HELP WITH SPEECH AND LANGUAGE SKILLS IN THE CLASSROOM

The Link

ISSUE 6 2016

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BACK TO SCHOOL

Shyness or Selective Mutism?
Maggie Johnson provides top tips for the new term.

New Term, New Teacher
Advice for NQTs supporting SEN children.

Keep your Voice in Tip Top Shape
Vocal training tips for teachers.

Glue Ear - an insight
How does it affect a child's listening and language development?

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CONTENTS

Editor's Letter

Welcome back to a New School Year. We hope you all have enjoyed a relaxing summer break and are refreshed and ready to begin again with a fresh group of bright-eyed and bushy tailed pupils.

We post this magazine FREE to all UK Primary Schools to provide SENCos and school staff with specialist support for speech and language in the classroom. Please share this copy with your colleagues in the staff room. This issue (and previous issues) can be read on our website.

You will also find extended articles to support the magazine pieces, interviews with the authors, regular blogs on speech and language issues and upcoming local events. To keep up-to-date with these supporting specialist articles, please sign up to our monthly email **SLCNewsletter**. And as a thank you for joining our e-newsletter, we are offering FREE Sticker Sheets to all. To claim your **FREE Sticker Sheet**, don't forget to sign up before 18th December 2016!

In this Issue 6, Claire Vuckovic, an independent SEND and inclusion consultant, offers her experience to all **Newly Qualified Teachers starting their career with SEND children** in the classroom, with top tips for the new term. Our favourite SLT Advisor, Maggie Johnson, shares her specialist advice about what to do if you suspect **Selective Mutism**. Penny Anne O'Donnell, a specialist speech and language and voice therapist, turns the focus on teachers and support staff and provides advice for **reducing stress on the voice**. We have all worked with children with **Glue Ear** but perhaps not had a full understanding of the condition. Ruth Merritt, a specialist SLT for deaf people, gives us an overview of Glue Ear and how to communicate with and support children with hearing loss. Our regular feature, the SLCN Glossary, explains the terminology used with **speech delay versus speech disorder** in the context of language development.

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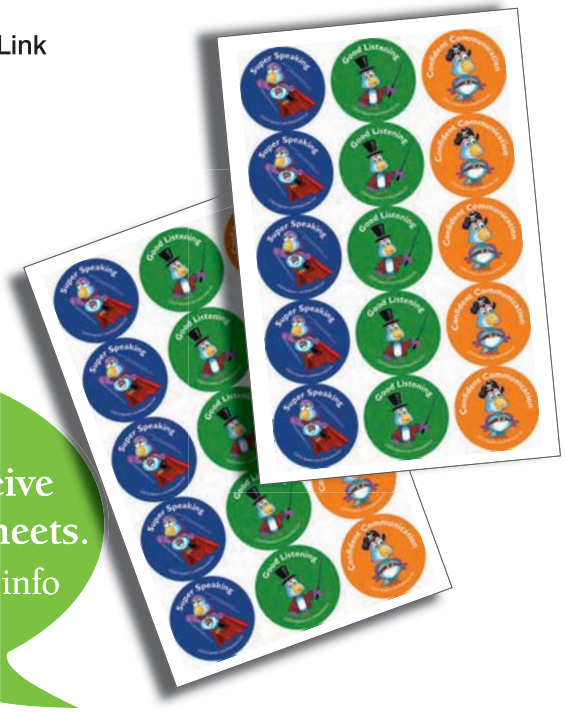

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New Term, New Teacher

By Claire Vuckovic, Independent SEND and Inclusion Consultant, IncludEd

Back in the day starting your first teaching post could be brutal. There was no gentle introduction for us "probationers", shadowing a colleague or a lighter workload as you might get in other professions. It was "this is your classroom, these are your 32 third year juniors, see you in July"... Well maybe that was just me - but we didn't have interactive whiteboards, teaching assistants or PPA time. However, we also didn't have OFSTED, SATs, league tables or children with SEND.

Most children with SEND were placed in special schools or specialist units co-located with, but separate from, mainstream schools. However, since the early 1990's the number of children with SEND in mainstream classes has increased and the range of needs has become more complex. The SEND 0-25 Code of Practice (DfE 2014) states that "all teachers are teachers of children with SEND".

Has Initial Teacher Training kept up? I asked a number of recently qualified teachers how well prepared they felt to support children with SEND in their class, and what or who helped them.

