher than 130).

Men and women have statistically significant differences in average scores on tests of particular abilities. Studies also illustrate consistently greater variance in the performance of men compared to that of women (i.e., men are more represented at the extremes of performance).

IQ tests are weight on these sex differences so there is no bias on average in favor of one sex; however the consistent difference in variance is not removed. Because the tests are defined so there is no average difference it is difficult to put any meaning on a statement that one sex has a higher intelligence than the other. However some people have made claims like this even using unbiased IQ tests. For instance claims that men tend to outperform women on average by 3-4 IQ points based on tests of medical students where the greater variance of men's IQ can be expected to contribute to the result, or where a 'correction' is made for different maturation ages.

### **11.3 Answer the questions**

- 11.3.1 What is IQ?
- 11.3.2 When was it founded?
- 11.3.3 Who invented IQ tests?
- 11.3.4 What is the formula of IQ score?
- 11.3.5 What conditions should be taken into account for IQ scores?
- 11.3.6 What does IQ score mean? How can it be interpreted?
- 11.3.7 What else do you think IQ tests could be used for?
- 11.3.8 What kind of questions are the IQ tests consist of?
- 11.3.9 What are the reasons for the use of IQ tests?
- 11.3.10 Have you ever tried to ill in an IQ test? What was the score?
- 11.3.11 Are IQ tests widely used in Russia? What countries are they characteristic for?

### **11.4 Say whether the following statements are true or false**

- 11.4.1 IQ tests are widely used all around the world.
- 11.4.2 IQ score changes within the life span.
- 11.4.3 The first intelligent tests that became widely accepted at the beginning of the 20<sup>th</sup> century.
- 11.4.4 The Wechsler scales are the most wildly used instruments in the field of psychology for measuring intelligence.
- 11.4.5 IQ test takes age into account.
- 11.4.6 Age-correction takes place for IQ scores.
- 11.4.7 The IQ of a child between the ages of 15 to 16 years old is calculated by dividing the child's mental age by his chronological age and then multiplying the results by 100.
- 11.4.8 The test has a mean score of 100 points and a standard deviation of 15 points.
- 11.4.9 Men and women have statistically significant differences in scores on tests of particular abilities.
- 11.4.10 IQ tests are weight on sex differences so there is no bias on average in favor of one sex.

## **12 Speech and Language Development of the Deaf**

### **12.1 Pay attention to the following words**

speech habits – речевые навыки

environment – среда, окружение

«the deaf and dumb» – глухонемые

to lisp – шепелявить

to verbalize – выражать словами

bright child – способный ребенок

average child – ребенок средних способностей, обычный

severe or profound hearing losses – большая или глубокая потеря слуха

remnants of hearing – остатки слуха

tactile sense – чувство осязания

hearing aids – слуховая аппаратура

clinical entity – пациент, рассмотрение ребенка как клинического больного

acquired fluency of speech – приобретенная беглость речи

congenitally deaf child – глухой от рождения

the establishment of speech patterns – овладение речевыми навыками

to acquire deafness – оглохнуть

residual hearing – остаточный слух

to suffer from – страдать от ч-л.

accident – несчастный случай

significant hearing loss – значительная потеря слуха

profoundly deaf – совершенно глухой

varying degrees - разные степени (глухоты)

to a great advantage – с большой пользой

educational treatment – медико-педагогическое воздействие

## **12.2 Read the text and translate it into Russian. Use a dictionary if necessary**

Speech habits are not instinctive, they are acquired. The evidence of the truth of this principle is the fact that children develop the particular language used in their home environment, irrespective of nationality background. Thus, if a child born of parents who speak French is brought up in an English-speaking home, he will speak English.

Another evidence is the fact that children who are totally deaf from birth do not learn to speak because they do not hear. The so-called «deaf and dumb» are only deaf. This principle is significant for teachers. Frequently, a child lisps because his mother, an older brother, or a sister does. Children learn that standard of speech which is spoken at home. This does not mean, of course, that speech habits cannot be modified at school.

Speech develops more slowly in boys than girls. Boys begin to speak about the fifteenth month, girls about the fourteenth. Similarly, speech defects are more prevalent in boys than in girls.

In society today, ability to verbalize is considered to be an index of intellectual ability. Studies show a relationship between intelligence and vocabulary. The bright child uses and recognizes more words than does the average child. In general, the amount and kind of a child's vocabulary are indexes at any age level of intelligence. A bright child surpasses the average or subnormal child in amount of speech and length of sentences.

Language is developed first as an oral then as a written means of expression. Speech and language come slowly to the deaf child because of his hearing handicap. The slow process of acquiring language means a great retardation in education. The child is

dependent upon his teacher for the very thinking-language process. Deafness imposes a barrier to comprehension. Emotional development of the deaf and hard of hearing child is also effected by this barrier to comprehension. Children with severe or profound hearing losses depend not only on the remnants of their hearing to gain knowledge of language and speech, but also on their visual, tactile and kinesthetic senses. The use of powerful hearing aids has initiated a new era in their education.

The pedagogic classification of the deaf and hard of hearing child and his educational development is of even more vital importance than his consideration as a clinical entity.

This classification is dependent on:

- a) the age of the child,
- b) degree of defective hearing,
- c) acquired fluency of speech.

There are two types of deaf children. One type is a congenitally deaf child who has never heard speech. The other type is one who has acquired a hearing defect after the establishment of speech.

There are also two types of acquired deafness in children. First, the child who has acquired deafness before he has sensed fluent speech. The other, the child who has acquired deafness after fluency of speech has been established.

The first type of children with total deafness which has come in before speech has been developed is to follow the same course of training as the congenitally deaf who has never heard speech.

The child who has acquired deafness before the age of 3 years may be placed in the same class for training as the child who has never heard speech. It is interesting to note that a large percentage (30%) of children with biological congenital deafness also have sufficient residual hearing that may be used as a nucleus for re-education.

The other type of child who has acquired deafness after development of speech is one who has suffered from infectious diseases such as meningitis, influenza etc.

Children in the first of these groups present the most serious educational problems due to their total lack of experience with natural speech or language. Children in the second group have a foundation of language usage and of natural speech upon which education must be helpful to them.

### **12.3 Answer the questions**

12.3.1 What are the evidences of the fact that speech habits are acquired?

12.3.2 What is the difference between boys' and girls' speech development?

12.3.3 What problems does slow speech development cause?

12.3.4 What is taken into consideration in the classification of the deaf?

12.3.5 Why do congenitally deaf children present the most serious educational problems?

### **12.4 Say whether the following statements are true or false**

12.4.1 Speech habits are not instinctive.

12.4.2 Children who are totally deaf from the birth can learn to speak.

12.4.3 Children with profound hearing losses depend only on the remnants of their hearing to gain knowledge.

12.4.4 The pedagogic classification of the deaf is not based on the reasons of deafness.

12.4.5 Children who have acquired deafness before the age of 3 years may be placed in the same class with the partially deaf.

