A SUCCESSFUL SPEECH THERAPY PROGRAM IN OPERATION WITH
IMPLICATIONS FOR SMALLER MONTANA ELEMENTARY SCHOOLS

BY

LILA DEAN BRUCKNER

Submitted in partial fulfillment of the requirements
for the Master of Education degree
Montana State College
July, 1959
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>5</td>
</tr>
<tr>
<td>Procedure</td>
<td>6</td>
</tr>
<tr>
<td>Limitations</td>
<td>6</td>
</tr>
<tr>
<td>II. A SUCCESSFUL SPEECH THERAPY PROGRAM IN OPERATION</td>
<td>7</td>
</tr>
<tr>
<td>Seven Steps in Setting up the Remedial Speech Clinic</td>
<td>7</td>
</tr>
<tr>
<td>Introduction of the Program to the School Staff</td>
<td>7</td>
</tr>
<tr>
<td>Publicizing the Program</td>
<td>8</td>
</tr>
<tr>
<td>Acquisition of the Facilities and Equipment</td>
<td>8</td>
</tr>
<tr>
<td>Identification of the Children Needing Therapy</td>
<td>8</td>
</tr>
<tr>
<td>Provision of Time for Therapy</td>
<td>10</td>
</tr>
<tr>
<td>Grouping the Children for Therapy</td>
<td>10</td>
</tr>
<tr>
<td>Planning Supervision of the Clinic</td>
<td>10</td>
</tr>
<tr>
<td>Operation of the Clinic</td>
<td>11</td>
</tr>
<tr>
<td>The Lesson</td>
<td>11</td>
</tr>
<tr>
<td>The Motivation</td>
<td>11</td>
</tr>
<tr>
<td>The Follow-up</td>
<td>12</td>
</tr>
<tr>
<td>Evaluation of the Program</td>
<td>12</td>
</tr>
<tr>
<td>The Individual Lesson</td>
<td>12</td>
</tr>
<tr>
<td>The Motivation</td>
<td>13</td>
</tr>
<tr>
<td>Progress of the Children</td>
<td>14</td>
</tr>
<tr>
<td>Continuation of the Program</td>
<td>20</td>
</tr>
<tr>
<td>III. IMPLICATIONS OF THIS PROGRAM FOR SMALLER MONTANA ELEMENTARY SCHOOLS</td>
<td>21</td>
</tr>
<tr>
<td>Location of the Remedial Speech Teacher</td>
<td>21</td>
</tr>
<tr>
<td>Organization of the Remedial Speech Program</td>
<td>22</td>
</tr>
<tr>
<td>Equipment and Facilities Needed for the Program</td>
<td>22</td>
</tr>
<tr>
<td>Evaluation and Continuation of the Program</td>
<td>23</td>
</tr>
<tr>
<td>IV. SUMMARY AND CONCLUSIONS</td>
<td>24</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>25</td>
</tr>
<tr>
<td>APPENDIX</td>
<td>27</td>
</tr>
</tbody>
</table>
"Cages along the Appian Way held various grotesque human disabili-
ities including 'Balbus Blaesus' the stutterer, who would attempt to talk
when a coin was flung through the bars."¹ This treatment was humane in
comparison with many practices that history reveals as having flourished.
Attitudes toward the handicapped have varied from century to century and
from place to place, but have most often taken forms of rejection, pity
or humor. Of course, people of this country do not put the disabled in
cages, kill them or exploit them, as has occurred in the past and even
recently in certain places in the world. In fact, aside from some un-
educated adults and children who have reacted toward the unfortunate in
certain refined versions of old primitive ways, current attitudes have
shown promises of a brighter future for the handicapped.²

Education today has been pledged to the task of educating the whole
child. The recognition of individual differences and the need for special-
ized methods for meeting them has never been so great. There is much to
encourage the handicapped individual as the national and state governments
and untold organizations and agencies join to alleviate his problems.

Perhaps, because the speech defective cannot speak for himself,
assistance for him has lagged behind that provided for other types of the
handicapped. The movement to provide special programs in speech correc-
tion began thirty years ago. It is in this area that the writer has had

¹ Van Riper, C., Speech Correction: Principles and Methods, p. 6
² Ibid., p. 9
a special interest. Following are some of the statistics of the problem and a brief review of what is being done in the nation as a whole and in Montana in particular.