Sadly, despite the well acknowledged increase in SEND the overwhelming opinion was that NQTs did not feel confident in meeting the needs of some of the children in their classes, children with significant diagnoses such as ASD. However they have clearly received some good advice (or learnt the hard way).

So if you are an NQT this term here is some advice from a few of your recently qualified colleagues;

Get to know the child – this means talking to, playing with, working alongside them. Ask about what is important to them and what do they think their strengths are? What makes a good day for them, what makes a bad day? Try and spend some time with them outside the classroom, maybe a lunch time or playtime or chatting at the end of the day.

Talk to parents or carers – they know their child better than anyone and will have all sorts of strategies to support their child. They may have had lots of expert advice which they will be happy to share. Time spent fostering a good relationship will be invaluable, you are in this together.

Talk to colleagues who have taught this child before or who have experience of some of the same difficulties. Listen carefully, be aware of any negativity (usually around challenging behaviour) but listen out for common triggers or sometimes subconscious support strategies (for example giving warning of changes of activity). Do not forget teachers or Early Years Practitioners from a child's previous school or setting. Visit if you can as a picture paints a thousand words.

The final piece of advice that was shared rang particularly true for me, as I believe it is how I learnt much of what I needed to support children with SEND in my class and beyond:

Learn as much as you can from professionals visiting the child in school – SLTs, advisory teachers, occupational therapists and sensory impairment team teachers to name a few.

These people are always busy! So make the best use of their time. Try to get some time out of class to talk to them about the advice and strategies they are recommending (and let them know you have done this before the visit so that they can try to make time to talk to you), let them know what you will be doing

with the child and the rest of the class so that they can plan their visit accordingly and make sure you have a space for them to work in. Be sure to ask questions and clarify advice and remember to ask how the child's difficulties might impact on their learning in class and how you can minimise barriers.

I need to add my own piece of advice now and it is this – **do not be afraid to start trying different approaches with a child**, as soon as you are aware that they are not making progress or are struggling (within the limits of common sense of course). **Be creative.**

Good teaching for children with SEND is good teaching for all children.

Good Luck.

Shyness or Selective Mutism?

By Maggie Johnson, Speech and Language Therapist Advisor and Educational Consultant

A new term can be both an exciting and daunting time. Teachers are used to some children taking longer than others to settle in. But when children don't speak freely, is it normal reticence, or is it the anxiety disorder selective mutism (SM) which can lead to long-term difficulties such as school avoidance, social anxiety disorder and depression if ignored or handled inappropriately? Knowing the difference is essential to providing the right support and overcoming SM before the child suffers academically, socially and emotionally.

SM is a real, but irrational fear (phobia) of talking to certain people. It is not 'reluctance to talk'; these children would love to talk if they could. But the expectation to talk to anyone other than close family or friends triggers a panic reaction and freeze-response, rather like a bad case of stage fright. Few people see the child as they really are – sensitive, thoughtful, chatty, fun-loving and outgoing.

What to look for:

The main feature of SM is the sudden stillness and frozen facial expression whenever the fear-reflex is triggered – typically in response to being asked a question. The body stiffens and the throat constricts – children may not even be able to laugh or cry. In time, they learn to anticipate the situations that trigger their fear and do all they can to avoid them. They become afraid of certain people even hearing their voice in case it increases their obligation to talk.

Shy children don't demonstrate this body-tension or avoidance. They respond well to a friendly face and gentle encouragement to join in and soon talk to adults on a one to one basis. They are wary of new situations, but not physically afraid to talk.

Book Preview

The Selective Mutism Resource Manual (2nd Ed), Speechmark Publishing Ltd

By Maggie Johnson & Alison Wintgens (Publication Date: October 2016)

Twenty years ago, I met the first child with selective mutism (SM) in my clinical practice. I still remember the unpleasant feeling of incompetence and the literature gave few answers. This triggered me to start researching SM for the next two decades.

In 2016, the literature and knowledge about SM have improved considerably, and there is greater agreement among clinicians on how to understand and treat the condition. Maybe the most important progress has been to categorise SM as an anxiety disorder. Nevertheless, it is still a challenge to offer adequate help for these children.

