PEOPLE'S DEMOCRATIC REPUBLIC OF ALGERIA

Ministry of Higher Education and Scientific Research Belhadj Bouchaib University Ain Temouchent

Institute of Letters and Languages Department of Letters and English Language

Language And Speech Disorders And Difficulty Of Communication

The case of pupils from the center for language and speech disorders and autism in ain temouchent

An Extended Essay Submitted in Partial Fulfillment of the Requirement for a Master's Degree in Linguistics

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Academic Year: 2021/2022

Dedications

I dedicate this work to:
My beloved father and my dear mother
To my brother; and sweetheart sister;
To my future husband.

Acknowledgments

Firsrt, i want to express my gratitude to my supervisor **Ms .Bouzid Assia** for her help and her support

I would like also ,to thank the members of The jury ,**Dr**.**Messaoudi** nouria and **Dr .Derni Amaria** who have accepted to read and evaluate this work.

Finally ,a word of thanks goes to ones who encouraged in the realization of this work.

Abstract

Many people suffer from language disorders, as they face from special difficulties in areas that depend on language and communication. This study has been conducted to delve into the reasons that hinder the process of acquiring language, so it focused more on the category of children who suffer from language disorder and Speech, because as it was previously known from linguists that childhood is a period in which the child acquires language skills to begin the process of communicating with the individuals around him .This study attempts to achieve two main elements, first: knowing the types of injuries that cause language disorder and shed in light on the most important organic and psychological reasons affecting the language acquisition process. Second: to verify the methods used by teachers in dealing with this group of students and the role of both teachers and parents alike in helping to treat .For data collection ,two tools were used in this study .A questionnaire was directed to five teachers of a special school with language disorders, autism and psychiatric diseases, with a random selection of different cases. The second tool was using the second part of the questionnaire on the basis of class observation, because it is a question for teachers as it is the strategies and methods used by them with this group of students .The questionnaire and classroom observation tool revealed that the language disorder is caused either psychologically or organically, and this varies from case to case, and from it, the possibility of treatment is possible according to the degree and type of injury. Teachers and parents take an important and effective role in contributing to treatment to get rid of the effects of the disorder .Finally ,this study provides medical solutions ,instructions and appropriate suggestions to help this category of patients.

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Chapter one

Introductory chapter.

1.1 introduction

Childhood is considered the most important period for language acquisition ,in this sensitive and important stage the child begins to learn pronunciation, where he begins by repeating two identical letters, for example, mama or dad, and then gradually begins to develop this process by repeating longer and more complex words until the process of language acquisition is completed and the child becomes able to speak fluently and create conversations normally and without any difficulties .In this study, we want to shed light on a specific group of children who suffer from language impairment and difficulty speaking in either intermittently or completely, and we will also address the category of adults who suffer from the same problem and who have become unable to speak .This study includes two segments of society, children and adults ,and we want to know the pathological and psychological causes that made them face these difficulties. To collect data, (we will mention it later).What is meant by this study is to know how to take care of and deal with this category by parents in general and teachers in particular, because it is possible to remedy the situation and treat such cases before the situation worsens.

Nowadays ,language disorders have become an interesting topic for neurologists ,psychologists, linguists ,and even teachers and parents who deal with this group of people with language disorder, especially children. the introductory chapter gives an overview of how research has been conducted and present two main research questions and propose two hypotheses that fit them. Moreover, it gives a deep insight on the definition of the keywords that are used in this research then it ends with providing the delimitation of the scope of the study.

1.2 Statement of the problem

Living with language disorders is frustrating and difficult ,adults and children face every day various challenges ,it is difficult for a child to face not only the challenges of new life however .Also to face these challenges while living with speech difficulties .Once the patient begins To communicate with different segments of society these difficulties will materialize more because he opens up to new surroundings, such as the school, for example .They may also encounter other difficulties such as trouble in comprehension of reading ,writing ,spelling and hearing.

Parents can discover at an early age that the child suffers from a speech problem and can rely on a specialist for similar cases where the rate of recovery is large, and in the case that parents

are not aware of their child's problem while entering school ,the teacher can distinguish that his pupil suffers from a speech problem, as he can Distinguish him if he suffers from mental Illnesses by observing his actions and movements in the classroom .Generally in such cases ,the affected child is intelligent and differs from his peers.

1.3Aims of the study

This work is an attempt to shed light on language disorder and its effect on the affected person's performance .The main objective of this study is to work together and inform both parents and teachers that speech disorder may not be a permanent disability and not a defect as many people think, but in fact it is a specific learning disability that needs help, support, strategies, as well as treatment for a while .Specific to children as well as adults with this condition, where the causes can be psychological or organic .So parents and teachers should work together to take care of them and treat them if possible.

1.4 Research questions and hypotheses

The current study seeks to verify whether children or adults who suffer from language disorders face psychological problems or are there organic diseases that cause this condition, in addition to whether it is possible to treat such cases and the strategies and solutions that can be adopted to help them.

