THE PRAGMATIC PUZZLE: PRACTICAL SOLUTIONS FOR EVALUATION AND TREATMENT

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OVERVIEW OF PRAGMATIC LANGUAGE

WHAT IS PRAGMATIC LANGUAGE

Pragmatic language is the ability to use language appropriately in social situations

"Pragmatics is a system of rules governing appropriate use of language for the communicative context and includes turn-taking, topic management, eye contact and social interaction." (Griffith and Ripich, 1999)

"...a social pragmatic language sample, ...is a descriptive observation of a student's functional language use." (Winner, 2007)

"Pragmatic language is the piece of communication that goes beyond language in terms of isolated word meaning and structures of grammar, and the ability to use language effectively in interpersonal situations. When these communication behaviors are absent or used inappropriately, the user is penalized in a conversation." (Vaughan, 2008)

The American Speech and Hearing Association (ASHA) states that Pragmatic language involves THREE major skills:

1. **Using language** for different purposes
2. **Changing language** according to the needs of a listener or situation
3. **Following rules** for conversations and storytelling

HISTORY OF PRAGMATIC LANGUAGE

Pragmatic language was first used by Rapin and Allen in 1983 to describe semantic-pragmatic syndrome

Alan Leslie and Simon Baron-Cohen, 1985 , THEORY OF MIND- Theory of mind refers to the relatively unique ability of humans to understand: (1)that I have a mind, (2) that you have a mind; and most importantly, (3) that our minds may not know or be feeling the same things.

McEvoy, Rogers, Pennington, 1993, Executive function theory

Michelle Garcia Winner (2008)– Social Thinking

CHARACTERISTICS OF PRAGMATIC LANGUAGE DISORDER

1. Difficulties using language for a purpose including greetings, informing, demanding, promising, requesting.
2. Ability to change or modify language including how one speaks to different audiences, providing context or background information, modifying or changing how you speak in different environments or situations.
3. Difficulties following rules for conversation or discourse Including turn taking, topic maintenance, clarifying as needed, use of paralinguistics (nonverbals, tone of voice, facial expressions) proximity.

CHARACTERISTICS CONT

4. Eye contact

5. Inferencing, Non-Literal and abstract language difficulties. Humor and sarcasm often impacted.

6. Inflexibility and difficulties with multiple interpretations in situations

7. Difficulty using and interpreting Prosodic features of language- the nonverbal but vocal aspects of speech (pitch, intonation, stress, speed, volume) that contribute to meaning

QUESTION????

Texting and emails have become the preferred choice of teenagers for communication.

How will this effect their development of more complex pragmatic skills?

WHICH DISORDERS EXHIBIT PRAGMATIC PROBLEMS?

Diagnostic criteria for each of the following disorders can be found in the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition) , as defined out by the American Psychiatry Association

AUTISM

1. Semantic Problems- very literal.

2. Failure to develop speech or early language delays. Echolalia, obsessive questioning and ritualistic use of language in some.

3. Abnormal responses to environmental objects and events, such as food, loud noises and moving objects.

4. Difficulty with pretend play

5. Lacks Empathy, appears uninterested in making friends

6. Lack of Eye contact

7. Inability to relate to people, including members of the child's own family, from the beginning of life.

8. Restricted, stereotypical range of interests

ASPERGER'S SYNDROME

1. No Semantic Problems

2. No early language delays.

3. Problems with eye contact.

4. Socially awkward, difficulty making friends.

5. Lacks Empathy

6. Difficulty with pretend play

7. Restricted, stereotypical range of interests

8. No real spatial or fine motor problems

SEMANTIC PRAGMATIC COMMUNICATION DISABILITY (SPCD)

1. Semantic Problems – may have syntax and morphology, but not meaning. "cocktail language
2. Some early language delays.
3. Fair to Good eye contact.
4. Social, appears interested in making friends.
5. Empathetic
6. Can engage in pretend play
7. Some restricted stereotypical range of interests

NON-VERBAL LEARNING DISABILITY

1. No Semantic Problems
2. NO early language delays.
3. Fair to Good eye contact.
4. Social, appears interested in making friends.
5. Empathetic
6. Trouble integrating non-verbal communication with verbal communication to achieve full social interaction
7. Some restricted stereotypical range of interests
8. Spatial Problems
9. Gross and fine motor problems