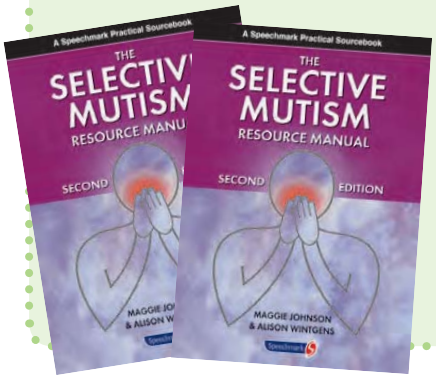
This excellent resource manual presents updated information on important aspects of SM and – above all – practical and detailed information on how to deal with the problem that is relevant for clinicians, teachers, children and adolescents with SM and their family members. It also provides lots of useful handouts. The case stories are representative, illustrate the variation of symptoms in SM and emphasise the importance of tailoring interventions for each child.

The two authors have an extensive and unique experience with children and adolescents who have SM, and their deep respect for each individual is reflected in all of the chapters. They also address muteness in all relevant arenas and the impact on important people in each child's life. This is essential for treatment success and is a clear message to our colleagues not to restrict their intervention to clinical settings.

This book contains a wealth of knowledge!

Hanne Kristensen, MD, PhD

Centre for Child and Adolescent Mental Health, Southern and Eastern Norway (March 2016)



Go to the Link Online to read an interview with Alison Wintgens SLT.

Seek advice and support from: NHS Choices www.nhs.uk/conditions/selective-mutism
Selective Mutism Information and Research Association (SMIRA) www.smira.org.uk

Top Tips

What to do if you suspect SM:

- Remember that phobias get worse with any form of pressure – children will only master their fear if allowed to talk in their own time.
- Don't take it personally! Children don't choose to have SM.
- Make sure that no-one applies pressure to talk using rewards, persuasion or negative comments.
- Talk to parents immediately – does their child talk freely to some people but not others? Are there activities they enjoy at home that could be introduced at school? Are there friends they talk to at home that they could sit with? Could the child talk to their parents at school as a step towards joining in class activities?
- Set up a home-school journal for two-way communication through parents.
- Tell children privately that you know they want to talk but are finding it difficult at the moment. Reassure them that they will talk when they are ready and feel less anxious. Until then, they can join in by listening, pointing, nodding, etc.
- Let children know they can talk to their friends – you won't interrupt or ask questions.
- Build rapport with the child on a one-to-one basis. Talk about what you are doing and pause so children can join in when they feel ready: "Wow, look how tall you made your tower!"; "This is fun, isn't it?"; "I wonder where this goes…."
- Ensure that children can access the toilet, drinking water and first aid without asking.
- Ask 'Is _____ here?' at registration, so that the whole class can answer together.
- Actively support the development of friendships and inclusion in pastoral activities. Show by your own example how to involve quiet children and have fun.
- Do not draw attention when the child speaks; respond as if they have always spoken.

SLCN Glossary

By Heather Stevens, Speech and Language Therapist

Speech Delay versus Speech Disorder in the Context of Language Development

In a previous edition we discussed the difference between speech delay and speech disorder. In this issue we will be considering delay versus disorder in the context of language development. Children's language skills develop at very different rates and the children beginning school this year will show a huge variation in their ability to understand and use language. Although the rate may vary, there is a specific pattern that we expect this development to follow. The rate at which children develop their language skills is affected by a number of factors. Research shows that the language of children from socially disadvantaged backgrounds develops at a slower rate than that of those from more privileged backgrounds. Birth order, gender and regional variations also have an impact.

If a child is following the normal pattern of development but at a slower rate than expected they may be described as having a language delay. If a child's language skills do not reflect this normal developmental pattern their language may be described as having a language disorder or impairment. Because of this variation in normal language development it can be difficult to make a distinction between language delay and language disorder in children under 4.00 years.

The developmental tables on the Infant and Junior Language Link websites outline developmental stages. It is important to note that children with receptive language impairments (impairments of understanding) have a poorer prognosis than those with predominantly expressive language impairments (spoken language impairments). It can be very difficult to work out the level at which a child is understanding through observation alone and it was for this reason that the Language Link assessments were developed. The assessments compare the development of a child's understanding of language with that of his or her peers. Children who score between the 6th and 16th percentile may be considered to have a mild to moderate delay. The Language Link resources and interventions are targeted at this group of children and aim to support their development of understanding.

