

## Relevant Paper



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

# Definitions of Communication Disorders and Variations

## Ad Hoc Committee on Service Delivery in the Schools

### About this Document

These guidelines are an official statement of the American Speech-Language-Hearing Association (ASHA). They provide guidance on definitions of communication disorders and variations, but are not official standards of the Association. They were developed by the Ad Hoc Committee on Service Delivery in the Schools: Frances K. Block, chair; Amie Amiot, ex officio; Cheryl Deconde Johnson; Gina E. Nimmo; Peggy G. Von Almen; Deborah W. White; and Sara Hodge Zeno. Diane L. Eger, 1991–1993 vice president for professional practices, served as monitoring vice president. The 1992 guidelines supersede the paper titled “Communication Disorders and Variations,” Asha, November 1982, pages 949–950.

I. A communication disorder is an impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal and graphic symbol systems. A communication disorder may be evident in the processes of hearing, language, and/or speech. A communication disorder may range in severity from mild to profound. It may be developmental or acquired. Individuals may demonstrate one or any combination of communication disorders. A communication disorder may result in a primary disability or it may be secondary to other disabilities.

A speech disorder is an impairment of the articulation of speech sounds, fluency and/or voice.

An articulation disorder is the atypical production of speech sounds characterized by substitutions, omissions, additions or distortions that may interfere with intelligibility.

A fluency disorder is an interruption in the flow of speaking characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. This may be accompanied by excessive tension, struggle behavior, and secondary mannerisms.

A voice disorder is characterized by the abnormal production and/or absences of vocal quality, pitch, loudness, resonance, and/or duration, which is inappropriate for an individual's age and/or sex.

A language disorder is impaired comprehension and/or use of spoken, written and/or other symbol systems. The disorder may involve (1) the form of language (phonology, morphology, syntax), (2) the content of language (semantics), and/or

(3) the function of language in communication (pragmatics) in any combination.

Form of Language

Phonology is the sound system of a language and the rules that govern the sound combinations.

Morphology is the system that governs the structure of words and the construction of word forms.

Syntax is the system governing the order and combination of words to form sentences, and the relationships among the elements within a sentence.

Content of Language

Semantics is the system that governs the meanings of words and sentences.

Function of Language

Pragmatics is the system that combines the above language components in functional and socially appropriate communication.

A hearing disorder is the result of impaired auditory sensitivity of the physiological auditory system. A hearing disorder may limit the development, comprehension, production, and/or maintenance of speech and/or language. Hearing disorders are classified according to difficulties in detection, recognition, discrimination, comprehension, and perception of auditory information. Individuals with hearing impairment may be described as deaf or hard of hearing.

Deaf is defined as a hearing disorder that limits an individual's aural/oral communication performance to the extent that the primary sensory input for communication may be other than the auditory channel.

Hard of hearing is defined as a hearing disorder, whether fluctuating or permanent, which adversely affects an individual's ability to communicate.

The hard-of-hearing individual relies on the auditory channel as the primary sensory input for communication.

Central auditory processing disorders are deficits in the information processing of audible signals not attributed to impaired peripheral hearing sensitivity or intellectual impairment. This information processing involves perceptual, cognitive, and linguistic functions that, with appropriate interaction, result in effective receptive communication of auditorily presented stimuli. Specifically, CAPD refers to limitations in the ongoing transmission, analysis, organization, transformation, elaboration, storage, retrieval, and use of information contained in audible signals. CAPD may involve the listener's active and passive (e.g., conscious and unconscious, mediated and unmediated, controlled and automatic) ability to do the following:

attend, discriminate, and identify acoustic signals;

transform and continuously transmit information through both the peripheral and central nervous systems;

filter, sort, and combine information at appropriate perceptual and conceptual levels;

store and retrieve information efficiently; restore, organize, and use retrieved information;

segment and decode acoustic stimuli using phonological, semantic, syntactic,

and pragmatic knowledge; and  
attach meaning to a stream of acoustic signals through use of linguistic and  
nonlinguistic contexts.

## II. Communication Variations

Communication difference/dialect is a variation of a symbol system used by a group of individuals that reflects and is determined by shared regional, social, or cultural/ethnic factors. A regional, social, or cultural/ethnic variation of a symbol system should not be considered a disorder of speech or language.