## **13 Deaf and Hard of Hearing**

### **13.1 Pay attention at the following words**

a significant hearing loss – значительная потеря слуха

level of hearing impairment – уровень нарушения слуха

post-lingually deafened – постлингвально глухой

pre-lingually deafened – предлингвально глухой

cochlear implants – кохлеарные имплантаты

issues with literacy – проблемы с грамотностью

to benefit from listening devices – извлекать пользу от устройства для слуха

assistive devices – вспомогательные устройства

require – требовать, нуждаться, потребоваться, потребовать

to be implemented based on – быть реализованным на основе

### **13.2 Read the text and translate it into Russian. Use a dictionary if necessary**

According to Deafness Forum Australia, approximately one in six Australians has a significant hearing loss. Within this population, most individuals have some level of hearing impairment and only a small proportion of the group is deaf. Types of hearing loss include sensorineural (nerve-related), conductive (affecting the outer or middle ear) or a mixed hearing loss (mixture of both types.) People who use Australian Sign Language (Auslan) often prefer to be referred to as deaf rather than hard of hearing. They see this as a positive identity rather than a negative label.

People who have a hearing loss are either pre-lingually deafened or post-lingually deafened. People who are pre-lingually



deafened have lost their hearing before they acquired language. People who are post-lingually deafened acquired their hearing loss after they acquired language. For each group the impact of the hearing loss and the degree of deafness will vary.

Some people who are pre-lingually deafened use Auslan. Many received cochlear implants early at birth. Some rely on spoken language. Many communicate with a combination of spoken language and sign language. Some have normal language and literacy development. Some may have issues with literacy. It varies greatly, so it is important to understand the needs of each individual. All these factors need to be considered when assessing the types of reasonable adjustments.

People who have a post-lingual hearing loss generally acquired their hearing loss later in life. They may or may not benefit from listening devices. Some may learn sign language as a means to diversify access to communication. As with people who are pre-lingually deafened, it is important to assess the needs of each individual before implementing any reasonable adjustments. This is because the requirements of each individual can be diverse.

Students with a hearing loss may require accommodations and assistive devices to have the best access to education. Accommodations may be as simple as preferential seating or as complex as wireless assistive listening devices in the classroom. Some will require Auslan interpreters and live remote captioning. Each learner with a hearing loss should be assessed individually and accommodations should be implemented based on the unique needs of each student.

### **13.3 Answer the questions**

13.3.1 How many Australians have a significant hearing loss?

13.3.2 What types of hearing loss are there?

13.3.3 Why do people who use Australian Sign Language (Auslan) often prefer to be referred to as deaf rather than hard of hearing?

13.3.4 Who is pre-lingually deafened?

13.3.5 Who is post-lingually deafened?

13.3.6 Why is it important to understand the needs of each individual?

13.3.7 Why may some people with a hearing loss learn sign language?

13.3.8 Why should each learner with a hearing loss be assessed individually?

#### **13.4 Say whether the following statements are true or false**

13.4.1 According to Deafness Forum Australia, approximately one in five Australians has a significant hearing loss.

13.4.2 Types of hearing loss include sensorineural (nerve-related), conductive (affecting the outer or middle ear) or a mixed hearing loss (mixture of both types.)

13.4.3 Some people who are pre-lingually deafened use Auslan.

13.4.4 It varies greatly, so it isn't important to understand the needs of each individual.

13.4.5 People who have a post-lingual hearing loss generally acquired their hearing loss later in life.

13.4.6 Students with a hearing loss may require accommodations and assistive devices to have the best access to education.

## **14 Hard of Hearing Children**

### **14.1 Pay attention at the following words**

hearing loss – потеря слуха

hearing aid – слуховой аппарат

auditory training – тренировка слуха

lipreading – считывание с губ

guidance – руководство (советы)

background – подготовка

to be considered – БЫТЬ ПРИНЯТЫМ ВО ВНИМАНИЕ

to be avoided - БЫТЬ ИСКЛЮЧЁННЫМ

handicapped child - отстающий ребёнок

### **14.2 Read the text and translate it into Russian. Use a dictionary if necessary**

Until the early 1900's everybody with a hearing loss was classified as «deaf».

The term «hard of hearing» has been adopted from the German expression «Schwerhörigkeit».

The hard of hearing is sometimes called «the partially deaf», «deafened» or «partially hearing».

In school practice the fundamental difference between «the deaf» and the «hard of hearing» is established by the amount of speech and language they possessed, established before the onset of the hearing handicap.

The hard of hearing child has a distinct advantage over the deaf child in having some experience with speech and language.

Regardless of the type and degree of his impairment, the hard of hearing person must learn to listen attentively if he wishes to learn to hear properly again. The use of a hearing aid is

fundamental to any program of re-education people with residual hearing.

The hard of hearing are provided with a rehabilitation program including auditory training, lipreading.

The hard of hearing children are expected to use the combined sense of hearing and sight in the perception of speech as they are instructed in lipreading and auditory training.

In almost all classes for hard of hearing children there are pupils of varying degrees of intelligence and language backgrounds. The academic group is composed of those who wish to continue through high school. The vocational group is for those who wish to go work soon after they have reached the limit of the compulsory school program.

Children with slight loss of hearing can sometimes study at a usual school, but they always need special attention and supervision.

### **Guidance for class teachers and others on the proper treatment of children with defective hearing at school.**

1. Place the child so that he or she can hear what is said in class by the teacher and by the other children. There are, therefore, two factors to be considered. It is by no means certain that the front desk will be the most suitable - unless the degree of hearing loss is such that the child would otherwise be unable to hear what is said from the teacher's desk. The second or third desk in a row by the window would in most cases be suitable.

2. Place the child so that he or she can see what is said during the periods. If the child sits at the second or third desk in the row by the window the light will fall on the teacher's and the other children's mouths and he will be able to lip-read.

3. Turn your head whenever possible so that the child can see your mouth. This is particularly important when telling a story or

dictating or when asking questions. In mental arithmetic it is essential.

4. Always speak clearly, but if the child is using a hearing aid be careful not to speak above the normal level. Shouting must be absolutely avoided, for this is unbearable to anyone using a hearing aid.

5. It is the class teacher's duty to tell other children in the class of the difficulties of a hearing handicapped child. Other teachers who take the class should also be told.