Children scoring below 6th percentile are said to have a moderate to severe delay. A delay of such significance often suggests a more complex language difficulty and for this reason we recommend discussing any child who scores in this range with your speech and language therapist. The Language Link assessments are not diagnostic tools and only your therapist, through detailed assessment, can diagnose a language disorder.

There is often a family history of language disorder and it usually affects vocabulary and grammar. A child may have word finding difficulty, poor memory for new words and sentences and difficulty following instructions. Language disorder may also be associated with other neurodevelopmental disorders.

We will look at some of the other disorders that may occur with or present as language disorders in future issues of this magazine.

Language Development 4-5 years

Language Area	Established Skills – an example	Emerging Skills – an example
Understanding	Understands instructions with 4+ key words and complex grammatical structures	Beginning to understand complex and abstract instructions.
Spoken Language	Can describe events that have happened in the past e.g. 'We goed there on holiday. We had ice-creams.'	Beginning to use language to explain and reason e.g. can explain 'why' something has happened.
Social	Greater awareness of themselves in relation to a group	Becoming aware of different speech styles and when to use them e.g. use one style when talking to Mum but different when talking to your teacher
Vocabulary	Wide vocabulary continually increasing	Interested in learning new words e.g. asks what words mean

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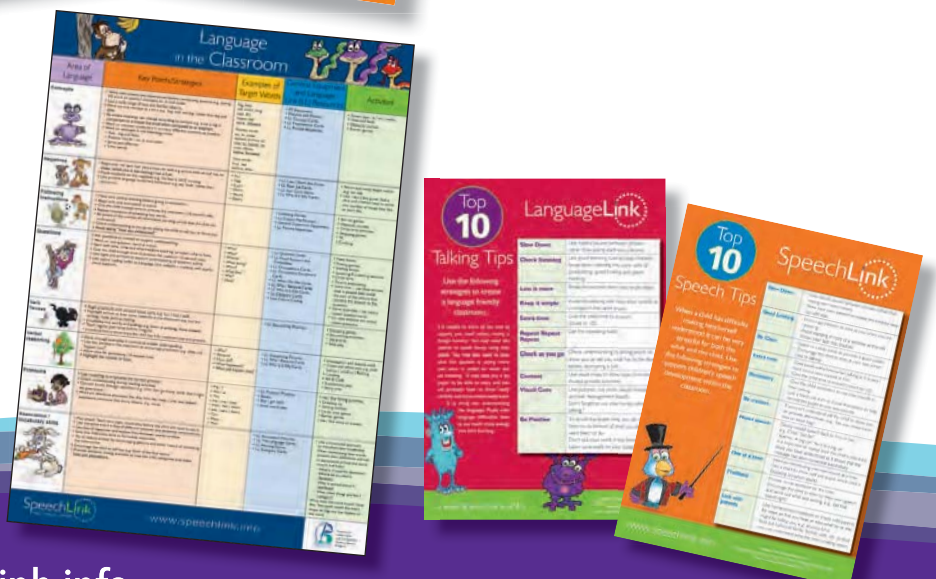

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POCKET PACK – Associate £12.50 + VAT

Two fun games to develop matching and linking, important skills for developing a wide vocabulary. In 'Find a Partner' children must use association and memory skills to find pictures that go together. 'Turn Over' is a fast game of quick fire associations.

POCKET PACK – Categories £12.50 + VAT

Three games in one for sorting and linking.

These category cards provide a range of colourful and amusing pictures for children to sort into different groups. The cards can all be grouped and sub-grouped in different ways, encouraging children to see the links between them. These cards can be used to broaden vocabulary, improve description skills and enhance word finding abilities.

POCKET PACK – Describe £12.50 + VAT

A fun pack for developing description and compare and contrast skills. Children answer the questions on each card to improve their knowledge of the target words. The questions cover the key information needed to describe the object in terms of function, location, attributes, category and the first sound.

POCKET PACK – Rhyme Time £12.50 + VAT

The ability to detect and produce rhyming words are seen as key phonological processing skills. This fun pack includes two different games in one. In 'Rhyming Pairs' children must try to find a rhyming partner and in 'Rhyme Time' children must think of other words that rhyme with a given card.

POCKET PACK – Syllables £12.50 + VAT

Syllable segmentation is a vital skill both for speech and literacy development. Children must be able to break longer words down in order to understand meaning and to help find words in their vocabulary. This fun pack includes three games to break words down into syllables and develop an awareness of syllable boundaries.