Augmentative/alternative communication systems attempt to compensate and facilitate, temporarily or permanently, for the impairment and disability patterns of individuals with severe expressive and/ or language comprehension disorders. Augmentative/alternative communication may be required for individuals demonstrating impairments in gestural, spoken, and/or written modalities.

**Index terms:** dialects, articulation, fluency, voice, language, phonology, hearing loss, auditory processing, augmentative and alternative communication

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# **SPEECH VERSUS LANGUAGE: WHAT'S THE DIFFERENCE?**

## **SPEECH**

**ARTICULATION:** An *Articulation Disorder* includes distortion, omission, addition, and/or substitution of speech sounds.

**FLUENCY:** A *Fluency Disorder* is an interruption in the smooth flow of speech. This includes repetition of sounds, syllables, words, or phrases; unusual pauses in the flow of speech; and atypical rate and rhythm of speech. Fluency disorders may also be accompanied by secondary behaviors such as eye blinking, foot stomping, facial grimacing, or other types of struggle behavior or tension.

**VOICE:** A *Voice Disorder* is abnormal vocal quality, pitch, loudness, and/or resonance. This may include hoarseness, abnormally high or low pitch for age/gender, hyper nasal or hypo nasal speech, etc.

**APRAXIA:** *Apraxia of speech*, also known as verbal apraxia or dyspraxia, is a speech disorder in which a person has trouble saying what he or she wants to say correctly and consistently. The child has difficulty with volitional movement for the production of speech. It is not due to weakness or paralysis of the speech muscles (the muscles of the face, tongue, and lips). This is a motor planning disorder.

## **LANGUAGE**

**RECEPTIVE LANGUAGE** - *Receptive language* is the comprehension of language - listening and understanding what is communicated. Another way to view it is as the receiving aspect of language. It involves being attentive to what is said, the ability to comprehend the message, the speed of processing the message, and concentrating on the message. Receptive language includes being able to follow a series of commands and answering yes/no questions accurately.

**EXPRESSIVE LANGUAGE** - *Expressive language* is the ability to use language to convey messages to others. It involves communicating ideas, thoughts, needs, wants, etc. It involves retelling a story/event and using complete sentences or complete thoughts.

**PRAGMATICS** - *Pragmatics* refers to language as it is used in a social context. It involves the use of facial expression, body gestures, inflection (tone of voice), volume of the voice, eye contact, eye gaze or eye shifting to increase the effectiveness of our speech.

## TYPICAL SPEECH AND LANGUAGE DEVELOPMENT

The charts below present typical speech and language development. There is a wide range of normal development. Most children will not follow the chart to the letter. Use it as a guide for what to expect of your child and to determine if your child seems significantly behind in speech and/or language development.

### BIRTH - THREE YEARS

<b>Hearing and Understanding</b>	<b>Talking</b>
<p><b>Birth-3 Months</b> Startles to loud sounds Quiets or smiles when spoken to Seems to recognize your voice and quiets if crying Increases or decreases sucking behavior in response to sound</p>	<p><b>Birth-3 Months</b> Makes pleasure sounds (cooing, gooing) Cries differently for different needs Smiles when sees you</p>
<p><b>4-6 Months</b> Moves eyes in direction of sounds Responds to changes in tone of your voice Notices toys that make sounds Pays attention to music</p>	<p><b>4-6 Months</b> Babbling sounds more speech-like with many different sounds, including <i>p</i>, <i>b</i> and <i>m</i> Chuckles and laughs Vocalizes excitement and displeasure Makes gurgling sounds when left alone and when playing with you</p>
<p><b>7 Months-1 Year</b> Enjoys games like peek-a-boo and pat-a-cake Turns and looks in direction of sounds Listens when spoken to Recognizes words for common items like "cup", "shoe", "book", or "juice" Begins to respond to requests (e.g. "Come here" or "Want more?")</p>	<p><b>7 Months-1 Year</b> Babbling has both long and short groups of sounds such as "tata upup bibibibi" Uses speech or noncrying sounds to get and keep attention Uses gestures to communication (waving, holding arms to be picked up) Imitates different speech sounds Has one or two words (hi, dog,dada, mama) around first birthday, although sounds may not be clear</p>

### **What can I do to help?**

Check your child's ability to hear, and pay attention to ear problems and infections, especially when they keep occurring.