HYPERLEXIA

1. No Semantic Problems
2. No early language delays.
3. Fair to Good eye contact.
4. Social, appears interested in making friends.
5. Empathetic
6. Trouble integrating non-verbal communication with verbal communication to achieve full social interaction
7. Some restricted stereotypical range of interests
8. Fascination with written word

FRAGILE X SYNDROME

1. Fragile X is a family of conditions caused by a mutation in the FMR1 (Xq27) gene
2. Varied early language development, usually delayed.
2. Difficulty with eye contact.
4. Social awkward, but appears interested in making friends.
5. Perseverative language
6. Varying degrees of mental impairment
7. Some restricted stereotypical range of interests
8. most common *known* cause of autism or "autistic-like" behaviors (5.5%)

RHETT SYNDROME

1. Rare neurodegenerative disorder of girls.
2. Apparently normal prenatal and perinatal development and apparently normal psychomotor development through the first 5 months after birth
3. Severe language development problems
4. loss of previously acquired purposeful hand skills between ages 5 and 30 months with the subsequent development of stereotyped hand movements (e.g., hand-wringing or hand washing)
5. unusual eye movements, such as blinking or closing one eye at a time.
6. appearance of poorly coordinated gait or trunk movements
7. severely impaired expressive and receptive language development with severe psychomotor retardation
8. may become uninterested in other people, toys and their surroundings.
9. Over time, most children with Rett syndrome gradually regain eye contact and develop nonverbal communication skills.

ADHD

1. No Semantic Problems
2. No early language delays.
3. Fair to Good eye contact.
4. Social, but can have difficulty making friends.
5. Empathetic, have trouble inhibiting their behavior long enough to show it
6. Poor reading of social cues
8. Interrupt or change topic inappropriately
9. Not seem to listen when spoken to

AUDITORY PROCESSING DISORDER (APD)

1. Difficulty hearing in the presence of ambient noise
2. Difficulty following along or keeping up in conversations
3. Do not hear inflections so they often miss or misinterpret prosodic component of language
4. Difficulty following auditory instructions, especially multi-step instructions and Poor auditory memory
5. Speech delay from a young age
6. Often misinterprets what is said, but doesn't realize it's been misinterpreted
7. Missed subtle social cues
8. May have difficulty with phonics and learning to read
10. Exhibits attention issues
11. May exhibit auditory distractibility

SCHIZOID PERSONALITY DISORDER (SPD)

1. No Semantic Problems
2. No early language delays.
3. single-minded pursuit of special interests
4. Prefers being alone
5. lack of empathy, emotional detachment
6. increased sensitivity
4. Some paranoia at times

SOCIAL EMOTIONAL PROCESSING DISORDER (SEPD)

1. No Semantic Problems
2. No early language delays.
3. Poor eye contact.
4. Socially withdrawn, few friends.
5. No elaborated conversations
6. Prosody problems- monotone, flat affect
7. Restricted facial expressions and body gesture
8. Difficulty expressing feelings in words
9. Early acquired or genetic brain dysfunction effecting right central hemisphere

EPILEPSY

1. Can start out with normal language development, followed by a severe progressive decline (Landau Kleffer Syndrome)
2. nonverbal skills are left unaffected
3. difficulties in coming up with words
4. Reduced attention or memory impairment
5. Will not have a clear understanding of language use
6. Can misread other's intentions
7. Poor turn taking
8. Excessive or restrictive topic maintenance
9. Poor skills in greeting, seeking attention, describing or commenting

TRAUMA, HEAD INJURIES AND STROKES

1. Pragmatic issues often referred or thought of as Cognitive Linguistic Problems
2. Right Hemisphere damage does not typically lead to aphasia, syntax or semantic problems. Expressive and Receptive Language usually intact or possibly mildly impaired.
3. Difficulties with paralinguistics (prosody, gestures, facial expressions) and discourse. Communication may seem unusual due to excessive speech, literal use and interpretations, inappropriate comments or use of confabulations, disconnected and rambling discourse.
4. Individuals may focus on the insignificant details. They may not be able to infer or reason.
5. Individuals with Left Hemisphere damage may communicate better than they speak whereas those with Right Hemisphere damage SPEAK better than they communicate.