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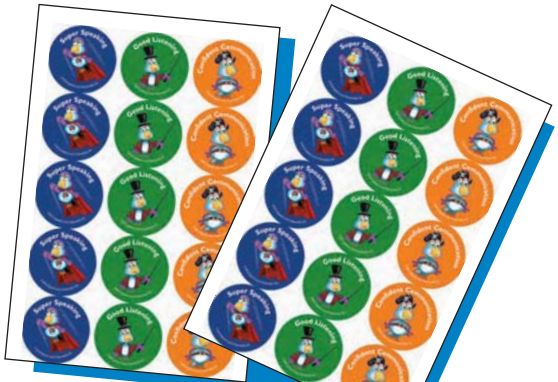

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Keep your Voice in **Tip Top Shape**

By Penny Anne O'Donnell, Consultant Speech Language and Voice Therapist, Johansen Sound Therapist, Relaxation Advisor

The ability to hold a class completely spellbound lies within your voice. Your unique voice is the authentic connection between your inner self and the outside world. Through its timbre, pitch range and inflection, the voice is similar to a musical instrument and, when it works harmoniously, "The human voice is the most perfect instrument of all" (Arvo Part).

In the UK on average, voice loss costs schools approximately 80,000 sick days and £15 million every year. Therefore vocal training for teachers is a wise investment of time.

Your true vocal folds are tiny and incredibly hard working. They measure approximately the length of a **5 pence piece**, sitting within your larynx.

On exhalation breath draws the true vocal folds into vibration. Approximately **235 vibratory cycles per second in the female speaking voice, 135 in the male.** When singing this increases with each octave, a Top Soprano note can be 1500 vibratory cycles per second! The average person's vocal folds meet over 4 million times daily.

The cartilages of the larynx tilt to alter vocal fold tension, greater tension causes thinner folds and higher pitch and tension reduction results in lower pitches.

> Teachers are vocal athletes and warm up and cool down are vital for vocal health.

Make your journey into school your Warm Up Zone:

Chew an imaginary toffee whilst humming, feeling a buzz on your lips. Circle tongue clockwise and anti-clockwise inside the mouth 8 times either way. Pop tongue between lips and gently glide up and down on mmm sound. On the way home simply exhale on zzzzz softly.

When you are in the classroom, remember simple ergonomics. Your head weighs 8 lbs plus, if your chin is thrust forward it impacts upon your vocal power causing tongue root tension. Imagine a helium balloon on the top of your head encouraging a long free neck. Your navel should always face your listener. Avoid locking your knees

and stand with your weight evenly distributed. Voice is a whole body exercise.

Almost half of teachers admitted to feeling stressed or overwhelmed. Stress can have a negative effect upon your breathing pattern and subsequently voice.

Breathe your way to calmness by thinking calmness breathing 24/7:

Relax stomach. Inhale naval moves forwards, exhale it returns to the starting position. Ensure a daily breathing break and vocal nap. Two minutes a day can make all the difference.

Keep throat "tension free" by feeling a space at the back of your throat when speaking. Imagine your cheer and fist pump if you won teacher of the year.

Vocal Respect. If your voice is tired, avoid shouting/singing/humming. Do not whisper and never work through a cold/sore throat. Resting the voice speeds up recovery. Avoid competing with background noise. Only raise your voice if confident in safe shouting technique. Try to ensure children face you when you speak to them. Keep breathing consistent and avoid holding your breath when listening.

Chilly weather requires a fashion statement scarf to warm laryngeal neck and shoulder muscles.

Laryngologist Garfield Davies advises "The vocal folds are happiest in the atmosphere of the Kew Gardens Hothouse". Aim to drink 6-8 glasses still room temperature water throughout the day as it takes four hours for water to hydrate vocal tract mucosa.

Caffeine is a dehydrating stimulant. One cup of real coffee (300 mg or less) is ideal. Avoid spirits. Choose wine or champagne instead, but probably not before a class or with breakfast! Match alcohol/ caffeine intake with extra water. Allow your food and drinks to cool and consume them slowly to keep vocal tract relaxed. Higher Cocoa content chocolate is ideal for chocolate lovers. Diet weight gain and stress can cause acid reflux which harmfully affects vocal folds. Smoking will damage your voice. It is similar to blowing a hairdryer onto your voicebox. Contact your GP re quitting but in the meantime ensure you do not speak as you exhale and avoid smoky environments and dry ice.