6. Contact with the handicapped child's home is always desirable.

7. A child with impaired hearing may require to be treated in the same way as other children and not be shown unnecessary attention or consideration. What a hearing handicapped child wants above all else is to be like others.

### **14.3 Answer the questions**

14.3.1 What is the advantage of hard of hearing children over the deaf?

14.3.2 What does the rehabilitation program include?

14.3.3 What senses do the hard of hearing use in perception of speech?

14.3.4 What must be taken into consideration when choosing a place for a child with defective hearing?

14.3.5 What is important when speaking to a hard of hearing child?

14.3.6 What are pedagogical aspects of teaching the hard of hearing?

**14.4 Say whether the following statements are true or false**

14.4.1 In school practice there is no difference between the deaf and of hearing.

14.4.2 The use of a hearing aid is very important in any rehabilitation program.

14.4.3 Lipreading is not usually included in a rehabilitation program.

14.4.4 Teachers must always speak above the normal level.

14.4.5 It is very important to contact with child's family.

14.4.6 The hard of hearing don't like to be like others.

## **15 Impact of Hearing Loss**

### **15.1 Pay attention to the following words**

affect – влиять, воздействовать

deafen – оглохнуть

visual learning strategies – визуальные стратегии обучения

assistive technology – вспомогательные технологии

captioning – субтитры

adjustment – корректировка, адаптация, приспособление

induction loops – индукционные петли (Индукционная петля – это простой приемопередатчик с антенной из провода в виде кольца)

unobstructed line of vision – беспрепятственный обзор

tutorial – урок, обучающая программа

lip-read – чтение по губам

sign interpreter – сурдопереводчик

access information – доступ к информации, получение информации

delays – задержки, промедления

in-depth study – углубленное изучение

### **15.2 Read the text and translate it into Russian. Use a dictionary if necessary**

The learning processes of students with a hearing loss may be affected in the following ways:

– Students who have been deafened in early childhood can be very different to students who have lost hearing later in life in terms of educational disadvantage. For example, their range of vocabulary may be limited, which in turn may affect their level of English literacy.

- Deaf and hard of hearing students can sometimes prefer visual learning strategies. This can be a challenge in an environment where much essential information is delivered exclusively by word of mouth.

- Students with a hearing loss may need to use assistive technology to participate in class. This assistive technology can be the laptop where software such as Skype can be used to deliver Auslan interpreters or captioning. For some it will be in the form of listening devices. For others it will be a combination of technology that includes both listening devices and computer based software.

- The impact of hearing loss can cause delays in receiving learning material. Students who need information transcribed from tape must sometimes wait for a significant period of time for this to happen. This needs to be considered in terms of developing suitable timelines for the completion of work for each student.

- Students with hearing loss may appear isolated in the learning environment. The possibility for social contact and interaction with other students is often limited, and this isolation or separateness may have an impact on learning.

- Participation and interaction in tutorials may be limited. Students who cannot hear the flow and nuances of rapid verbal exchange will be at a disadvantage.

- Some students with hearing loss coming straight from the school system have been familiar with a structured learning environment, and may require a period of adjustment when entering into the post-secondary learning environment. Communication difficulties and adjustments may lead to a level of anxiety about performing in front of others. This may affect participation in tutorials, particularly for students whose speech development has been impacted by their hearing loss.



### *Teaching Strategies*

There is a range of inclusive teaching strategies that can assist all students to learn but there are some specific strategies that are useful in teaching a group that includes students with a hearing impairment:

- Encourage students with a hearing loss to seat themselves toward the front of the lecture theatre where they will have an unobstructed line of vision. This is particularly important if the student is using an interpreter, lip-reading, relying on visual clues or using a hearing aid which has a limited range. Be aware that some students may not be comfortable with this suggestion or have alternate strategies. Respect their choices.

- Use assistive listening devices such as induction loops if these are available in the lecture theatre. Hearing aids may include transmitter/receiver systems with a clip-on microphone for the lecturer. If using such a microphone, it is not necessary to change your speaking or teaching style.

- Ensure that any background noise is minimised.

- Repeat clearly any questions asked by students in the lecture or class before giving a response.

- Do not speak when facing the blackboard. Be aware that moustaches, beards, hands, books or microphones in front of your face can add to the difficulties of lip-readers. Students who lip-read cannot function in darkened rooms. You may need to adjust the lighting in your teaching environment. If a sign interpreter is employed, follow the hints for working with a sign interpreter.

- It is difficult for a student watching an interpreter to also take notes from an overhead or blackboard. An interpreter is unable to translate concurrently both your words and any information given on an overhead. It is important therefore that all information should also be available as handouts.

- Provide written materials to supplement all lectures, tutorials and laboratory sessions. Announcements made regarding class times, activities, field work, industry visits etc, should be given in writing as well as verbally.

- Allow students to record lectures or, preferably, make available copies of your lecture notes. Flexible delivery of teaching materials via electronic media is also particularly helpful for students who have difficulty accessing information in the usual ways. For students with a hearing loss, new technology - and the internet in particular - can be used to bridge many gaps.

- Ensure that lists of the subject-specific jargon and technical terms which students will need to acquire are made available early in the course. If interpreters or captioning are being used as an adjustment, make this list available to the professionals providing the service as early as possible.

- Any videos or films used should, where possible, be captioned. When this is not possible, you will need to consider alternative ways for students with hearing impairment to access the information.

- In tutorials, assist students who lip-read by having the student sit directly opposite you and ensure, if possible, that they can see all other participants. Control the discussion so that only one person is speaking at a time.

- Students with hearing loss, especially those with associated speech issues, may prefer to have another student present their tutorial papers.

- Language abilities are often affected by hearing loss, depending on the age of onset. Students who acquired their hearing loss early in life may have literacy issues. In some cases, providing reading lists well before the start of a course for students with a hearing loss can be beneficial. Consider tailoring these reading lists when necessary, and provide guidance to key texts.

- Allow assignments or reviews to be completed on an in-depth study of a few texts rather than a broad study of many.
- Using Auslan interpreters and live remote captioning may require some adjustments in teaching styles, particularly the pace of the learning. Consult with the providers of the service early to identify any potential changes.
- Where live remote captioning is provided, a transcript of the session can usually be assessed within 24 hours. It is recommended that these be emailed directly to the student as an accurate record of reference.

