“Placement Cues For Children With Articulation Disorders: A Classroom Approach”

**Background Information:** Many students at school are classified as Eligible for Speech & Language Services due to problems producing a sound or group of sounds. All children from ages 1 - 5 have sound errors due to an immature speech pattern. You may hear children say “thoup” for “soup” and “dop” for “stop” and “tookie” for “cookie.”

Some children do not outgrow this speech pattern and continue to leave the sounds off the ends of words, omit sounds, distort sounds and/or substitute one sound for another. This problem is usually noticed in kindergarten or the first grade in a screening, or by parent/teacher referral. The most common sound problems are: “s”, “z”, “r”, “l”, “th”, “sh’ and “ch”.

There are different reasons why this occurs:

1. The child has a problem with movement of the tongue, lips, and teeth. This is called an oral-motor problem or apraxia.

2. The child has an auditory discrimination problem and/or recurrent ear infections leading to periods of temporary conductive hearing loss.

3. The child has not yet developed a mature speech pattern.

Therapy techniques for the above causes are often similar. Auditory discrimination, visual cues (mirror, drawings) and actual “placement cues” are common therapeutic techniques. Language is often used to highlight the difference between two sounds. For example: the child is shown that a “sink” is much different than the verb “think.”

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The purpose of this Newsletter is to define specific placement cues for sounds with which children are most likely to have difficulties.

The classroom teacher can be an important part of a child’s articulation therapy program. The teacher can give the child placement cues in order to facilitate correct production.

Of all the sounds in English, children typically have the most difficulty learning to produce “s”, “z” “l” and “r”. Ideas for placement cues for these sounds are listed below.

“S & Z” 1. Tell the child to place both teeth together.
   2. Ask the child to smile.
   3. Tell the child to place the tongue up behind the front teeth.
   4. Tell the child to push air from the two front teeth.

“R” 1. Tell the child that the sides of the tongue must press against the back teeth or molars.
   2. Tell the child to smile.

“L” 1. Tell the child to open the mouth.
   2. Identify the tongue tip and the “ridge” (alveolar ridge) right behind the top front teeth.
   3. Tell the child to put the tongue tip to the ridge.

It is common in speech therapy for the correct sound to be compared to the common error. (Ex: compare the placement of /s/ to that of /th/). The clinician usually uses a mirror, drawings of the mouth and modeling. Generally, this is too time consuming for the classroom; however, a quick review of placement cues between teacher and student can provide the student with important carry-over intervention.

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