EXTRA CONSIDERATIONS

☺Many people who have pragmatic disorders fit in more than one of these groups. Pragmatics alone should not be used to diagnose a disorder since so many similar disorders have similar pragmatic issues.

☺Some students may have pragmatic difficulties, but may not fit into any of the previous categories.

☺Pragmatic problem can also be caused by abuse, neglect, prolonged hospitalization, lack of stimulation or learned helplessness

QUESTION???

Do pragmatically impaired people use emoticons?

CHOOSING TESTS TO DETERMINE PRAGMATIC DISORDERS

PRAGMATIC COMMUNICATION SKILLS PROTOCOL

Publisher- Academic Communication Associates

Cost-$17.95 for 30 forms

Age range- 3 and up

Time needed to Administer test- varies, can be given to parent and/or teacher

Advantages: inexpensive, easy to use, good documentation of actual difficulties that the child is experiencing in natural communication contexts and can be used to compare parent and teacher's impression's of child's pragmatic skills

Disadvantages: The PCSP is not a "test" and does not provide "scores" or norms. profile information is very subjective. Informal, Should not be used alone.

FUNCTIONAL COMMUNICATION PROFILE

Publisher- LinguiSystems

Cost-$69.95

Age range- 3 and up

Time needed to Administer test- varies, 45-90 minutes

Advantages: relatively inexpensive, profile covers nine communication areas including pragmatics, easy to use, gives an overall inventory of the individual's communication abilities, gives a severity level, excellent resource for low functioning students.

Disadvantages: There is no scoring system, Raw scores, percentiles, standard scores, or age equivalents, many of the domains are designed for students who are very low functioning and not as useful for students who are higher functioning.

CHILDREN'S COMMUNICATION CHECKLIST—2 (*CCC*-2)

Publisher- Academic Communication Associates

Cost- $ 158.00 (ASHA)

Age range- 4:0-16:11 years

Time needed to Administer test- 5—10 minutes

Advantages: Easy to use, 70-item questionnaire , Caregiver Response Forms , Covers the areas of Initiation, Scripted Language, Context , Nonverbal Communication , Social Relations and Interests , Scores include scaled scores, percentile ranks, and confidence intervals, composite score, and index score, can be used to screen for ASD.

Disadvantages: Relatively expensive, probably should not be used alone to qualify

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THE TEST OF PRAGMATIC LANGUAGE-2 (*TOPL*-2)

Publisher- Pro-Ed

Cost-$247.00

Age range- appropriate for individuals aged 6-0 to 18-11

Time needed to Administer test- approximately 45-60 minutes (this is what the publisher says)

One test has six core subcomponents of pragmatic language: physical setting, audience, topic, purpose (speech acts), visual-gestural cues, and abstraction Advantages

Provides- Raw scores, percentiles, standard scores, and age equivalents

TOPL ADVANTAGES AND DISADVANTAGES

- Advantages- Widely accepted, has a separate Examiner's Record Booklets for ages 6-7 and ages 8 – 18,
- Disadvantages – no subtests, no ceiling, takes a long time to administer- student's get bored and have no breaks, similar tasks on most items, limited information for goal writing.

CLINICAL EVALUATION OF LANGUAGE FUNDAMENTALS (CELF)- PRAGMATICS PROFILE

Publisher-Pearson

Cost-$512.00

age range- 5 through 21 years

Time needed to Administer test- 30-60 minutes, less time for pragmatic profile alone (can be given to caretaker, teacher)

Checklist for rituals and conversational skills, "asking for, giving and responding to information" and non-verbal communication skills

Provides- Raw scores and criterion scores for ages 5 - 21.