In order to have are reliable answer to the stated problem ,two research questions are posed as follow:

1:Do organic diseases affect the speech process?

2:Do psychological problems cause language disorder?

From the above questions, the hypotheses have been stated as follow:

1 :An organic disease that affects the brain or the organs which are responsible of speech process.

2 :A psychological case that causes losing the ability to speak.

1.5 Definition of key terms

In order to enable students to understand this research study ,it was in needed to make definition of the key term to open the door for readers to understand better this work.

* **Childhood :** period of the human life pan between infancy and adolescence, extending from ages 1–2 to 12–13 years.

* **Language acquisition :** Noam Chomsky's Language Acquisition Theory says that children are born with the ability to learn any language. He believes that all children are born with a language acquisition device (LAD), which is located in the brain and composed of the basic language and grammar principles.

* **Language disorders :** Language disorder, or speech disorder, is the condition that refers to the impairment of a person's ability to communicate with others properly, so that he is not able to communicate his idea to others clearly .

* **Pathology :**the science of the causes and effects of diseases ,especially the branch of medicine that deals with the laboratory examination of samples of body tissue for diagnostic or forensic purposes.

* **Psychology   :** the scientific study of the human mind and its functions, especially those affecting behavior in a given context.

* **Neurology :** the branch of medicine or biology that deals with the anatomy, functions, and organic disorders of nerves and the nervous system.

1.6 Research framework

The present dissertation consists of four chapters which are the introductory chapter deals mainly with the presentation of the research questions and hypothesis.. The second chapter is devoted to defining the main concepts ,language acquisition ,disorders faced by children as well as adult s, and the causes ,with mention of types of disorders .The third chapter however, tackles the data collections, analyses and interpretations of the results by

professionals .The fourth chapter includes suggesting appropriate treatment and strategies to support people with language disorder, and with it we conclude the entire study.

1.7 Delimitation of the study

Many children suffer from difficulties related to language disorder and are not limited to speaking only, but can also include reading and writing ,and these symptoms can include adults alike, causing difficulties in their daily life .For this reason, this study attempts to investigate the effects of language disorders on language performance ,highlighting their types and causes ,and how the situation can be remedied and help affected persons, especially children .The researchers choose the category of children and elementary school students as a target study because ,as we mentioned previously ,many students face learning difficulties, one of the causes of this language disorder.

Chapter two

language acquisition and speech disorders

2.1 Introduction

Language has an essential role in society, as it is the basis for communication between individuals .During time it was the focus of attention of many linguists, as this field was delved into a depth of study to include the study of how the language was acquired and its stages, and the matter did not stop at this point, but rather went deeper to include the obstacles facing a person and make him vulnerable to language and speech disorder of all kinds, as this results from psychological or organic causes According to the medical condition .Here we try to explain briefly the language and its acquisition, then go into in depth the definition of speech disorder, its types, effects, and then its causes.

2.2 language acquisition and the major theories about it

There are several definitions of language acquisition from many scholars ,language acquisition is the process by which humans acquire the capacity to preceive ,produce and use words to understand and communicate , Chomsky is a philosopher and cognitive scientist theorized that children were born with a hard-wired language acquisition device in their brain. In another words; the method by which children learn language .although often used regardless with language development ;this term is preferred by those who underscore the active role of the child as a learner with significant innate linguistic knowledge.

In addition ;language acquisition is seen as a product of general intellectual development rather than of a separate language ;processing capacity .in one respect ;the piagtian approach is similar to Chomsky's internal to the child . however ; other empiricist approaches tend to orient to factors external to the child and concentrate much more on the role of children's caregivers in helping them to" crack the code".(@2012academy publisher manufactured in finland)

Theories of language development are located in one of two camps :Experimental or
On learning theories to understand how children acquire language skills ,while researchers look
For the biological components responsible for the global norms underlying all languages spoken
By people.

> ## Nativist theories of language acquisition

suggest that children learn through their natural ability to regulate language laws ,but they cannot take full advantage of this talent without other human beings. That doesn't mean, however, that the child needs formal education of any kind. Chomsky claims that children are born with a language acquisition tool (LAD) in their brains. They were born with the main principles of language, but with many teachers to be assigned (such as whether sentences in the language (s) to be acquired should contain clear themes). According to an epistemological theory ,when a young child is exposed to language, his LAD makes it possible for him to designate female teachers and infer grammatical principles, because the principles are innate.

Also Chomsky developed the lad in the 1950's and since then,has moved on to a greater theory called universal grammar to account for the rapid language development in humans. the child exploits its language acquisition device to make sense of the utterances heard around it ,deriving from this primary linguistic data ,the grammar of the language.

then, the language acquisition device is a postulated organ of the brain that is supposed to function as a congenital device for learning symbolic language ,and language acquisition is a function of the brain that is specifically for learning language.it is an innate biological function of human beings just like learning to walk ,LAD explain human acquisition of the syntactic.