Reinforce your baby's communication attempts by looking at him or her, speaking, and imitating his or her vocalizations.

Repeat his or her laughter and facial expressions.

Teach your baby to imitate actions, such as peekaboo, clapping, blowing kisses, pat-a-cake, itsy bitsy spider, and waving bye-bye. These games teach turn taking that is needed for conversation.

Talk while you are doing things, such as dressing, bathing, and feeding (e.g., "Mommy is washing Sam's hair"; "Sam is eating carrots"; "Oh, these carrots are good!").

Talk about where you are going, what you will do once you get there, and who and what you'll see (e.g., "Sam is going to Grandma's house. Grandma has a dog. Sam will pet the dog.").

Talk about colors (e.g., "Sam's hat is red").

Practice counting. Count toes and fingers.

Count steps as you go up and down them.

Teach animal sounds (e.g., "A cow says 'moo'").

### ONE - TWO YEARS

<b>Hearing and Understanding</b>	<b>Talking</b>
<ul style="list-style-type: none"><li>• Points to a few body parts when asked.</li><li>• Follows simple commands and understands simple questions ("Roll the ball," "Kiss the baby," "Where's your shoe?").</li><li>• Listens to simple stories, songs, and rhymes.</li><li>• Points to pictures in a book when named.</li></ul>	
<ul style="list-style-type: none"><li>• Says more words every month.</li><li>• Uses some one- or two- word questions ("Where kitty?" "Go bye-bye?" "What's that?").</li><li>• Puts two words together ("more cookie," "no juice," "mommy book").</li></ul>	
	<ul style="list-style-type: none"><li>• Uses many different consonant sounds at the beginning of words.</li></ul>

## What can I do to help?

Talk while doing things and going places. When taking a walk in the stroller, for example, point to familiar objects (e.g., cars, trees, and birds) and say their names.

"I see a dog. The dog says 'woof.' This is a big dog. This dog is brown."

Use simple but grammatical speech that is easy for your child to imitate.

Take a "sound walk" around your house or in the baby's room. Introduce him/her to Timmy Clock, who says "t-t-t-t."

Make bath time "sound playtime" as well. You are eye-level with your child. Play with Peter Tugboat, who says "p-p-p-p." Let your child feel the air of sounds as you make them. Blow bubbles and make the sound "b-b-b-b." Feel the motor in your throat on this sound. Engines on toys can make a wonderful "rrr-rrr-rrr" sound.

Expand on words. For example, if your child says "car," you respond by saying, "You're right! That is a big red car."

Continue to find time to read to your child every day. Try to find books with large pictures and one or two words or a simple phrase or sentence on each page. When reading to your child, take time to name and describe the pictures on each page.

Have your child point to pictures that you name.

Ask your child to name pictures. He or she may not respond to your naming requests at first. Just name the pictures for him or her. One day, he or she will surprise you by coming out with the picture's name.

### TWO - THREE YEARS

Hearing and Understanding	Talking
<ul style="list-style-type: none"><li>• Understands differences in meaning ("go-stop," "in-on," "big-little," "up-down").</li><li>• Follows two requests ("Get the book and put it on the table").</li><li>• Listens to and enjoys hearing stories for longer periods of time</li></ul>	

- Has a word for almost everything.
- Uses two- or three- words to talk about and ask for things.
- Uses *k*, *g*, *f*, *t*, *d*, and *n* sounds.
- Speech is understood by familiar listeners most of the time.

- Often asks for or directs attention to objects by naming them.

## **What can I do to help?**

Use clear, simple speech that is easy to imitate...but not “baby talk”. (ie: “let’s go” or “I want more“).

Show your child that you are interested in what he or she says to you by repeating what he or she has said and expanding on it. For example, if your child says, "pretty flower," you can respond by saying, "Yes, that is a pretty flower. The flower is bright red. It smells good too. Does Sam want to smell the flower?"

Let your child know that what she or he has to say is important to you by asking him or her to repeat things that you do not completely understand. For example, "I know you want a block. Tell me again which block you want."