CELF ADVANTAGES AND DISADVANTAGES

Advantages- easy to administer, Can be completed by evaluator, teachers, parents, Criterion score, Assesses across linguistic and para linguistics areas, Rating scale, Can be useful tool for generating functional goals

Disadvantages: very expensive test if you only want pragmatic's profile, profile information is very subjective. Informal, Criterion score, Individual interpretation caution

COMPREHENSIVE *ASSESSMENT* OF SPOKEN LANGUAGE (CASL)

Publisher- American Guidance Service

Cost- $399.00

Age range- 3 to 21 years

Time needed to Administer test: approximately 30 to 45 minutes for the core battery, additional time needed for other subtests

15 Individually administered tests including Pragmatic Judgment Subtest, Supralinguistic subtests (Nonliteral Language, Meaning from Context, Inference, Ambiguous Sentences)

Provides- Raw scores, standard scores, percentiles, normal curve equivalents, stanines, and test-age equivalents.

CASL ADVANTAGES AND DISADVANTAGES

Advantages: 15 Individually administered tests and each subtest can provide an independent standard score, Separate and quick Pragmatic Judgment Subtest, Supralinguistic subtests (Nonliteral Language, Meaning from Context, Inference, Ambiguous Sentences), Scoring Software -CASL ASSIST Software available but not included

Disadvantages: Pragmatic Judgment Test is limited and should not be used alone.

SOCIAL LANGUAGE DEVELOPMENT TEST

Publisher: Linguisystems

Cost; **$179.95**

Ages 6-0 thru 11-11 (elementary, also has a Adolescent versions 12 - 17)

Adminstration time: 45 minutes

Entire test is administered. No basals or ceilings

Focus of Assessment: social interpretation and interaction with friends by looking at perspective, inferences, negotiation of conflicts with peers, flexibility when interpreting situations, and diplomacy and support of friends.

SLDT ADVANTAGES AND DISADVANTAGES

Advantages: Evidenced Based, Four individual subtest that can be used independently. Use of pictures and real life social scenarios, assessment looks at interpretation and interactions as it applies to friendships and peer relations, Standardized scores for each sub test area to provide areas of strengths and weaknesses, Able to generate more functional goals based upon strengths and weaknesses

Disadvantages : SUPPORTING PEERS subtest seems to promote lying and might be a problem for students who have a very strong sense of "right and wrong", May take additional time for administration and scoring initially

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Real Question from one of our favorite students

Why do serial killers hate cereal?

REPORT WRITING FOR PRAGMATIC DISORDERS

GENERAL CONSIDERATIONS

1. Use more than one source
2. Make sure you also record observable behavior while testing so you can include it
3. Try to observe the student in areas outside your therapy room.
4. Compare different test (Inferencing subtests on CASL and Social Language Development Test)
5. Include information from Teacher's report

EXAMPLES OF REPORTING ON PRAGMATIC LANGUAGE

XXX has difficulty with pragmatic language, especially making inferences, establishing and maintaining a topic, making relevant comments, interpreting nonliteral information, making multiple interpretations of data, and giving supportive non-blunt comments to peers. Her strengths are her greetings, use of polite words (thank you, I'm sorry, please), some self-advocacy (asking clarification) and stating her needs. Standardized testing on the CASI and The Social Language Development Test support this.

See additional handout for complete report example

FROM A WOMAN'S PERSPECTIVE

Do all husbands have pragmatic deficits???

The views expressed in this slide do not necessarily represent those of the management and we apologize for any similarly to any real life persons or situations.

GOAL WRITING FOR PRAGMATIC DEFICITS

GENERAL CONSIDERATIONS

1. Check out the test manuals for suggestions for goal writing for different test (CCC, SLDT)
2. Look for consistency on different tests. Are there deficits that show up in more than one evaluation?
3. What are parental and teacher concerns?
4. What is the "biggest bang for your buck"?
5. Strategies and accomodations

SAMPLES OF GOAL WRITING

USING LANGUAGE FOR DIFFERENT PURPOSES

☺ For 36 instructional weeks when required to participate in discussions in functional activities, XXX will recall and use names of peers to request, choose or greet with 80 percent accuracy

☺ For 36 instructional weeks when required to participate in discussions in functional activities, XXX will state a problem and offer a plausible solution to a given social scenario with 75 percent accuracy and no more than one prompt