### *Assessment Strategies*

Always consider alternative forms of assessment where necessary. Standards are not expected to be lowered to accommodate students with a disability but rather are required to give them a reasonable opportunity to demonstrate what they have learnt. Once you have a clear picture of how the disability impacts on learning, you can consider alternative assessment strategies:

- When their range of literacy is an issue, students may require the use of a thesaurus or dictionary during exams. A personal computer with spelling and grammar functions may be required.
- Provide alternatives to those assignments which are based on interviews or questionnaires, and be flexible with assignment deadlines, particularly if students have had to wait for transcripts of learning sessions.
- Provide extra time in examinations, particularly extra time for reading questions. Some students will prefer to have questions and instructions «signed» to them.

### **15.3 Answer the questions**

15.3.1 How can students be very different who have been deafened in early childhood to students who have lost hearing later in life?

15.3.2 What can deaf and hard of hearing students prefer?

15.3.3 What may students with a hearing loss need to use assistive technology to participate in class?

15.3.4 What can the impact of hearing loss cause?

15.3.5 May participation and interaction in tutorials be limited?

15.3.6 Why may some students with hearing loss require a period of adjustment who come straight from the school system?

15.3.7 Why is it important for students with a hearing loss to have an unobstructed line of vision?

15.3.8 What kind of assistive listening devices can be used in the lecture theatre?

15.3.9 Why mustn't the teacher speak when facing the blackboard?

15.3.10 Is flexible delivery of teaching materials via electronic media also particularly helpful for students who have difficulty accessing information in the usual ways?

15.3.11 Is it helpful for students with hearing loss to provide written materials to supplement all lectures, tutorials and laboratory sessions?

15.3.12 Should any videos or films be captioned?

15.3.13 Must the teacher control the discussion so that only one person is speaking at a time?

### **15.4 Say whether the following statements are true or false**

15.4.1 Students with a hearing loss may need to use assistive technology to participate in class.

15.4.2 The impact of hearing loss can not cause delays in receiving learning material. Students who need information transcribed from tape must sometimes wait for a significant period of time for this to happen.

15.4.3 The possibility for social contact and interaction with other students is often limited, and this isolation or separateness may have an impact on learning.

15.4.4 Some students with hearing loss coming straight from the school system have been familiar with a structured learning environment and may require a period of adjustment when entering into the post-secondary learning environment.

15.4.5 Use assistive listening devices such as induction loops if these are available in the lecture theatre.

15.4.6 Ensure that any background noise isn't minimised.

15.4.7 Do not speak when facing the blackboard.

15.4.8 It is not difficult for a student watching an interpreter to also take notes from an overhead or blackboard.

15.4.9 Don't control the discussion so that only one person is speaking at a time.

15.4.10 Allow assignments or reviews to be completed on an in-depth study of a few texts rather than a broad study of many.

15.4.11 Don't provide extra time in examinations, particularly extra time for reading questions. Some students will prefer to have questions and instructions 'signed' to them.

## **16 Lip Reading**

### **16.1 Pay attention to the following words**

lip reading or speech reading – чтение с губ

by watching the movements – наблюдая движения

facial muscles – мускулы лица

careful enunciation – правильное и тщательное произношение

teeth and jaw – зубы и челюсть

vision – зрение

sight – зрение

reception of speech – восприятие речи

to be visible on – быть заметным

kinesthetic method – кинестетический метод

to imitate – подражать

sense of touch – чувство осязания

to reproduce – воспроизводить

continuous repetition – постоянное повторение

to average – доходить в среднем

a substitute for hearing – замена слуха

hearing handicapped – с недостатком слуха

a legitimate part of – основная часть

adults – взрослые

readily – охотно

to acquire more skill – получать большие навыки

### **16.2 Read the text and translate it into Russian. Use a dictionary if necessary**

The deaf child as well as the hard of hearing represents an educational problem involving the teaching of speech, language, and lip reading (it is sometimes called speech-reading).

The most important element involved in the education of deaf is lip reading, since they cannot hear the spoken words.

Lip reading is preparatory step to all language work and it is quite independent of speech development.

The words learned in speech-reading must be associated with printed and written words and thus reading and writing are developed. Lip reading is the ability to understand spoken words and sentences by watching the movements of lips and other facial muscles without hearing the speaker's voice.

It is important to speak naturally. Lip reading is made evident not only by the articulation of sounds, but also by the movements of the lips, tongue, muscles of the face, by the positions of the teeth and jaw.

Speech-reading is dependent upon vision. Reception of speech can take place only when speaker and listener are quite close to each other so that the eyes may focus upon the speaker's face and the lip-reader is required to derive meaning from the partial clues he observes. The stream of speech is made up of a series of consonants and vowels placed in well coordinated syllables. Some of the consonant sounds such as k, g, and are not visible on the lips because they are produced within the mouth cavity.

There is a kinesthetic method of teaching lip reading which consists in the following: the child must not only imitate the lip movement of the teacher but must use the sense of touch as well as that of sight.

The pupil places his hand on the teacher's throat as a word is pronounced, then places it upon his own as he attempts to say the required word. The child must get the «feel» of the vibration and pressure felt by the hand when it is placed upon the jaw, the throat or the lips of the teacher.

He is made to realize that the movements he feels must be reproduced, as well as lip movements that he sees. It demands

consistent and continuous repetition. Lip reading is recommended to all school children whose hearing loss averages 20 db or more in the better ear.

Lip reading is possibly a sixth sense and it can be looked upon as a substitute for hearing only in the case of the totally deaf.

For all partially deaf it can and should act as support to hearing and is universally helpful to those handicapped in hearing and its systematic teaching is a legitimate part of the special educational curriculum of all ages. A few can learn to lip-read in a year or two but for the majority a longer period of practice is needed and practice day in and day out, on every type of mouth.

Success in learning lip reading varies. Children learn more readily than adults. Women acquire more skill and learn more quickly than men.

Methods used in lip reading changed in the last 50 years. It has started from the

Alphabet system and has gone through syllables and words to the «whole thought» method. The wider use of hearing aids has not changed the need of lip reading.

Lip reading remains a basic tool in the communicative process for all deaf and hard of hearing people.