There is good reason to believe that about 10 percent of the school population have speech handicaps. Several recent studies into this matter have been made. Anderson gives a good summary of some of the more important findings.

The American Speech and Hearing Association Committee on the Midcentury White House Conference on Children and Youth reports, 'Children with speech disorders make up one of our largest groups of seriously handicapped youngsters.' The committee estimated that there were 2,000,000 speech-defective children in the United States between the ages of 5 and 21, or 5 percent of the assumed population within this age range. The results of actual surveys corroborate the Conference Committee's own admission that these figures are presented as the lowest defensible estimates. A number of speech surveys have produced results ranging from a low of approximately 7 percent to a high of 25 percent of the public-school population, the variations reflecting differences in the locale of the surveys, as well as the standards of performance adhered to by the individuals conducting them. As an example of a typical situation, in a study of speech-correction activities in the public schools of California the speech therapists of the state reported that an average of 11 percent of the school population which they served were defective in speech. For the country as a whole, it would be safe to say that a careful and conservative survey would disclose at least 10 percent of the elementary- and secondary-school children suffering from various speech disabilities sufficiently serious to be classed as speech defects. This would mean approximately 2,500,000 speech-defective children of school age in the United States -- over 40,000 in a city the size of Los Angeles, for example, and 350 in a small city of 20,000 population.

Approximately half of the states have provided in their departments of education for the certification and employment of speech correctionists, according to Anderson. Despite these many encouraging


4 Ibid., pp. 6-7
advances, large areas have made no provisions for speech correction nor schools that train speech specialists. Speech correction, as a new field, has been woefully short of personnel. Even in areas where the program is well established, teacher case-loads far exceed the most generous maximums suggested by authorities. Here the teachers have been forced in to giving limited help to all children who need it or to select only the most needy children for intensive therapy.

Anderson felt that it was inconceivable withing the forseeable future that a sufficient number of speech correctionists would be found to care for the large number of children needing help, and that at best they would be only able to handle the serious problems. Even when limited to the serious cases, the speech correctionist would be able to see cases only once or twice a week at the most. He felt that speech training in the classroom was the only adequate answer. It would be integrated effectively with and serve to help the language arts program. An increasing number of teacher-training institutions have been requiring their trainees to take courses in speech education and re-education. Most of these schools have offered courses at least as an elective. Because speech therapists will not be able to handle the majority of less serious cases, Anderson also feels the classroom teacher may be the answer to this need.

From the point of view of (a) the large number of children handicapped by such defects, (b) the harmful influence these defects may have on a child's intellectual and social development, and (c) the relatively small number who have received remedial help thus far, the problem is very serious indeed. On the other hand, from the point of view of what could be done for these children with the enlightened co-operation of the classroom teacher throughout the school life of the child, the problem, while still serious, presents a bright and hopeful prospect of satisfactory alleviation.

Ibid., pp. 7-13.
Most speech defects found among the school population are not particularly complicated or deep-seated, and in a large proportion of them respond readily to intelligent handling, especially if dealt with in time. Only about 15 percent of the defects have any structural basis, and only approximately 25 percent could be called involved, complicated, or difficult to correct. In other words, approximately 75 percent are merely of the bad-habit type, resulting from imitation of poor speech models, or induced generally by carelessness, laziness, or indifference. The implications are obvious — in most cases of speech defects found among school children there is nothing 'wrong' with the speech mechanism, as is often popularly believed when speech production is defective. A large percentage of them are correctible if (a) they are discovered in time, and (b) the proper methods are used. . . 6

Findings also have indicated that education for the speech handicapped who receive no help is more expensive. According to Anderson, "The average speech defective is retarded one year in school because of his handicap, and the over-all educational expenditure is, because of the retardation, greater." 7 That speech defectives are retarded in school is not an indication that they are less intelligent. The findings of the American Speech and Hearing Association Committee gave support to this when they said, "Speech defectives appear to be retarded scholastically, and to fail to take advantage of opportunities for college training out of proportion to expectations based on intelligence test data." 8

It is suggested by the writer that money used to educate the speech defective for an extra year might better be spent for speech therapy.