☺ For 36 instructional weeks when required to participate in discussions in functional activities, XXX will comment and respond relevantly to the topic 4 out of five times.
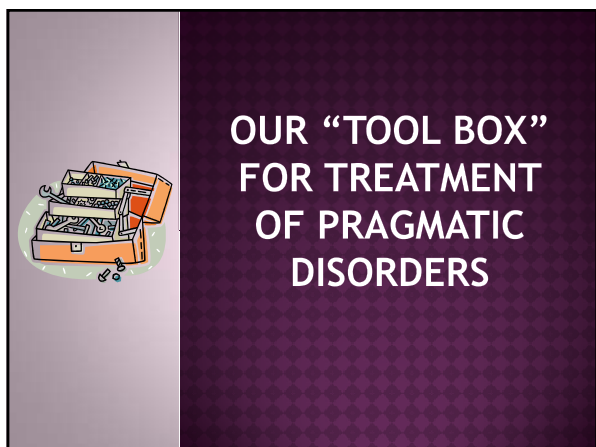
CHANGING LANGUAGE

☺ For 36 instructional weeks when required to participate in discussions in functional activities XXX will make and explain her inferences from a visual or auditory cue(picture, nonverbal communication, social scenario, role play activity) with 75 percent accuracy with no more than 2 prompts.

☺ For 36 instructional weeks when required to participate in a discussion in functional activities XXX will make multiple interpretations from visual, auditory or written information with 70 percent accuracy

☺ For 36 instructional weeks when required to to participate in discussions in functional activities and when presented with a visual, XXX will appropriately relay what he believes an individual is thinking with 75 percent accuracy and no more than one prompt

FOLLOWING RULES FOR CONVERSATION

☺ In 36 instructional weeks, when participating in daily communication, XXX will use appropriate eye contact and eye gaze shift during a communication interaction with an adult or peer 75% of observations.

☺ In 36 instructional weeks, when participating in daily communication, XXX will use appropriate prosodic features (rate of speech, volume, intonation and inflection) during a communication interaction with an adult or peer 75% of observations.

☺ In 36 instructional weeks, when participating in daily communication, XXX will take an appropriate conversational turn, without interrupting, ignoring or dominating during a communication interaction with an adult or peer 75% of observations.

☺ From Annual to Annual, XXX will engage in structured language activities by staying on topic and/or making appropriate topic transitions with both peers and adults and no more than 1 reminder

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And now for a sad pathetic story about pragmatic carryover in real life...

OUR "TOOL BOX" FOR TREATMENT OF PRAGMATIC DISORDERS

OUR TOOL BOX

☺Space Travelers

☺Exploring Feelings, Cognitive Behavior Therapy books- Dr. Tony Attwood

☺A Three Element Social Skill Program: Instruction, Drama and Technology- Michelle Henderson

☺Teaching Social Skills with videos- Michelle Henderson

☺Language Strategies for Older Students- Prouty and Fagan

☺Integrated Play Group models- Pamela Wolfberg: http://autisminstitute.com/

☺Being Your Best: Character Building for Kids

☺7-10 Stop and Think Social Skills Program: Howard Knoff Sopris West Publishing

☺Social Star: General Interaction Skills- Nancy Gajewski, Polly Hirn and Patty Mayo Thinking Publications

☺Therasimplicity Website http://www.therasimplicity.com/

☺Social Skills Games and activities such as Cranium Cadoo, Who Nu, Apples to Apples

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☺VISUALS VISUALS and more VISUALS

☺Get creative with role play, use of puppets, creative expression

☺Peer Models

☺Friendship groups

☺Social Skills collaboration in the classroom (goal of the week)

☺Social skills collaboration with counselors and other specialists (BMC, ALE, PPCD, LSSP)

☺RTI campus social skills intervention- consult or collaboration

☺Talking Tunes CD

☺Tuned into Learning CD

☺ ASHA resources http://www.asha.org/ , http://www.asha.org/Publications/leadder/2007/070904/070904e.htm

☺ **Committee on Social Communication Disorders**

ASHA recently established an Ad Hoc Committee on Social Communication Disorders to develop documents related to the role of the speech-language pathologist in the diagnosis, assessment, and treatment of social communication disorders (i.e., pragmatic language disorders) for children and adolescents. The committee is starting with an evidence-based systematic review of the intervention literature

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THEORY OF MIND
IS THIS WHAT YOU ARE THINKING?