Expand on your child's vocabulary. Introduce new vocabulary through reading books that have a simple sentence on each page.

Name objects and describe the picture on each page of the book. State synonyms for familiar words (e.g., mommy, woman, lady, grown-up, adult) and use this new vocabulary in sentences to help your child learn it in context.

Put objects into a bucket and have your child remove one object at a time, saying its name. You repeat what your child says and expand upon it: "That is a comb. Sam combs his hair." Take the objects from the bucket and help your child group them into categories (e.g., clothes, food, drawing tools).

Cut out pictures from old magazines and make a scrapbook of familiar things. Help your child glue the pictures into the scrapbook. Practice naming the pictures, using gestures and speech to show how you use the items.

Look at family photos and name the people. Use simple phrases/sentences to describe what is happening in the pictures (e.g., "Sam swims in the pool").

Write simple appropriate phrases under the pictures. For example, "I can swim," or "Happy birthday to Daddy." Your child will begin to understand that reading is oral language in print.

Ask your child questions that require a choice, rather than simply a "yes" or "no" answer. For example, rather than asking, "Do you want milk? Do you want water?", ask, "Would you like a glass of milk or water?" Be sure to wait for the answer, and reinforce successful communication: "Thank you for telling mommy what you want. Mommy will get you a glass of milk."

Continue to sing songs, play finger games ("Where is Thumbkin?"), and tell nursery rhymes ("Hickory Dickory Dock"). These songs and games introduce your child to the rhythm and sounds of language.

Strengthen your child's language comprehension skills by playing the yes-no game: "Are you a boy?" "Is that a zebra?" "Is your name Joey?"

### **THREE - FOUR YEARS**

<b>Hearing and Understanding</b>	<b>Talking</b>
<ul style="list-style-type: none"><li>• Hears you when you call from another room.</li><li>• Hears television or radio at the same loudness level as other family members.</li><li>• Answers simple "who?", "what?", "where?", and "why?" questions.</li></ul>	
<ul style="list-style-type: none"><li>• Talks about activities at school or at friends' homes.</li><li>• People outside of the family usually understand child's speech.</li><li>• Uses a lot of sentences that have 4 or more words.</li></ul>	
<ul style="list-style-type: none"><li>• Usually talks easily without repeating syllables or words.</li></ul>	

## **What can I do to help?**

Cut out pictures from old catalogs. Then make silly pictures by gluing parts of different pictures together in an improbable way. For example, glue a picture of a dog to the inside of a car as if the dog is driving. Help your child explain what is silly about the picture.

Sort pictures and items into categories, but increase the challenge by asking your child to point out the item that does not belong in a category. For example, a baby does not belong with a dog, cat and mouse. Tell your child that you agree with his or her answer because a baby is not an animal.

Expand vocabulary and the length of your child's utterances by reading, singing, talking about what you are doing and where you are going, and saying rhymes. Read books that have a simple plot, and talk about the story line with your child. Help your child to retell the story or act it out with props and dress-up clothes. Tell him or her your favorite part of the story and ask for his or her favorite part. Look at family pictures, and have your child explain what is happening in each one. Work on comprehension skills by asking your child questions. Have him or her try to fool you with his or her own questions. Make this game playful by pretending that you have been fooled by some of his or her really hard questions. Expand on social communication and storytelling skills by "acting out" typical scenarios (e.g., cooking food, going to sleep, or going to the doctor) with a dollhouse and its props. Do the same type of role-playing activity when playing dress-up. As always, ask your child to repeat what he or she has said if you do not understand it completely. This shows that what he or she says is important to you.

**FOUR - FIVE YEARS**

<b>Hearing and Understanding</b>	<b>Talking</b>
<ul style="list-style-type: none"> <li>• Pays attention to a short story and answers simple questions about them.</li> <li>• Hears and understands most of what is said at home and in school.</li> </ul>	
<ul style="list-style-type: none"> <li>• Uses sentences that give lots of details ("The biggest peach is mine").</li> <li>• Tells stories that stick to topic.</li> <li>• Communicates easily with other children and adults.</li> <li>• Says most sounds correctly except a few like <i>l, s, r, v, z, ch, sh, th</i>.</li> <li>• Says rhyming words.</li> <li>• Names some letters and numbers.</li> </ul>	

- Uses the same grammar as the rest of the family.