6 Ibid., pp. 11-15.
7 Van Riper, op. cit., p. 12
A look at the extent of the speech correction program in Montana revealed that teacher training institutions are providing outstanding opportunities for course work in speech education and re-education. Observation of the classes in session have shown that the number of students enrolled is often small compared to the total number of teachers in training. The larger cities have specialists and programs for speech therapy within the schools. In addition, the Elks have carried on a superior program of speech correction in some centers of the state. Many classroom teachers who have had a course or two in speech correction have helped those within their classes to overcome their handicaps. Regardless of these bright spots, the majority of speech handicapped children of Montana, particularly in smaller schools and more isolated areas have received little, if any, help.

Statement of the Problem

Realization of the large percentage of speech handicapped school children, of the limited number of speech correction specialists available, and of the many children in Montana who have received no help led the writer to seek a solution. It was believed that a classroom teacher who had training in theory and practice of speech therapy could provide most of the remedial speech help needed by children in a school the size of Belgrade with its approximately three hundred students.

---

9 Information sought through examination of catalogs of five teacher training units in Montana.

10 One instance came to the writer’s attention when a child that came for clinic help in Belgrade had already received much needed help from her teacher.
Procedure

Setting up a speech correction program in the Belgrade Elementary School as a demonstration of the belief that a classroom teacher would be able to help the majority of speech handicaps within a small school was the next step.

Advice was sought from the director of the Remedial Speech Clinic at Montana State College. The possibility of the program was next discussed with the superintendent of the Belgrade schools. Both promised full support if this program were undertaken. In an interview with the professor in charge of graduation investigation projects, the plan was outlined for the speech clinic. The following step to be taken was the putting of this plan into effect.

Limitations

Due to limitations of time, it was decided to confine this demonstration project to the Belgrade Elementary School.

The following chapter describes in detail how this project was set up, the nature of the therapy given, and the results that ensued.
CHAPTER II

A SUCCESSFUL SPEECH THERAPY PROGRAM IN OPERATION

Having laid the necessary groundwork for a Remedial Speech Clinic in the Belgrade Elementary School, the writer was able to proceed very quickly to the task of setting it up. There were actually seven steps to be taken before the clinic could begin operation. These steps were: 

1. introduction of the program to the school staff,
2. publicizing the program,
3. acquisition of the facilities and equipment,
4. identification of the children needing therapy,
5. provision of time for therapy,
6. grouping of the children for therapy,
7. planning supervision of the clinic.

With these seven steps taken, the clinic began operation the latter part of January, 1959. The effectiveness of the clinic was evaluated constantly during its operation and then following its final sessions. Finally, arrangements were made for continuing its work in the regular classrooms. A detailed account of the steps taken for setting up the clinic follows.

Seven Steps in Setting up the Remedial Speech Clinic

Introduction of the Program to the school staff. Introduction of the proposed program was made to the school staff at a regular faculty meeting. Responses were most encouraging. The teachers promised their support. Some indicated a desire to observe the clinic in operation. The primary teachers suggested immediately several names of children they considered in need of therapy. After support of the school faculty had been obtained, the next step was to publicize the program.
Publicizing the program. The superintendent presented the program to the PTA at its regular monthly meeting. The parents were encouraged to make recommendations of children needing speech therapy and to spread the information about the clinic. A report of this meeting was given in the Bozeman Chronicle, in which details of the clinic were given. Here again, parents were urged to contact the school if their children were in need of speech help.

Preparing the facilities and acquiring the equipment was the next step.

Acquisition of the facilities and equipment. The classrooms of the Belgrade Elementary School were spacious and attractive. Class loads were small. It seemed best to set aside a corner of the writer's classroom for the Remedial Speech Clinic. A table and small chairs were obtained from the school supply. A small bulletin board was fitted to one end of the chalkboard. The built-in bookcases proved space for Speech materials. Some of these materials were borrowed from the Remedial Speech Clinic of Montana State College. The basic books and other needed materials were purchased by the school district.

Identification of the children needing speech help had then to be made.

Identification of the children needing therapy. Most of the children needing speech therapy were recommended to the clinic by parents and teachers. In an instance or two, an older brother or sister sought help for a younger member of the family. A later check of all first grade children revealed that at least in the first grade the identification of children with speech needs through recommendations was 100
percent effective.

An interview was arranged with each child recommended. One parent and the teacher were also asked to be present. Records were kept on basic information about each child such as address, age, grade, teacher, number of brothers and sisters, history of the speech difficulty, and any factors that seemed significantly related to the acquiring of the speech difficulty.

In cases where the difficulty was articulatory, a phonetic inventory was given to determine which sounds were omitted, distorted, or substituted for correct sounds.