Aren't we almost finished? The handout said this is supposed to be done in 3 hours. My watch says we only have 5 more minutes. I need a snack. I need a nap. I hope they finish on time. If they would stop talking, I could make the Early Bird sale at Kohls.

RESOURCES:

American Speech-Language-Hearing Association (ASHA) , http://www.asha.org/

Broeders M, Geurts H, Jennekens-Schinkel A., (2010), Pragmatic communication deficits in children with epilepsy, International Journal of Language Communication Disorders (pp. 608-616)

Cohen, Nancy J. ((2001). Language Impairment and Psychopathology in Infants, Children, and Adolescents. Thousand Oaks, CA: Sage Publications Inc.

Griffith, Penny L. & Ripich, Danielle N. (1999). Definition of Language Disorders: Who Can Be Served? Communication Disorders and Children with Psychiatric and Behavioral Disorders. San Diego, CA: Singular Publishing Group, Inc.

Hyter, Y. (2003). Language intervention for children with emotional or behavioral disorders. Behavioral Disorders, 29, 65-76.

Kutscher, Martin, (2004), Autism Spectrum Disorders: Sorting it Out, www.pediatricneurology.com/autism.htm#Rett's Disorder

Monarch, Dara, Sandson, Thomas, Weintraub, Sandra, (1995) The Developmental Social-Emotional Processing Disorder is Associated with Right Brain Abnormalities, Neuropsychiatry, Neuropsychology and Behavioral Neurology, Vol. 8, No 2, pp99 – 105, Raven Press, Ltd. New York

Prutting, C. (1982). Pragmatics as social competence. Journal of Speech and Hearing Disorders, 47, 123 – 134.

Vaughan, Linda. (2008). Pragmatic Language: Some "Why's" of Their Development and "How's" of Intervention. Workshop for Hamilton County Educational Service Center, Cincinnati, Ohio, January 8, 2008.

Rapin I, Allen D (1983). Developmental language disorders: Nosologic considerations. In U. Kirk (Ed.), Neuropsychology of language, reading, and spelling (pp. 155–184). : Academic Press.

Westby, Carol. (1999). Assessment of Pragmatic Competence in Children with Psychiatric Disorders. Communication Disorders and Children with Psychiatric and Behavioral Disorders. San Diego, CA: Singular Publishing Groups, Inc.

Winner, Michelle Garcia. (2007). Thinking About You Thinking About Me: Teaching Perspective Taking and Social Thinking to Persons with Social Cognitive Learning Challenges (2nd Edition). San Jose, CA: Think Social Publishing, Inc.

Language and Autism in Boys with Fragile X Syndrome (2009) **fragilex**.org/pdf/NFXF_Final_Report.pdf

What is CAPD, CAPD Support, http://www.capdsupport.org/Diagnosis/what-is-capd.html

Sample Report for Pragmatic Language

XXX was administered the Comprehensive Assessment of Spoken Language (CASL) form 2. She had a receptive standard score of 78 and an expressive language score of 84 (both scores are above the NISD eligibility criteria of 77). Her strengths were in Grammatical Morphemes, syntax and identifying Antonyms and synonyms. It has been observed that her ability to stay focused often impacts her receptive language skills.   XXX's Core language Score was a 73- although this is below normal limits it appears to be the pragmatic judgment (SS - 65) which caused her core language score to be so low. Additional subtests included nonliteral language (SS - 72) and Inferences (SS -56) both of which are supralinguistic and measure pragmatic language ability. Based on this assessment XXX receptive and expressive language, although low, are within normal limits, but her pragmatic language skills are significantly below normal limits.

The Social Language Development Test which assesses the pragmatic aspects of language was administered on 11/08/2010. The following scores were obtained.

Making Inferences - Standard score 69, percentile 2

Interpersonal Negotiations- Standard score 94, percentile 34

Multiple Interpretations- Standard score 75, percentile 5

Supporting Peers- Standard score 71, percentile 3

Total Test Standard score 79, percentile 8

These scores indicate that XXX is displaying weaknesses in the area of pragmatic language.