## What can I do to help?

Talk about spatial relationships (first, middle, and last; right and left) and opposites (up and down, big and little).

Offer a description or clues and have your child identify what you are describing.

Work on forming and explaining categories (fruits, furniture, shapes).

Follow your child's directions as she or he explains how to do something.

Give full attention to your child when he or she is speaking, and acknowledge, praise, and encourage him or her afterward. Before you speak to your child, be sure to get his or her undivided attention. Pause after speaking, allowing him or her to respond to what you have said.

Build on your child's vocabulary. Provide definitions for new words, and use them in context: "This *vehicle* is riding on the highway. It is a car. A bus is another kind of vehicle. So are a train and an airplane."

Encourage your child to ask for an explanation if he or she does not understand what a word means.

Point out things that are the same or different. Play games incorporating these concepts that he or she will encounter later in the classroom in reading readiness.

Sort items into categories. Now try to sort them by pointing out more subtle differences between objects (e.g., rocks that are smooth vs. those that are rough, heavy vs. light, big vs. small). Again, have your child identify the object that does not belong in a given category, but now ask him or her to explain why the item does not belong.

Expand on social communication and narration skills (telling a story) by role-playing. Play house, doctor, and store using dialogue, props, and dress-up clothes. Do the same with a dollhouse and its props, acting out scenarios and making the dolls talk.

Read stories with easy-to-follow plots. Help your child predict what will happen next in the story. Act out the stories, and put on puppet shows of the stories. Have your child draw a picture of a scene from the story, or of a favorite part. You can do the same thing with videos and television shows, as these also have plots. Ask "wh" questions (who, what, when, where, or why) and monitor his or her response.

Expand on your child's comprehension and expressive language skills by playing "I Spy": "I spy something round on the wall that you use to tell the time." After your child guesses what you have described, have him or her give you clues about something that he or she sees.

Give your child two-step directions (e.g., "Get your coat from the closet and put it on"). Encourage your child to give directions to explain how he or she has done something. For example, ask your child to explain how he made a structure out of Lego blocks. When playing doctor, ask your child to explain what she did to give the baby a checkup. Draw a picture, and write down your child's story as he or she tells it. Your child will soon grasp the power of storytelling and written language.

Play age-appropriate board games with your child (e.g., "Candyland" or "Chutes and Ladders").

Have your child help you plan and discuss daily activities. For example, have him or her make a shopping list for the grocery store, or help you plan his or her birthday party. Ask his or her opinion: "What do you think your cousin would like for his birthday? What kind of fruit do we need to buy at the store?"

**By the end of kindergarten your child should be able to do the following:**

**Listening**

Follow 1-2 simple directions in a sequence

Listen to and understand age-appropriate stories read aloud

Follow a simple conversation

**Speaking**

Be understood by most people

Answer simple "yes/no" questions

Answer open-ended questions (e.g., "What did you have for lunch today?")

Retell a story or talk about an event

Participate appropriately in conversations

Show interest in and start conversations

**Reading**

Know how a book works (e.g., read from left to right and top to bottom in English)

Understand that spoken words are made up of sounds

Identify words that rhyme (e.g., *cat* and *hat*)

Compare and match words based on their sounds

Understand that letters represent speech sounds and match sounds to letters

Identify upper- and lowercase letters

Recognize some words by sight

"Read" a few picture books from memory

Imitate reading by talking about pictures in a book

**Writing**

Print own first and last name

Draw a picture that tells a story and label and write about the picture

Write upper- and lowercase letters (may not be clearly written)

## DEVELOPMENTAL ARTICULATION NORMS

### *AGE THREE*

		Delay by Age:
/ m /	90% of Children have acquired this sound by Age 3 years	4 Years
/ h /	90% of Children have acquired this sound by Age 3 years	4 Years
/ n /	90% of Children have acquired this sound by Age 3 years	4 Years
/ w /	90% of Children have acquired this sound by Age 3 years	4 Years
/ b /	90% of Children have acquired this sound by Age 3 years	4 Year
/ p /	90% of Children have acquired this sound by Age 3 years	4 Years