The determination of procedure for more complicated difficulties was made upon the advice of the director of the Remedial Speech Clinic at Montana State College. Two stutterers and their parents were interviewed. It was decided that these stutterers were in the primary state of stuttering and suggestions for the provision of indirect therapy were given to the parents and teachers. This indirect therapy was to include among other procedures; ignoring the stuttering; easing pressures that might be on the children; and providing a calm and secure environment.

In an informal chat, a third stutterer who was classified as possibly in the secondary stage was given help on relaxation and attitudes to take toward the difficulty.

One child with a cleft palate was already receiving help from the Elks' therapist. It was decided that she would not need additional therapy.

These interviews showed that all of the children to be admitted to the clinic had difficulties of an articulatory nature.

Samples of the forms used in the interviews appear in the appendix.
A time for speech help for the thirteen identified through interviews as need therapy then had to be arranged.

Provision of time for therapy. School bus schedules and the investigator's classroom program were the principal factors influencing the decision to conduct speech therapy sessions daily during the long lunch period from 12:00 to 12:40 p.m. The choice of hour was good as the time turned out to be most suitable. After the times were set for the clinic, the children were grouped for speech therapy.

Grouping of the children for therapy. Since thirteen children were to receive articulatory help, it was necessary to group them by ages and difficulties. Three groups were planned.

Articulatory Group I. This group included first and second grade children. Their main difficulties were with l, th, ch, and r.

Articulatory Group II. Third and fourth grade children were grouped together. Their outstanding difficulties were with l, th, and r.

Articulatory Group III. Two third grade boys made up this group. They had minor s and ch difficulties respectively.

Groups I and II met twice weekly and Group III met once a week. These groups were not static. As Group III and two of Group II received the necessary help, they were dismissed and the groups were redivided twice. Individual instruction was also given on sounds that were not problems to the other children.

Next, supervision for the clinic had to be arranged.

Planning supervision of the clinic. It was arranged that the director of the Remedial Speech Clinic at Montana State College would supervise the clinic through frequent observation of the lessons and
conferences with the investigator.

With the seven steps taken in preparation for the speech clinic, the program was ready to be put into operation.

Operation of the Clinic

The regular speech therapy classes followed the pattern set up by the speech department of Montana State College. Copies of lesson plans were made in advance on the spirit duplicator. Each teacher of the children concerned and any observers were given copies. Included in the plans were: (1) objectives, (2) procedures, (3) assignments, and (4) evaluation. Plans typical of those used are included in the appendix.

A helper was chosen for a week at a time from the investigator's class. This was considered a great honor by the children. The helper would collect the group from the playground or classroom and then would start a game if the writer were detained or the children came early.

The lesson. Many procedures and materials for speech motivation for the lessons were used: games, stories, toys, poems, dramatizations, bulletin board displays, singing, visual aids, and drill. They were used in varied patterns designed to hold the attention of the group; to give intensive ear stimulation for sounds; and to help to elicit the sounds in isolation, words, sentences, and finally, in everyday speech.

The motivation. Since attendance at the clinic was voluntary and was scheduled during the playtime of the members, and since children learn best when strongly motivated, every effort was made to make the therapy any enjoyable experience. Treats such as bubblegum, suckers, candy bars, licorice, or ice cream were given but not always. Teachers played up the clinic to their classes and made it sound like it was a special
privilege to attend. One girl expressed how she felt about the clinic by calling it a "Speech Club." The name was used from then on. This name even provided additional motivation. A cheerful display of Speech Club materials in the trophy case in the main lobby was designed to give club members the opportunity of explaining these to their friends and classmates. A picnic given at the end of the therapy sessions was designed to provide impetus to the work given the last month of school.

The follow-up. To make the speech therapy more effective, assignments were given at each lesson for things the children could do at home to make them conscious daily of the sounds they were learning. Many of the assignments involved finding pictures with sounds they were learning from catalogs or magazines and pasting these pictures in scrapbooks.

In informal chats with teachers, mention was made of sounds on which the children in their rooms were working. The teachers would often make it a point to help the entire class with the sound and give further individual drill.

During the operation of the clinic and at its close, careful evaluations were made.

Evaluation of the Program

Evaluation of the remedial speech program assumed several forms. It also covered several aspects of the speech program. Three aspects evaluated were: (1) the individual lesson, (2) the motivation, and (3) the progress of the children.