She displayed difficulty on the INFERENCING subtest, which measures a person's ability to detect nonverbal and context clues in a picture of a person or people, assume the perspective of the specific person, infer what the person is thinking, express the person's thoughts in relevant, direct quotation and state the verbal cues that suggest what the person is thinking.   XXX shifted between giving direct and indirect quotes, even when the directions were restated.   She gave inappropriate and irrelevant information pertaining to her interpretation of what the person was thinking. She also had difficulty stating what visual clues had led her to answer. She often mentioned object in the picture instead of the person's facial expression or misinterpreted the facial expression altogether.

XXX did well on the Interpersonal NEGOTIATIONS subtest, which measures a person's ability to understand a short passage about a conflict with a friend, infer the perspective of each person in the conflict, state the problem clearly, propose a solution, and explain why it would be a good solution.   XXX generally stated the problem from a mutual perspective (ex. we want to watch different shows). She usually gave an appropriate solution, but generally they involved satisfying only one person, which usually turned out to be at XXX's expense. She showed a strong sense of loyalty in making her decisions

and stated that she knew her decision would allow her to remain friends with a person or that her decision was a polite thing to do. She seldom gave a solution that involved mutual decisions based on a dialog.

On the MULTIPLE INTERPRETATIONS subtest, XXX had difficulty giving more than one interpretation. This subtest measures a person ability to show flexible thinking by giving two different, plausible interpretations of the same photo.   XXX showed some rigidity often restating the first picture interpretation (ex. My head is hurting. I might have a headache). Repeating the directions did not change her pattern of rewording instead of giving two distinct interpretations. The test developer states that students who have difficulty with this task may be "at risk for misinterpreting interactions, story characters' actions and beliefs, and science and or math problems that might have more than one way to view data or solve a problem. They are also at risk for understanding exceptions to rules or changes in routine."

XXX also had difficulty on the SUPPORTING PEERS subtest.   For this subtest the student takes the perspective of someone involved in a situation with a friend. the student tells what to say in reaction to a friend's situation. Responses receive credit based on the degree of support they offer to the friend, not on the truthfulness.   Although most of XXX answers were polite she was often blunt ("could I please stay away from you" offered as her comment to the student with bad breath who was sitting next to her).   Some of her answers were supportive, but irrelevant to the situation and only one showed strong support. The test developer interprets the result of this test by saying " A student who does not support a friend or even worse remains critical and brutally frank with a friend is at risk for having few friends."

Observation during testing and a speech sample indicated that XXX's Mean length of utterance, syntax (word order), grammar and vocabulary all appear to be age appropriate. She answers WH questions and she is able to follow multi-step directions, but at times get confused and asks for repeated directions. XXX has difficulty with pragmatic language, especially establishing and maintaining a topic, making relevant comments and using and reacting to humor.   Her strengths are her greetings, use of polite words (thank you, I'm sorry, please), some self-advocacy (asking clarification) and stating her needs.

Currently, the classroom teacher stated that XXX has difficulty with multi-step directions. She is able to communicate her wants and needs, but may have difficulty staying on the topic. In the classroom, she raises her hand, but does not always answer the question and will repeat what someone else has said. Mr. XXX reports that XXX's voice is loud and monotone. He also reports that XXX has friends with whom she plays with at recess, interacts appropriately within the class, and is polite and respectful to the teachers and staff at school. He states XXX sometimes is too keyed in on the clock. She blurts out in class that it is time to go to lunch or go home. She also has some difficulty with changes in her routine. She perseverates on the clock around lunch, specials, snack, and the end of the day. She may be inflexible and has difficulty adjusting to changes in daily schedules even by minutes. She may interrupt the class repeatedly.

SUMMARY: XXX articulation, fluency and voice skills are all within normal limits. Results of the Speech Language Evaluation indicate that XXX's expressive and receptive language skills, although low, are within normal limits for her age and ability level.   Her pragmatic language skills, however are significantly below normal limits which could interfere with her following classroom directions, inferencing information from verbal and and non-verbal cues, speaking to peers and adults in a socially appropriate manner and responding to questions appropriately in the classroom. XXX tends to interpret information literally and is rigid in her responses. Based on this information, she continues to be eligible for speech and language services as a related service.