### **16.3 Answer the questions**

16.3.1 Why is lip reading so important in rehabilitation of deaf children?

16.3.2 What does the kinesthetic method consist of?

16.3.3 What is important for perception of speech in lip reading?

16.3.4 Can a person learn to lip-read in a short period?

16.3.5 What changed in the method of lip reading in the last 50 years?



**16.4 Say if the following statements are true or false**

16.4.1 Lip reading depends on speech development.

16.4.2 The person can lip-read only if the speaker is quite close to him.

16.4.3 Some sounds cannot be lip-read.

16.4.4 Lip reading is recommended only to totally deaf children.

16.4.5 A person can learn to lip-read in a month or two.

16.4.6 Methods used in lip reading didn't change in the last 50 years.

## 17 Sign Language

### 17.1 Pay attention to the following words

sign language – язык жестов

visual-manual modality – визуально-мануальная

МОДАЛЬНОСТЬ

to convey – передавать

full-fledged – полноценный

meticulous – тщательный, аккуратный

to evolve – развиваться

legal recognition – юридическое признание

### 17.2 Read the text and translate it into Russian. Use a dictionary if necessary

Sign languages (also known as signed languages) are languages that use the visual-manual modality to convey meaning. Sign languages are expressed through manual articulations in combination with non-manual elements. Sign languages are full-fledged natural languages with their own grammar and lexicon. Sign languages are not universal and they are not mutually intelligible with each other, although there are also striking similarities among sign languages.

Linguists consider both spoken and signed communication to be types of natural language, meaning that both emerged through an abstract, protracted aging process and evolved over time without meticulous planning. Sign language should not be confused with body language, a type of nonverbal communication.

Wherever communities of deaf people exist, sign languages have developed as useful means of communication, and they form the core of local Deaf cultures. Although signing is used primarily by the deaf and hard of hearing, it is also used by hearing

individuals, such as those unable to physically speak, those who have trouble with spoken language due to a disability or condition (augmentative and alternative communication), or those with deaf family members, such as children of deaf adults.

It is unclear how many sign languages currently exist worldwide. Each country generally has its own native sign language, and some have more than one. The 2020 edition of *Ethnologue* lists 144 sign languages, while the SIGN-HUB Atlas of Sign Language Structures lists over 200 of them and notes that there are more which have not been documented or discovered yet.

Some sign languages have obtained some form of legal recognition.

Linguists distinguish natural sign languages from other systems that are precursors to them or obtained from them, such as invented manual codes for spoken languages, home sign, "baby sign", and signs learned by non-human primates.

### **17.3 Answer the questions**

17.3.1 What is sign language?

17.3.2 Are sign languages universal?

17.3.3 Shouldn't sign language be confused with body language?

17.3.4 Who can use sign-language?

17.3.5 Is sign language used by hearing individuals?

17.3.6 Does each country have generally its own native sign language?

17.3.7 Do some sign languages obtain some form of legal recognition?

17.3.8 How many sign languages are there in the world?

#### **17.4 Say if the following statements are true or false**

17.4.1 Sign languages (also known as signed languages) are languages that use the visual-manual modality to convey meaning.

17.4.2 Sign languages are not expressed through manual articulations in combination with non-manual elements.

17.4.3 Sign languages are universal and they are not mutually intelligible with each other.

17.4.4 Linguists consider both spoken and signed communication to be types of natural language, meaning that both emerged through an abstract, protracted aging process and evolved over time without meticulous planning.

17.4.5 It is clear how many sign languages currently exist worldwide.

17.4.6 Some sign languages have obtained some form of legal recognition.

17.4.7 Sign languages are not full-fledged natural languages with their own grammar and lexicon.

## English Grammar Exercises

### Noun

**1. Make the nouns in bold plural. Change sentences if necessary**

1. A **copy** of the contract was sent to London.
2. The last **leaf** fell from the **tree**.
3. The **woman** standing by the window is our **secretary**.
4. This **shoe** is too large for my **foot**.
5. «Is this **worker** an **Englishman** or a **German**?» – «He is a **Frenchman**».
6. The **mouse** was caught.
7. What is the **child's name**?
8. The **roof** of the **house** was covered with snow.
9. A **potato** is a **vegetable** and a **cherry** is a **fruit**.

**2. Make the nouns in bold singular. Change sentences if necessary**

1. These **factories** produce furniture.
2. The **wives** of the **sailors** came to the shore.
3. I have hurt my **feet** and **hands**.
4. In the farmyard we could see **oxen**, **sheep**, **cows** and **geese**.
5. Do your **teeth** still ache?
6. These are my **friends' studies**.
7. He keeps his **toys** in the **boxes**.
8. These **ladies** are those **gentlemen's wives**.
9. The **children** are sitting on the **benches**.

### **3. Paraphrase the following sentences using the Possessive Case**

1. The office of our manager is very big.
2. They will consider the proposals of Mr. Black at their next meeting.
3. This is, in the opinion of the critics, their best record for years.
4. The computer of Tom and Helen is modern.
5. We have not yet received the answer of buyers.
6. The working day of our Commercial Director begins at 9 o'clock in the morning.
7. Do you know the telephone number of the Petrovs?
8. My husband knows a lot about detective novels of Agatha Christie.
9. She put the wet boots of the boys near the stove.

### **Article**

#### **1. Choose the correct variant**

1. ...Smiths have a dog and a cat.  
a) ... b) The c) A
2. He knows how to work on ... computer.  
a) a b) an c) ...
3. She was the first woman to swim across ... English Channel.  
a) a b) ... c) the
4. Go down ... Kingston Street and turn left into Oxford Street.  
a) the b) a c) ...
5. I don't like milk in ... tea.  
a) ... b) the c) a
6. At the end of... busy day, sleep is the best way to restore your energy.

a) the b) a c) ...

7. We'll go for a walk if ... weather is fine.

a) a b) ... c) the

8. Could you give me ... information I asked for in my letter?

a) the b) ... c) a

9. ...war is a terrible thing.

a) The b) ... c) A

10. I spent ... very interesting holiday in England.

a) the b) a c) ...

## 2. Fill in the correct article

1. «Is this your ... friend?» — «No, it isn't my ... friend, it is my sister».

2. I have ... sister. My ... sister is ... teacher. My sister's ... husband is ... pilot.

3. I have no ... car.

4. She has got ... terrible ... headache.

5. They have ... dog and two ... cats.

6. My ... cousin says he is going to be ... manager one ... day.

7. Would you like ... apple?

8. This is ... tree. ... tree is green.

9. I can see three ... children. ... children are playing in ... yard.

10. I have ... car. ... car is white. My ... friend has no ... car.

## 3. Fill in the articles in the proverbs if necessary

1. ... apple ... day keeps ... doctor away.

2. ... appetite comes with eating.

3. ... good beginning makes ... good ending.

4. ... bird in ... hand is worth two in ... bush.

5. Among ... blind ... one-eyed man is king.

6. ... brevity is ... soul of wit.

7. ... cat has nine lives.
8. ... charity begins at ... home.
9. ... clothes make ... man.
10. ... curiosity killed ... cat.