The individual lesson. Following each session, a written evaluation of that lesson was made. This involved, for the most part, the
writer's impressions of the reactions of the children to the lesson, criticisms of particular phases of the lesson, and notations of specific progress shown by some child. Comments made by the supervisor or other observers were also incorporated in the evaluations. These evaluations were not stereo-typed and did include anything else related to the lesson or the children.

The motivation. Due to the work with the Speech Club, the investigator was one of the better known teachers in the school. The success of the motivation for the program was judged in part by the number of children who made "application" for membership in the Speech Club because classmates who were already members made it sound like such fun. The investigator was frequently stopped in the lunchroom by small children with perfectly normal speech who would express a desire to belong.

Being able to explain the interesting items in the Speech Club display to classmates apparently gave several of its members great satisfaction.

Teachers often mentioned that children returned to class with eyes shining to tell their classmates what had taken place that day in Speech Club.

Perhaps the most important thing the success of this motivation accomplished was that children with speech difficulties were no longer teased about their poor speech but were rather respected because of their privileged position as members of the Speech Club. Upon gaining status, many defensive mechanisms of aggression or shyness on the part of the speech defectives began to disappear. They began to think of their defects as something that needed correcting in the same sense as a
toothache or a broken arm. Classmates expressed enthusiasm over gains these children made in saying certain sounds and encouraged their continued improvement. This provided some of the strongest motivation that came as a by-product of planned motivation.

**Progress of the children.** Fourteen children of the Belgrade Elementary School had one or more sounds they were not producing correctly when they were interviewed. In several cases these speech difficulties created problems of adjustment at school. At the end of the therapy, every child was able to make every sound he had previously not made. Twelve of the children showed marked improvement in incorporating these learnings into regular speech as parents or teachers testified. Two could speak correctly when reminded but the habits were not as well formed as with the twelve. One of these dropped out during the program so that he could play outside. The other began therapy several weeks after the other children. In several cases, improvement was noted in their relationships with classmates.

Five people were asked to give their evaluations of the program. They were: (1) the superintendent who worked closely with the writer in the overall planning of the program, (2) the director of the Remedial Speech Clinic at Montana State College who helped plan therapy procedures and observed the program in action more than any other individual, (3) a teacher who assisted in helping one of the more complicated cases, and (4) two parents who worked closely in the program. Their evaluations are included in the following pages of the paper.
TO WHOM IT MAY CONCERN:

During the 1958-59 school year, Mrs. Lila Bruckner, a Fifth Grade Teacher in the Belgrade Elementary School, conducted a special speech clinic for elementary pupils with speech defects. The children were divided according to the type of defect and grouped for special instruction. All of the speech clinic work was done under the supervision of Mrs. Kay Roberts, Associate Professor of Speech at Montana State College.

Personally, I had the opportunity to observe the classes in session, inspect daily lesson plans, and talk to both parents and teachers about the progress made by their children and pupils. The results were very heartening. Parents and teachers alike were enthusiastic about the program and definite improvement was noted in the children participating in the program.

Even though this speech clinic was an experimental class and was conducted for a period of approximately four months I can definitely say that it proved very worthwhile for the pupils involved. The clinic was conducted during noon hours - thereby causing no conflict with regular classroom work; consequently, it proved very usable in our total educational program.

I will be very happy to answer any further questions regarding our experience with this type of program for schools.

Joseph H. Lutz
Superintendent
TO WHOM IT MAY CONCERN:

During the past winter and spring quarters Mrs. Lila Bruckner proposed and executed the setting up of some remedial speech sessions in the Belgrade Elementary School. Mrs. Bruckner had previously done some speech therapy under my supervision in the Remedial Speech Clinic at Montana State College. Therefore, when she consulted me about the possibility of extending her experiences and at the same time meeting a real need in the school where she was teaching, I was pleased.

Mrs. Bruckner has learned the techniques of therapy, has skill in handling children, and possesses both imagination and sensitivity to delicate situations. Consequently I felt that her ability to conduct such an enterprise was of a high level. (This proved to be the case.) I agreed to the plan even though the supervision necessary required that I drive to Belgrade and back twice a week most of the time that the sessions were under way.

I felt also that there would be benefits additional to the speech help given to the children such as: making persons concerned with the problem more aware of the need; establishing good relations between the parents and the school; and providing therapy in action which could be observed by members of the MSC Remedial Speech class, who in turn would be doing similar therapy later. These rewards materialized as anticipated.