Avoid habitual throat clearing. As well as giving the impression of nervousness it produces more mucus whilst straining the vocal cords. Sip water, or swallow gently twice. Blackcurrant and glycerine pastilles or short bursts of whitening chewing gum are effective vocal tract lubricants. Avoid menthol or medicated pastilles.

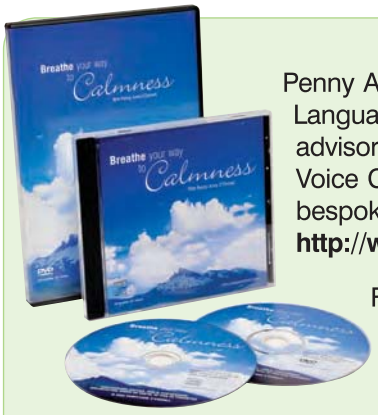
Humidify your atmosphere whenever possible. If using antihistamines increase your water intake as these have a drying effect upon the mucosal layer.

Avoid Aspirin. It increases the possibility of a haemorrhage including the vocal folds. If prescribed, check with your GP.

Asthma sufferers when using an inhaler, drink water afterwards.

Inhale plain steam to relax hydrate and soothe the throat. Ideally, before bed, not pre heavy voice use. Water will not reach the vocal cords so steaming is the most effective method of hydration.

As a teacher, your voice is one of your most powerful means of effective communication. It can impart information, convey emotion and provide an inspiring model for pupils. Nurture it. Remember "Raise your words, not your voice, for it is rain that grows flowers not thunder" (Rumi).



Penny Anne O'Donnell is a Specialist Speech Language and Voice Therapist and relaxation advisor in independent practice and Co-Founder of Voice Camp Warwickshire. To learn more about her bespoke Teachers Voice Workshops visit **http://www.voicetraininguk.co.uk/**

For information regarding her DVD & CD series "Breathe Your Way To Calmness" and relaxation seminars classes for either adults and/or children visit **www.relaxationdirect.co.uk**

For Voice Camp Warwickshire information email pennyanneod@gmail.com and find us on Facebook.

Follow her on Twitter @relax_therapy

Youtube; https://www.youtube.com/user/pennyanneod

Glue Ear

By Ruth Merritt, Specialist Speech and Language Therapist for Deaf People

Read our interview with Ruth at The Link Online.

Glue ear is a term you may have often heard in relation to young children, or maybe it's a term from your own personal experience with your children or from your own childhood. It isn't always clear what it really means and I thought I'd take this opportunity to tell you a bit more about it.

First we should think about how the ear actually works.

We have three parts to our ear: the outer ear, which contains the ear lobes and the ear canal; the middle ear, which has three tiny bones; and the inner ear, which is the organ of hearing and of balance.

Here is a detailed diagram to show you some of the technical terms:

At the end of the ear canal is the ear drum. This needs to be able to move with ease taking the sound that passes down the canal to the middle ear. The middle ear has three tiny bones that are linked passing the sound to the inner ear where the sounds are converted to pass along the auditory nerve to the brain.

The middle ear has a passageway from it to the back of the mouth so that the middle ear is filled with air. With young children, this tube (Eustachian tube) is very narrow and often a bit more horizontal. This means that when a child gets a cold, the fluid can go back into the middle ear and block it. It becomes thick and gluey and stops the tiny bones from moving.

OK, so that's the technical part!