### **Pronouns**

#### **1. Fill the gaps with personal or reflexive pronouns**

1. He is quite right, I agree with ... completely.
2. I looked at ... in the mirror and left the house in a very good mood.
3. «Who is it?» – «It's ... may I come in?»
4. Mr. Lloyds is very fat ... weighs over a hundred kilos?
5. ... introduced his wife to the guests.
6. Where shall ... meet, Bob?
7. James took the book and opened ....
8. We don't dress ... for dinner here.
9. I taught ... to play the guitar.
10. Selfish people only care about ...

#### **2. Put «some», «any» or «no»**

1. He does his homework without ... difficulty.
2. This yeas all the apples are red, we are going out this morning to pick ...
3. I'd like ... water, please.
4. There weren't ... tomatoes left.
5. I won't go with you. I have ... free time.
6. There aren't ... students at the moment.
7. Sorry, I have ... matches.
8. Do you have ... money?
9. Pour me ... milk, please.



**3. Complete the sentences using possessive pronouns (my, your, his, her, our, their)**

1. I left ... car in the garage.
2. Mary hung ... coat on the peg.
3. Jack had ... hair cut.
4. Neil and David ate ... supper.
5. I hope you enjoy ... holiday.
6. We'll invite you round to ... house.

**Adjectives**

**1. Choose an adjective or an adverb to make sentences grammatically correct**

Examples: It is clear. I see it clearly.

1. It is (correct, correctly).
2. Spell the word (correct, correctly).
3. You know it (good, well).
4. Of course it is (good, well).
5. It is (cold, coldly) in the room.
6. Don't look so (cold, coldly) at me.
7. It is (easy, easily).
8. I can do it (easy, easily).
9. It is (warm, warmly) today.
10. He always greets us (warm, warmly).

**2. Give the comparative and superlative degrees**

Sad, grey, bad, old, happy, free, far, dry, big, near, shy, unusual, able, mountainous, little, polite, famous, well-known, heavy.

**3. Put adjectives into correct forms**

1. John is (young) of the 3 brothers.

2. The Sun is (bright) the Moon.
3. Is the diameter of Jupiter (big) than that of the Earth?
4. That room is (light) than yours.
5. This room is (large) than the one upstairs.
6. It doesn't take (much) than four days to cross the Atlantic, does it?

#### **4. Choose the correct form of an adjective**

1. Jane is the (taller — tallest) of the 2 girls.
2. Father was the (eldest — elder) of seven sons.
3. Albert is (elder — older) than John.
4. I think your plan is the (best — better) of the two.
5. This is the (most large-largest) power — station, I've ever seen.
6. Henry is the (oldest — eldest) of the 3 brothers.

### **Tenses**

#### **1. Put the verbs in the following sentences in the affirmative, interrogative and negative Present Simple, Past Simple, Future Simple forms**

1. I (to do) morning exercises.
2. He (to work) at a factory.
3. She (to sleep) after dinner.
4. We (to work) part-time.
5. They (to drink) tea every day.
6. Mike (to be) a student.
7. Helen (to have) a car.
8. You (to be) a good friend.
9. You (to be) good friends.
10. It (to be) difficult to remember everything.

## **2. Put the verbs in the Present Simple, Past Simple, Future**

### **Simple forms**

1. Alice (to have) a sister.
2. Her sister's name (to be) Ann.
3. Ann (to be) a student.
4. She (to get) up at seven o'clock.
5. She (to go) to the institute in the morning.
6. Jane (to be) fond of sports.
7. She (to do) her morning exercises every day.
8. For breakfast she (to have) two eggs, a sandwich and a cup of tea.
9. After breakfast she (to go) to the institute.
10. Sometimes she (to take) a bus.
11. It (to take) her an hour and a half to do her homework.
12. She (to speak) English well.
13. Her friends usually (to call) her at about 8 o'clock.
14. Ann (to take) a shower before going to bed.
15. She (to go) to bed at 11 p. m.

## **3. Put the verbs in the Present Simple, Past Simple, Future**

### **Simple forms**

1. My working day (to begin) at six o'clock.
2. I (to get) up, (to switch) on the TV and (to brush) my teeth.
3. It (to take) me about twenty minutes.
4. I (to have) breakfast at seven o'clock.
5. I (to leave) home at half past seven.
6. I (to take) a bus to the institute.
7. It usually (to take) me about fifteen minutes to get there.
8. Classes (to begin) at eight.
9. We usually (to have) four classes a day.
10. I (to have) lunch at about 2 o'clock.

#### **4. Put the verbs in the Present Simple, Past Simple, Future**

##### **Simple forms**

1. They \_\_\_\_\_ football at the institute. (to play)
2. She \_\_\_\_\_ emails. (not / to write)
3. \_\_\_\_\_ you \_\_\_\_\_ English? (to speak)
4. My mother \_\_\_\_\_ fish. (not / to like)
5. \_\_\_\_\_ Ann \_\_\_\_\_ any friends? (to have)
6. His brother \_\_\_\_\_ in an office. (to work)
7. She \_\_\_\_\_ very fast. (cannot / to read)
8. \_\_\_\_\_ they \_\_\_\_\_ the flowers every 3 days? (to water)
9. His wife \_\_\_\_\_ a motorbike. (not / to ride)
10. \_\_\_\_\_ Elizabeth \_\_\_\_\_ coffee? (to drink)

#### **5. Put «to be» in the Present Simple form.**

1. I ... a student.
2. My father ... not a shop-assistant, he ... a scientist.
3. ... your aunt a nurse? - Yes, she ... .
4. ... they at home? - No, they ... not. They ... at school.
5. ... you an engineer? - Yes, I....
6. ... your friend a photographer? No, she ... not a photographer, she ... a student.
7. ... your brothers at school? - Yes, they ... .
8. ... this her watch? - Yes, it ... .
9. Max ... an office-worker.
10. We ... late, sorry!

#### **6. Put the verbs in the Present Simple or Present**

##### **Continuous forms**

1. He (to work) in the city centre.
2. I (to write) an essay now.
3. You (to go) to school on Sundays?
4. We (not to dance) every day.

5. They (to play) in the hall now?
6. Where he (to live)? – He (to live) in a village.
7. He (to sleep) now?
8. They (to read) many books.
9. The children (to eat) cakes now.
10. He (to help) his mother every day.
11. You (to play) the piano well?
12. Look! Michael (to dance) now.

