

## How to summarize

- Work in pairs.

### Student A

- Read the following text and write a sentence expressing its overall idea:

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### **Speech and language acquisition**

The words “speech” and “language” are often used interchangeably in everyday communication. However, in the medical and special needs education community, they have very different meanings. Speech refers to the action of producing speech or the act of speaking. It is the oral form of communicating: using the muscles of the tongue, lips, jaw and vocal tract in a very precise and coordinated way to produce the recognizable sounds that form language. Language, in contrast, refers to a system of words and symbols – written, spoken or expressed with gestures and body language – that is used to communicate meaning. In other words, the term language involves the ability to communicate through speech by delivering and receiving meaningful messages.

Correspondingly, there is a difference between speech disorders and language disorders. A speech disorder usually indicates a difficulty when producing certain sounds. There are three main types of speech disorders: articulation, fluency and voice disorders. Articulation refers to the sounds, syllables, and phonology produced by the individual. Young children acquiring speech will probably substitute, omit or distort regular speech sounds, so it is not unusual for 3-year-old children to use the f sound for th in their speech: “I’m firsty (thirsty).” However, such pronunciation would be considered an articulation error in a 5-year-old child. Voice typically refers to the characteristics of the sounds produced – specifically, the pitch, quality and intensity of the sound. Often, fluency will also be considered a category under speech, encompassing the characteristics of rhythm, rate and emphasis of the sound produced.

A language disorder is a specific impairment in understanding and sharing thoughts and ideas, i.e. a disorder that involves the processing of linguistic information. Problems that may be experienced can involve the form of language, including grammar, morphology or syntax; and the functional aspects of language, including semantics and pragmatics. A child with a language disorder may have problems either understanding the meaning of what is being said (a receptive language disorder) or may have difficulty communicating his or her own thoughts (an expressive language disorder). A child with good speech can still have poor language and display difficulty when trying to express himself/herself or understand what is being said to him/her.

There are milestones that can guide parents when considering whether their child’s speech and language are developing typically. Most children, by their second birthday, acquire a vocabulary of about 50 words. By age 2 to 3 years, a typical child starts understanding a lot more language than he or she can express. Signs that could cause concern include the following: The child...

- does not understand his or her name, the word no, or simple commands by age 1
- does not produce words by 14 to 16 months of age
- cannot answer basic “wh” questions (what, where, who) by age 3
- has difficulty being understood by people outside the family after age 3
- has noticeable hesitations or repetitions in speech past age 5
- cannot tell a sequential story (a story with a beginning, middle and end) by age 5
- shows limited development of vocabulary

Children develop speech and language skills at their own individual paces. Nevertheless, if a child has any of the above problems, it is advisable to consult a pediatrician who can refer the child to a speech-language specialist to find out if a speech or language problem exists. Treatment options can be different for each child, so getting the right diagnosis is essential.

(Adapted from [www.understood.com](http://www.understood.com) and English for Special Educators II, 2017)

- Read the text again and identify the main idea in each paragraph. Focus on the key words.
- Check with another Student A. Did you identify the same information?
- Write the main ideas into bullet points so that you can use them to sum up the text using your own words.

Student B

- Read the following text and write a sentence expressing its overall idea:

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**Down syndrome**

Down syndrome is the most common and readily identifiable chromosomal condition associated with intellectual disabilities. It is caused by a chromosomal abnormality: for some unexplained reason, an accident in cell development results in 47 instead of the usual 46 chromosomes. This extra chromosome changes the orderly development of the body and brain. In most cases, the diagnosis of Down syndrome is made according to results from a chromosome test administered shortly after birth.

Approximately 4,000 children with Down syndrome are born in the U.S. each year, or about 1 in every 800 to 1,000 live births. In the Czech Republic there is 1 child with Down syndrome in 1,500 live births. Although parents of any age may have a child with Down syndrome, the incidence is higher for women over 35. Most common forms of the syndrome do not usually occur more than once in a family.

There are over 50 clinical signs of Down syndrome, but it is rare to find all or even most of them in one person. Some common characteristics include: slower physical as well as intellectual development, shorter stature, small head, short neck, short low-set ears, poor muscle tone, hyper-flexibility, slanting eyes with folds of skin at the inner corners, flat bridge of the nose and short broad hands with a single crease across the palm on one or both hands.

Besides having a distinct physical appearance, children with Down syndrome frequently have specific health-related problems. A lowered resistance to infection makes these children more prone to respiratory problems. Visual problems such as short- and long-sightedness are higher in those with Down syndrome, as are mild to moderate hearing loss and speech difficulty. Approximately one third of babies born with Down syndrome have heart defects, most of which are now successfully correctable. Children with Down syndrome may have a tendency to become obese as they grow older. Besides having negative social implications, this weight gain threatens these individuals' health and longevity. A supervised diet and exercise program may help reduce this problem.

When a child with Down syndrome reaches school age (after the 3rd birthday), the public school system becomes responsible for educating the child and for addressing the child's unique needs related to his or her disability. Parents and school personnel will work together to develop what is known as an Individual Education Plan (IEP) for the child.

While the student is still in secondary school, parents, the IEP team, and the student himself (or herself!) will need to plan for the future and the student's life as an adult. This involves considering, for example, issues such as employment (with or without support), independent living and self-care skills, the possibility of higher education or vocational training, and how to connect with adult service systems.

(Adapted from <https://www.parentcenterhub.org/downsyndrome/>)

- Read the text again and identify the main idea in each paragraph. Focus on the key words.
- Check with another Student B. Did you identify the same information?
- Write the main ideas into bullet points so that you can use them to sum up the text using your own words.

- Work in pairs of Students A + Student B and sum up the important ideas you have learned from the articles.
- Discuss the ideas together. Do you agree with the articles and the solutions they suggest? What is your experience with these challenges?
- Think of a topic in the field of special education that you are interested in. Find an article/text online (at least 500 words long) that talks about the topic. You are going to make a short video of yourself summarizing the information in the article and talking about your own experience with the issue.