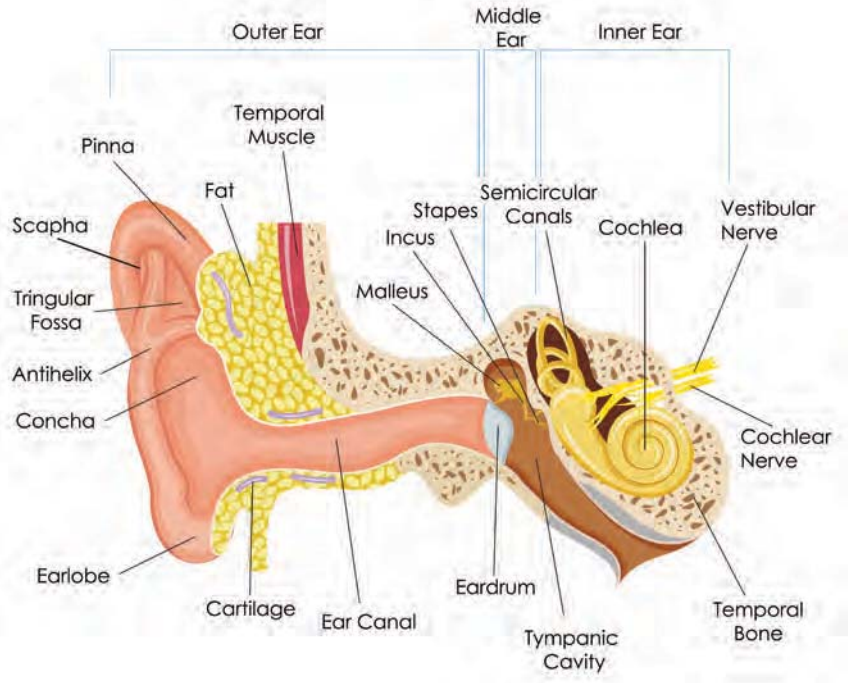
The bit we really need to understand is how this affects a child; in particular, their listening and language development, and how can we help?

It's an old trick, but put your forefingers into your ears firmly so there is no air passing down the ear canal. What does speech sound like and what does it feel like?

This is basically what is feels like (or close enough) when a child has glue ear. They can have a mild hearing loss of 20 dBL or a much greater one of up to 50 dBL. Their heads often feel full- just like yours did with your fingers in your ears.

So they can't hear much of what is

References:
NDCS: www.ndcs.org.uk/family_support/glue_ear
Test your techn-ear-cal terms here: http://academic.udayton.edu/gregelvers/psy323/labels/ear.asp



around them. On top of this difficulty, due to changes in the middle ear on a regular basis, their hearing loss might change daily!

Let's think about how that affects a child learning a word. One day they hear the word "tomato" as "mado", the next day as "demado" and the next as "oma o". What the child is likely to do is to simply reject all three versions, not wanting to trust any of them. In other words they don't pick up new vocabulary well.

The act of being deaf, albeit not fully, can be very tiring. The NDCS has very useful information about glue ear and its effect stating:

"Changes in behaviour, becoming tired and frustrated, lack of concentration, preferring to play alone and not responding when called may indicate glue ear. These signs can often be mistaken for stubbornness, rudeness and being naughty. A prolonged period of time with reduced hearing can affect children's speech development. For example, parts of words may not be pronounced clearly. Children with glue ear may also fall behind at school if they do not have extra support".

It is important as teachers and teaching staff that we try to identify the children who may have glue ear. The funny thing is they are not always ill. They may have had a cold two weeks ago but they have persistent glue ear resulting in the hearing loss. We need to look out for behaviour changes and be alert to the signals they are giving.

Top Tips

If you know a child has glue ear then some basic communication tips can help:

- Always face the child when talking.
- Get down to their level.
- Don't shout but use a strong and clear voice.
- Use visual support to help them focus and understand what you are saying.
- Use lots of repetition.
- Understand their potential level of tiredness.

Effects of hearing loss can be seen throughout their school life, as poor speech and language development can result in poor literacy and therefore poor academic levels- "vocabulary development at 5 years old is a powerful predictor of GCSE achievement". Gross, J (2013) *Time to Talk*, Oxon, Routledge.

Tell A Story

By Phonic Books

The Tell A Story series are a new set of wordless books produced by Phonic Books, designed to be read with reception and nursery aged children and are ideal for children who need support in their language skills as a precursor to their reading skills.

They are simple, clearly drawn books using delightful animal characters, aimed at developing the child's understanding and use of language, including developing specific vocabulary. The questions suggested for each page show a good range of levels of complexity fitting in well with the 5 levels of questioning described by Marion Blanks (where questions range from asking about the immediate environment and require concrete thinking, to questions that require a child to make basic predictions and to begin to use higher-order thinking skills; to those that require the child to use problem solving, predictions, solutions and explanations). Each book helps develop the child's interest in stories, answering questions about the story and to explore a variety of emotions.

More details about the Tell A Story series can be found at www.phonicbooks.co.uk

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- Early targeted interventions, managed by support staff.
- Progress measures include engagement ratings, pupil & parent views.
- Builds staff knowledge and skills in SLCN.
- Maximises effective use of support staff.
- Evidences impact of Pupil Premium.

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Speech Link (4-8 years)

Junior Language Link (7-11 years)

Infant Language Link (4-8 years)