### **7. Put the verbs in the Present Simple or Present Continuous forms**

1. Her father (not to watch) TV at the moment. He (to sleep) because he (to be) tired.
2. Where your uncle (to work)? – He (to work) at school.
3. Your friend (to do) his homework now?
4. When you usually (to come) home from school? – I (to come) at four o'clock.
5. My sister (not to play) the piano now. She (to play) the piano in the evening.
6. You (to read) a magazine and (to think) about your holiday at the moment?
7. I (to sit) in the waiting room at the dentist's now.
8. When you (to listen) to the news on the radio?
9. You (to play) chess now?
10. My father (not to work) at the shop.
11. Look at the sky: the clouds (to move) slowly, the sun (to appear) from behind the clouds, it (to get) warmer.
12. I (not to drink) coffee in the evening. I (to drink) coffee in the morning.
13. What your friend (to do) now? – She (to wash) the dishes.
14. Your grandfather (to work) at this factory?

### **8. Put the verbs in the Past Continuous forms**

1. Around me people (to talk) Russian, Italian and English.
2. Arnold (to talk) to some of the other guests on the terrace when Hardy came.
3. Alex (to look) at his watch.
4. All night long the stars (to glitter).
5. Elizabeth (to eat) and didn't raise her head.
6. He drank some of the wine and ate several chunks of bread while he (to wait) for his dinner to come up.
7. The family (to prepare) for the party.
8. She (to argue) that only Belinda knew how to treat men.
9. A few minutes later Edward (to hurry) through the streets to his bus stop.
10. They moved across the room, which (to start) to fill up, to a vacant corner.

### **9. Put the verbs in the Past Continuous forms**

1. They (to write) the test at this time yesterday.
2. He (to work) in the garden from six till nine o'clock.
3. We (to watch) television the whole evening.
4. You (to play) chess at six o'clock?
5. You (to drink) tea at seven o'clock?
6. He (to draw) from three till five o'clock?
7. Who (to listen) to the radio at this time?
8. It (to rain) the whole day yesterday?
9. They (to skate) at five o'clock?
10. She (not to help) mother about the house from two till seven.

## Passive Voice

### 1. Translate into Russian

1. The skates haven't been brought back.
2. At the station he was met by the man from the travel bureau.
3. I am often invited to the theatre.
4. This book was translated into French.
5. The work was being done from 4 till 5 yesterday.
6. The truth had been told.
7. A new medicine was prescribed by the doctor.
8. The large shopping centre is being built in our town.
9. We will be invited to his place, I'm sure.
10. The teacher was interrupted.
11. The telegram was received yesterday.
12. America was discovered by Columbus.
13. The letters have been typed by the secretary.
14. Tennis was being played from 4 to 5 yesterday.
15. The dishes are often washed by me.
16. Your luggage will be brought by the porter.
17. The text was translated at the last lesson.
18. All the texts were looked through yesterday and not a single mistake had been found.
19. The doctor will be sent for.

### 2. Use the Passive Voice

1. The telegram (receive) tomorrow.
2. I (give) a very interesting book last week.
3. He always (laugh at)
4. Nick (invite) to the conference last week.
5. Flowers (sell) in the shops.
6. This text (translate) from 5 p.m. till 7 p.m. yesterday.
7. Our mother already (give) a present.

8. The letter (send) before they arrived.
9. His new book (finish) by next year.
10. Many houses (burn) during the fire.
11. Doctors (give) a new pay rise by the government.
12. Usually I (pay) my salary twice a month.
13. Switch on the radio. The President's speech (broadcast) now.
14. My husband just (offer) an interesting job in this firm.
15. For two years Tyler (tell) that his brother was dead.
16. The injured man couldn't walk and had (carry).
17. She (ask) to come here tomorrow, too.
18. The museum (not open) by last April.
19. Brian told me he (rob) in the street.

### **Modal verbs**

#### **1. Complete the following sentences using the most appropriate forms of the verbs**

1. Jack has got a headache. He ... sleep well recently.
  - a) can't
  - b) couldn't have
  - c) hasn't been able to
  
2. I ... sleep for hours when I was a little girls.
  - a) could
  - b) am able to
  - c) can
  
3. Tom ... play tennis well but he ... play a game yesterday because he was ill.
  - a) couldn't, could
  - b) can, was able
  - c) can, couldn't



4. I didn't want to be late for the meeting. We ... meet at 5 sharp.

- a) were to
- b) had to
- c) could

5. Where are my gloves? — I ... put them on because it's cold today.

- a) can't
- b) have to
- c) needn't

6. You ... take an umbrella today. The Sun is shining.

- a) needn't
- b) mustn't
- c) can't

7. I'm sorry, you didn't invite me to your birthday party. You ... invite me next time.

- a) must
- b) should
- c) need to

8. Well, it's 10 o'clock. I ... go now.

- a) can
- b) has to
- c) must

9. You ... smoke so much.

- a) would
- b) can't
- c) shouldn't

10. We have got plenty of time. We ... hurry.

- a) must
- b) needn't
- c) should

## **2. Translate the sentences into English**

1. Вы должны бросить курить.
2. Вечеринка была замечательная. Вам следовало прийти.
3. Ты можешь решить эту проблему.
4. Тебе следует навестить своего больного друга.
5. Не хотите еще чая?
6. Я вынужден был сделать это.
7. Я не знаю, почему мы спешили. Нам не нужно было спешить.
8. Я бы хотел пойти с тобой.
9. Ты можешь делать все, что хочешь.
10. Я не уверен, но возможно он неправ.
11. Ему разрешили взять машину своего отца в прошлую пятницу.

## **3. There is a mistake in each sentence. Correct the mistakes**

1. Actors may learn a lot of dialogues by heart.
2. Your glass is empty. Must I refill it?
3. Would I introduce Mr. Brown to you?
4. My sister can to play a few musical instruments.
5. Some years ago I didn't can speak English.

### **Infinitive or Gerund?**

#### **1. Translate into Russian**

1. The buyers want to know our terms of payment.
2. This is for you to decide.

3. The plan of our work will be discussed at the meeting to be held on May 25.

4. To walk in the garden was a pleasure.

5. Jane remembered to have been told a lot about Mr. Smith.

6. I felt him put his hand on my shoulder.

7. This writer is said to have written a new novel.

8. She seems to be having a good time at the seaside.

9. They watched the boy cross the street.

10. To advertise in magazines is very expensive.

11. He proved to be one of the cleverest students at our Institute.

12. He knew himself to be strong enough to take part in the expedition.

13. To see is to believe.

14. He is sure to enjoy himself at the disco.

15. To tell you the truth, this company has a very stable position in the market.

## **2. Put «to» before the infinitive where it is necessary**

1. My son asked me ... let him ... go to the club.

2. You must make him ... practice an hour a day.

3. She was made ... repeat the song.

4. He is not sure that it can ... be done, but he is willing ... try.

5. Let me ... help you with your work.

6. She asked me ... read the letter carefully and ... write an answer.

7. You ought ... take care of your health.

8. I looked for the book everywhere but could not ... find it.

9. He was seen ... leave the house.

10. We had ... put on our overcoats because it was cold.

11. The man told me not ... walk on the grass.

12. Have you heard him ... play the piano?
13. You had better ... go there at once.
14. I would rather not ... tell them about it.
15. We shall take a taxi so as not ... miss the train.