Mrs. Bruckner's report of the program is factual. It is fitting in such a paper that she has not described the intangibles which added greatly to the success of the project, namely: the enthusiasm of the children for "Speech Club", the warm expression of appreciation by both teachers and parents, and the interest exhibited by the MSC students who, as members of the Remedial Speech class, were observers of the project.

Mrs. Kay Roberts
Speech therapist and
Director of the Remedial Speech Clinic
TO WHOM IT MAY CONCERN:

When Jerry entered my room as a second grader, he lacked stability and understanding in the field of oral speech. It was evident he needed speech therapy to overcome his handicap. The children in the room readily recognized that Jerry talked differently from them. They didn't hesitate to call attention to this fact, which made Jerry a more sensitive child than he had been previously. This didn't hamper his vowel recognition or reading comprehension in written work. I noted this with surprise.

The second semester of work found Jerry in an entirely different situation. We were privileged to have in our school a speech improvement class. This class was held during the noon hour when most children enjoyed their opportunity for play. Yet Jerry looked forward to Speech Club with strong enthusiasm. This was not the situation the first time Jerry knew about the class. As I have previously stated, he was sensitive and any singling out of himself from the other children was met with tears. The strong feeling of doing something wrong prevailed. So the first day of orientation was an emotional experience. I went with Jerry to the appointed room and a get-acquainted period with the teacher followed. As Jerry observed and became familiar with the surroundings and the new teacher the tension eased. He though this might be enjoyable and he would show the children he could talk correctly. His mother and I had agreed that if this was too difficult for Jerry emotionally, it would be discontinued.

The effect, to our surprise, was just the opposite. He showed strong enthusiasm for the class, work hard and the results were evident. The other children expressed desires to attend this class, which made Jerry feel its significance. He was special, not singled out for doing something poorly. In class the children and I could notice improvement. Jerry, in his speech, would stop and correct his oral error. He would also remind his peers how he previously had pronounced the word or words. They in turn complimented him on the improvement. The very special day arrived when Jerry was privileged as to leave the class early to go on the Speech Club picnic, an incident all the children noted carefully.

Jerry hasn't conquered his difficulty completely but the gains made have been evident. The very fact that he is aware of the correct sounds and is striving for this goal is a step in the right direction.

Judy Childers
TO WHOM THIS MAY CONCERN:

We think speech instruction is very important for young children who have speech difficulty. Last year we had our daughter, Rita, take a test at the college to see if she could go to school a year earlier than she should have since her birthday is November 18. She passed the test so we were anxious to have Rita start school to get speech help which Mrs. Bruckner gave her twice a week during noon hour. Rita enjoyed it very much and cooperated and was anxious to learn all the sounds which were presented to the children in an interesting way. Now she can talk so much better and everybody understands her now, but with some more practice she will talk fine since she had such fine help from a teacher who had been taught to give speech instruction and understands how important it is for a child to learn to talk correctly when they are young. We are thankful for the instruction which Rita received.

Arnold and Ann Van Dyke
TO WHOM IT MAY CONCERN:

At the start of our daughter's first year of school, she was bothered with a bad speech impediment. She had become self-conscious of the fact, and it had developed into quite a problem.

When Mr. Lutz told us one of the teachers coming was going to conduct a speech clinic, I gave it little thought. We went to her teacher at the first of the year and talked to her about Sarah's trouble. After a few weeks of school it was plainly evident that Mrs. Kittams was spending some time with her on her speech, as she began to try to use the little "s" and the "th" sound correctly.

I attended the interview when the grade clinic started and though I could see its good points, I was very doubtful of its success for being conducted from 12:00 to 12:30, it was depriving the youngsters of a good share of their play time during the noon hour. It was explained to the children that the clinic was a "club" and only a few could belong. The "Speech Club" became the most interesting part of school. The catalogue and magazines were all searched for "r" words, "th" words, and all that any youngster needed.

Sarah spent hours trying to teach her kid brother to stick his tongue out between his teeth when he made the "th" sound. She tried to show him in the mirror, but he said her tongue did not stick out in his mirror.

The help Sarah received at these meetings surely solved one of our greatest worries and we owe a life-time of gratitude to Mrs. Bruckner and her "Speech Club."

I am sure a phrase of speech therapy for first and second grades would be a help to youngsters with speech trouble, and would like to see it put into effect.