### *AGE FOUR*

		Delay by Age:
/ k /	90% of Children have acquired this sound by Age 4 years	5 Years
/ g /	90% of Children have acquired this sound by Age 4 years	5 Years
/ d /	90% of Children have acquired this sound by Age 4 years	5 Years

/ f /	90% of Children have acquired this sound by Age 4 years	5 Years
/ j /	90% of Children have acquired this sound by Age 4 years	5 Years
/ t /	90% of Children have acquired this sound by Age 4 years	5 Years

**AGE SIX**

		Delay by Age:
/ i n g /	90% of Children have acquired this sound by Age 6 years	7 Years

**AGE SEVEN**

		Delay by Age:
/ r /	90% of Children have acquired this sound by Age 7 years	7.5 Years
/ l /	90% of Children have acquired this sound by Age 7 years	7.5 Years
/ s /	90% of Children have acquired this sound by Age 7 years	7.5 Years
/ c h /	90% of Children have acquired this sound by Age 7 years	7.5 Years
/ s h /	90% of Children have acquired this sound by Age 7 years	7.5 Years
/ d /	90% of Children have acquired this sound by Age 7 years	7.5 Years

### ***AGE EIGHT***

		Delay by Age:
/z/	90% of Children have acquired this sound by Age 8 years	8.5 Years
/v/	90% of Children have acquired this sound by Age 7 years	8.5 Years
/th voiced /	90% of Children have acquired this sound by Age 8 years (as in "bathe")	8.5 Years
/th unvoiced ed/	90% of Children have acquired this sound by Age 8 years (as in "bath")	8.5 Years

### **WILL LEARNING TWO LANGUAGES CAUSE SPEECH OR LANGUAGE PROBLEMS?**

No. Children all over the world learn more than one language without developing speech or language problems. Bilingual children develop language skills just as other children do.

Every bilingual child is unique. Developing skills in two languages depends on the quality and amount of experience the child has using both languages. The following are some basic guidelines:

Like other children, most bilingual children speak their first words by the time they are 1 year old (e.g., "mama" or "dada"). By age 2, most bilingual children can use two-word phrases (e.g., "my ball" or "no juice"). These are the same language developmental milestones seen in children who learn only one language.

From time to time, children may mix grammar rules, or they might use words from both languages in the same sentence. This is a normal part of bilingual language development.

When a second language is introduced, some children may not talk much for a while. This "silent period" can sometimes last several months. Again, this is normal and will go away.

As with monolingual children, use the developmental charts as a guideline. If your bilingual child is having problems in BOTH languages, you may need to seek professional help.

## **WHAT SHOULD I DO IF I SUSPECT THAT A CHILD HAS A SPEECH AND/OR LANGUAGE DISORDER?**

Once you have identified a child with a potential speech-language problem, you can provide parents with the information needed to have the child evaluated by a certified Speech-Language Pathologist. *Speech-language pathologists* help people develop their communication abilities as well as treat speech, language, swallowing, and voice disorders. Their services include prevention, identification, evaluation, treatment, and rehabilitation. Speech-language pathologists are certified by ASHA, have completed their master's or doctoral degree and earned ASHA's Certificate of Clinical Competence (CCC).

According to Federal Law, All students age 3-21 (child must have turned 3 on or before September 1<sup>st</sup>) who are suspected of having a speech impairment may be referred to the public school system for an evaluation at any time. The evaluation and services are free of charge, and referrals may be initiated by parents by calling the special education department of the school district that the child would attend if he/she were school aged. Below, you will find contact information for some area school districts. Simply call the contact person for the respective school district to request a Speech Evaluation for the child. They will guide you through the process!

### **Aldine Independent School District**

Special Education Department - (281) 985-6600

### **Alief Independent School District**

Special Education Department - (281) 988-3440

### **Fort Bend Independent School District**

Lynne Guidry or Stephanie Clark – (281) 634-1143 or (281) 634-1358

### **Lamar Consolidated Independent School District**

Becky Stryk – (832) 223-0966

### **Houston Independent School District**

Marion Polk – (713) 556-7025

Parents may also seek private speech therapy services by speaking to the child's pediatrician about the concerns you have. Request a referral/order for a Speech Evaluation.