**3. Make infinitives (add «to») or gerunds (add «-ing») of the verbs in brackets to make the following sentences grammatically correct**

1. When I'm tired, I enjoy ... television. It's relaxing. (watch)
2. It was a nice day, so we decided ... for a walk. (go)
3. It's a nice day. Does anyone fancy ... for a walk? (go)
4. I'm not in a hurry. I don't mind ... (wait)
5. They don't have much money. They can't afford ... out very often. (go)
6. I wish that dog would stop ... It's driving me mad. (bark)
7. Our neighbour threatened ... the police if we didn't stop the noise. (call)
8. We were hungry, so I suggested ... dinner early. (have)
9. Hurry up! I don't want to risk ... the train. (miss)
10. I'm still looking for a job but I hope ... something soon. (find)

**4. Make infinitives (with or without «to») or gerunds (add «-ing») of the verbs in brackets to make the following sentences grammatically correct**

1. She doesn't allow ... in the house. (smoke)
2. I've never been to Iceland but I'd like ... there. (go)
3. I'm in a difficult position. What do you advise me ...? (do)
4. She said the letter was personal and wouldn't let me ...it. (read)
5. We were kept at the police station for two hours and then we were allowed ... (go)
6. Where would you recommend me ... for my holidays? (go)

## Direct speech and reported speech

**1. Your friend is an exchange student in the USA at the moment. You are speaking with him on the phone and your friend Sue is standing next to you. She is very excited - you have to repeat every sentence to her**

Tom: I'm fine.

Sue: What does he say?

You: He says that \_\_\_\_\_.

Tom: The weather here is great.

Sue: What does he say?

You: He says that \_\_\_\_\_.

Tom: My host family is very nice.

Sue: What does he say?

You: He says that \_\_\_\_\_.

Tom: I have my own room.

Sue: What does he say?

You: He says that \_\_\_\_\_.

Tom: We have a national park here.

Sue: What does he say?

You: He says that \_\_\_\_\_.

Tom: We went there yesterday.

Sue: What does he say?

You: He says that \_\_\_\_\_.

Tom: It was great.

Sue: What does he say?

You: He says that \_\_\_\_\_.

Tom: I'd love to go there again.

Sue: What does he say?

You: He says that \_\_\_\_\_.

Tom: The teachers at my school are very nice.

Sue: What does he say?

You: He says that \_\_\_\_\_.

Tom: My English has improved.

Sue: What does he say?

## **2. Rewrite sentences in indirect speech**

1. She said, «I am reading».

She said that \_\_\_\_\_.

2. They said, «We are busy».

They said that \_\_\_\_\_.

3. He said, «I know a better restaurant».

He said that \_\_\_\_\_.

4. She said, «I woke up early».

She said that \_\_\_\_\_.

5. He said, «I will ring her».

He said that \_\_\_\_\_.

6. They said, "We have just arrived."

They said that \_\_\_\_\_.

7. He said, «I will clean the car».

He said that \_\_\_\_\_.

8. She said, «I did not say that».

She said that \_\_\_\_\_.

9. She said, «I don't know where my shoes are».

She said that \_\_\_\_\_.

## **3. Rewrite sentences in indirect speech**

1. «Stop talking, Joe», the teacher said.

The teacher told Joe \_\_\_\_\_.

2. «Be patient», she said to him.

She told him \_\_\_\_\_.

3. «Go to your room», her father said to her.

Her father told her \_\_\_\_\_.

4. «Hurry up», she said to us.

She told us \_\_\_\_\_.

5. «Give me the key», he told her.  
He asked her \_\_\_\_\_.
6. «Play it again, Sam», she said.  
She asked Sam \_\_\_\_\_.
7. «Sit down, Caron», he said.  
He asked Caron \_\_\_\_\_.
8. «Fill in the form, Sir», the receptionist said.  
The receptionist asked the guest \_\_\_\_\_.
9. «Take off your shoes», she told us.  
She told us \_\_\_\_\_.

## **Заключение**

Целью практикума является совершенствование навыков говорения, чтения и перевода с помощью профессионально-ориентированных текстов, посвященных вопросам специального (дефектологического) образования.

Материал практикума представлен текстами профессиональной направленности с коммуникативными заданиями и упражнениями по грамматике.

Использование практикума в процессе обучения иностранному языку способствует развитию устной и письменной профессионально-ориентированной речи в процессе межкультурного взаимодействия.



## Список литературы

1. Тарасова, Т. Н. Английский язык для логопедов. Language and Speech Pathologies. English for Special Purposes /ESP/ : учебно-методическое пособие для студентов отделения логопедии факультета специальной педагогики и специальной психологии / Т. Н. Тарасова, С. Л. Савина, И. Ю. Барышникова. – М. : Московский городской педагогический университет, 2003. – 130 с.

2. Australian disability clearinghouse on education and training. – URL: <https://www.adcet.edu.au/inclusive-teaching/specific-disabilities/deaf-hearing-impaired> (дата обращения: 25.04.2021).

3. The UK's longest running site for speech and language therapists. – URL: <http://www.speechtherapy.co.uk/> (дата обращения 25.04.2021).

4. Career trend. – URL: <https://careertrend.com/personality-traits-speech-pathologists-need-36122.html> (дата обращения 25.04.2021).

5. Very well family. – URL: <https://www.verywellfamily.com/special-needs-4157329> (дата обращения 25.04.2021).

*Учебное издание*

**Мухаметшина Ольга Викторовна**  
**Кусарбаев Ринат Ишмухаметович**

## АНГЛИЙСКИЙ ЯЗЫК

На английском языке

Ответственный редактор

Е. Ю. Никитина

Корректор

О. Ю. Павлова

Компьютерная верстка

В. М. Жанко

Подписано в печать 28.06.2021. Формат 60x84 1/16. Усл. печ. л. 6,63.  
Тираж 500 экз. Заказ 481

Южно-Уральский научный центр Российской академии образования.  
454080, Челябинск, проспект Ленина, 69, к. 454.

Типография Федерального государственного бюджетного  
образовательного учреждения высшего образования «Южно-Уральский  
государственный гуманитарно-педагогический университет. 454080,  
Челябинск, проспект Ленина, 69.

ГДЕ ШТРИХКОД