Mr. and Mrs. Dee Myers
Continuation of the Program

The writer had accepted an overseas assignment and could not continue the clinic in Belgrade. Since there was no trained teacher to take over the work of the clinic, a meeting was held with the teachers who were to receive the Speech Club children the following year. It was explained how they could continue the work in their classrooms and they were introduced to the fine materials purchased by the school district to assist this work. All expressed a desire to follow-up in the encouragement of each child who had received speech correction.

In this chapter it has been described how a remedial speech program in the Belgrade Elementary School was set up, the nature of the help given, and the means used in evaluating and continuing the program. In the following chapter, the findings have been taken and used them to show their possible implications for smaller Montana elementary schools.
CHAPTER III
IMPLICATIONS OF THIS PROGRAM FOR SMALLER MONTANA ELEMENTARY SCHOOLS

After careful evaluation of the remedial speech program conducted in the Belgrade Elementary School, the investigator has made certain recommendations for smaller Montana elementary schools to meet their speech correction needs. These recommendations have been considered under four headings: (1) location of the remedial speech teacher, (2) organization of the remedial speech program, (3) equipment and facilities needed for the program, and (4) evaluation and continuation of the program.

Location of the Remedial Speech Teacher

In the program suggested, the remedial speech teacher should be a regular classroom teacher with training in the theory and practice of remedial speech work. Three quarter hours in each is sufficient to meet the majority of speech needs. A superintendent looking for such a teacher may wish to seek these qualifications in an applicant and make remedial speech work part of her contract. It may seem more advisable to select a teacher who is already a member of the staff and have her attend special classes to acquire the necessary training. The first year of a suggested program involves the most time as help is given to needy children of all grades. During the following years, the teacher would be working almost entirely with first graders.

This program would be carried on during hours the teacher would ordinarily spend on classroom work. If the teacher is to be happy and effective in this work, she should be given extra consideration beyond
words of appreciation. Remuneration should be made in the same manner as it is to high school teachers who have extra-school duties with the athletic program, play production or bus driving. When the teacher for speech correction work is chosen, organization of the program may be undertaken.

Organization of the Remedial Speech Program

In organizing a remedial speech program, the superintendent and teacher will want to make their own plans to carry out each of the following steps: (1) introduction of the program to the school staff, (2) publicizing of the program, (3) acquiring the needed facilities and equipment, (4) identifying the children needing therapy, (5) planning a time for therapy, (6) grouping the children for therapy, (7) deciding an effective yet simple method of lesson planning, (8) planning a method for evaluating and continuing the program. The area of motivation is not listed separately but should be planned for in each step of the program. The writer believes that the description already given of the clinic in Belgrade will be helpful in planning for these steps and will bring many other ideas to mind that will prove effective.

Equipment and Facilities Needed for the Program

A school setting up a remedial speech program may be fortunate in having a perfect place in an unused room. This may be the ideal but it will most certainly not be the typical situation. However, when a school is convinced it needs a remedial speech program, a place will be found and every effort will be made to make it as attractive as possible.
Much thought has been given to the matter of materials. A good program may be carried on with a minimum of expense. In the appendix, a list of books that are basic to a good remedial speech program have been placed. These books give suggestions for simple materials that may be utilized for the therapy. Therefore a list of such materials has not been compiled. However, mirrors for watching sound production, straws for tactual stimulation for tongue placement, and kleenex for mopping-up operations after tongue exercises should be provided.

Evaluation and Continuation of the Program

An anecdotal type of evaluation for a speech program seems to be the most valuable. After each lesson, the teacher can write down her reactions and impressions on her lesson plans. Here she may want to add any comments that have been made by other teachers, parents, or children regarding the therapy since the preceding lesson. If the teacher wishes to be more elaborate in her evaluation, she will find the desired methods.

The implications the Remedial Speech Clinic held in the Belgrade Elementary School may have for the smaller elementary schools of Montana have been mentioned. In the following chapter a few remarks have been made regarding conclusions reached and a summary of the investigation.
CHAPTER IV
SUMMARY AND CONCLUSIONS

This investigation was begun with the belief that most speech therapy needs of smaller Montana elementary schools could be met by one teacher in each school who had training in both the theory and practice of speech therapy. An attempt was made to show the validity of the belief by setting up a demonstration Remedial Speech Clinic in the Belgrade Elementary School where the writer was employed as a teacher. The program proved to be both feasible and successful. From this demonstration project, the conclusion was drawn that a similar program could be adopted in any smaller Montana elementary school. It was felt that if a teacher for the program were not immediately available, the school could encourage a teacher already in its employ to take necessary training. Suggestions were also made for carrying out a remedial speech program in a smaller school.

The investigator has set forth a belief, made a study, and have given impressions of the implications of the study for the smaller elementary schools of Montana. It is fervently hoped that many children may find greater happiness in their school lives and in their adult lives because this study was carried on and its findings used by others who saw childrens' needs for effective oral expressions and met them.
BIBLIOGRAPHY


APPENDIX

Materials and Forms Used in the Operation of the Belgrade Remedial Speech Clinic

Bryngelson, Bryng and Glaspey, Esther, Speech Improvement Cards, Scott Foresman and Company, Chicago, 1941, $6.


ARTICULATORY GROUP I

Group:
Calvin B.
Linda K.
Sherri K.
Sarah M.
Mike T.
Rita V.

Lesson: No. 4
Date: February 5, 1959
Time: 12:00
Place: Room H, Belgrade Elem. School
Clinician: Lila Bruckner

I. Objectives

A. To continue ear training for the "th" sound.
B. To give considerable practice in making a good "th" sound.

II. Procedures

A. Play "Hide the Thimble" until everyone comes.
B. Tongue Exercise, "Mrs. Tongue."
C. Ear Training and Placement for the "th".
   1. Talk about how we make the "th" sound. Use mirrors.
   2. Finish reading about "The Lost Thimble."
   4. "Right or Wrong," using lists on page 69 and 70, Talking Time.

III. Assignment

When you get home, choose a door and name it your "th" door. Make the loud whistle or the soft whistle sound every time you go through it.

IV. Evaluation

The children particularly like the thimble game. The lesson went quite well and the children participated freely. Mrs. Roberts suggested that I see if I could find a picture of a scarecrow I could use to introduce the poem of "Charlie Scarecrow." She also suggested that I have the children hold their hands rigid with arms outstretched when they did the actions to the poem.
ARTICULATORY GROUP III

Group: Dennis B. Candy F. Jerry H.

Lesson: No. 2
Date: January 30, 1959
Time: 12:00
Place: Room H, Belgrade Elem. School
Clinician: Lila Bruckner

I. Objectives
A. To give further ear training for the "l" sound.
B. To give the group practice in making the "l" sound.

II. Procedures
A. Feed pets if any are early.
B. Review our speech helpers. Use flannelboard.
C. Tongue exercise, "Mrs. Tongue."
D. Ear training and Placement for the "l" sound.
   1. Using straws and mirrors remind how to make the "Telephone Pole" sound.
   2. Have group play "London Bridge" using "la, la, la" instead of words.
   3. Using list on page 85 of Listening for Speech Sounds, have children tell me where in the word they hear the "l" sound.
   4. Look in "l" box and see what else we can find there. Name object as we take it out. Make a good "l".
E. Exercise, poem, Clowns.
F. Explain assignment. Talk about scrapbooks. Go over Tuesday's Assign.

III. Assignment
Each day for the next week, find a picture for your scrapbook that begins with the "l" sound. Say the name of the picture as you put it in your scrapbook.

IV. Evaluation
The children did very well on their "l" sounds this time. They seemed to enjoy every part of the lesson and participated freely. They especially enjoyed playing "London Bridge" with some fifth graders we called in. They also like to look in the "l" box. Candy has shown the most improvement. She is most thrilled over her progress.
SPEECH RECORD BLANK

sure to read directions before giving test.

RETEST DATE

y: Mark substitutions with sound substituted; omissions (-); indistinct (ind.)

<table>
<thead>
<tr>
<th>RD</th>
<th>CHECK WORDS</th>
<th>TEST 1</th>
<th>COMMENTS</th>
<th>RETEST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>sun, bicycle, bus</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>sled, stairs, squirrel</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>zipper, scissors, nose</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>thumb, toothbrush, teeth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>thread, feather, swing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>red, barn, car</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>yellow, house, white</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>tree, ice cream cone, drum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>lamp, balloon, ball</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>airplane, clock, blocks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>jacks, soldier, orange</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>chair, pitcher, watch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>shoe, washing machine, fish</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>cat, chicken, milk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>gun, wagon, pig</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>fork, telephone, knife</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>valentine, davenport, stove</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>