> ## The learning theory

is the theory of language acquisition that views language learning as learning a new skill and that we learn language a lot in the same way we learn how to count or how to connect shows through repetition and reinforcement. When the kids are gossiping

Parents and guardians smile, compromise and hug them because of this behavior. As they age ,children are praised for speaking properly and corrected when they make mistakes. When children grow up, they are often praised for speaking properly and corrected when they don't. From this correction and praise comes the learning theory that language comes from stimulation and motivational response .However, this language acquisition theory ,however logical, fails to explain how new phrases and new words form ,since it's all about repeating and emulating what people hear from others.

➢ **Social and cultural theory**

   also known as the interactive approach, takes ideas from biology and sociology to explain our acquisition of language.

According to this theory that children are able to learn language out of desire to communicate with the world and environment around them.

So, language emerges and depends from social interaction ,the theory claims that our language developing out of desire to communicate ,then language is dependent upon with whom we want to communicate.

Essentially ,the theory means that our environment when we grow up has a heavy influence a effect how quickly and how well we learn to talk, for example an infant who is raised by a single mother will develop the word "mama" before developing "dada".

➢ **stages of language acquisition theory**

Language acquisition theory studies have shown that a18-month-old child can actually distinguish between the right actions and the pairs of the wrong ones.

There are four main stages of normal language acquisition: The babbling stage, the Holophrastic

 Down even more into these smaller stages: pre-production, early production ,speech emergent, Intermediate fluency and advanced fluency.

 Stage 1-pre-production

   This first stage is also known as the Silent Period ,Although a child may have more than100

Words in his or her vocabulary , he or she is unable to speak yet. Some children try to mimic you by repeating what you say, yet they don't produce real words and his or her concept.

is This the stage where they listen and respond to audio-visual stimuli ,yet they can understand and replicate movements and gestures to show their understanding ,and at this point after repetition is a very important factor for their voice perception.

 Stage2-Early Production

   Stage2 can last up to six months .During this stage ,children will develop a vocabulary of about 1000 words and can pronounce one or two sentences. They use short parts of the language they saved, but these parts may not be used properly.

Stage3-Speech Emergence

In this stage, kids have about a 3,000-word vocabulary and can use simple sentences and phrases. Kids are also able to ask simple questions such as "may I go to bathroom?"—though the grammar may not always be 100% correct.

Stage4-Intermediate Fluency

Fourth stage children have almost 6000active words in their vocabulary. They are able to Express basic ideas and opinions (both in speech and writing).For English as a second language learners ,this is the stage at which a child begins to use strategies from his or her mother tongue to learn English content and my also translate tasks from his or her mother tongue.

Stage5-Advanced Fluency

It can take4-10 years to achieve academic cognitive fluency or a second language learner This also means that all language learners.

2.3 language disorders

In our lives we often meet some people with language disorder or difficulties in speech. So what is language disorder ?

Language disorder, is the condition that calls a person's impaired ability to communicate properly with others, so that they are not able to communicate their idea clearly to others, the disorder is in the form of errors in the pronunciation of certain exits of letters, and the state of language disorder can be described as a state or method of speech that is incompatible with a person's speaking age, The errors of people with language disorder are more frequent in combination words than in single words, the disorder is more pronounced in the case of speaking quickly and reading continuous sentences ,the people suffering from the condition are finding it difficult to remember what is happening to them, and there is a clear difference between language disorder and other psychological problems are psychological problems affecting the manner of speech. It has several names, including: language deficits ,Language delay or handicapped language, but we see the appropriate designation as language disorder.

Aram also mentioned language disorders as: "Disorders involving children with disturbed language behaviors are due to a lack of treatment function Where language may appear indifferent patterns of performance, shaped by the circumstances.

Language disorders relate to the meaning, context, meaning ,form ,correlation with ideas, understanding of others, and their difficulty in terms of deletion or addition to certain sounds. The language used, the speed and the slowness of speech, revolves around the content and meaning of speech and its compatibility with the social ,psychological and mental status of the Dr. Mustafa Fahmy ,defines the speech process as "a function acquired with a motor aspect, a sensory last, and the process of compatibility between the two manifestations has a great deal to do with the development of the language in the child, and the more normal such compatibility, the more natural the speech is." (Fahmy,1975,28).

2.4 Speech And Speech Disorders

speech :is the motor act of communicating by articulating verbal

expression.

Speech disorders

((a deviation so far from the speech of others that it :-calls attention to itself .-interferes with   communication.Provokes   distress   in   the   speaker   or listner.))(Vanriper&Erickson1996)

Speech disorders: is a language disorder which is happen due to have a brain damage or fault structure of the least part of the brain.

According to the medical news today:((speech disorders affect a person's ability to form the sounds that allow them to communicate with other people ;they are not the same as language disorders.)).in addition; speech disorders prevent people from forming correct speech sounds ;while language disorders affect a person's ability to learn words or understand what others say to them .There are many types of disorders with in different categories ,and the situation of each person may vary. The following are some of the most common speech disorders treated   by speech therapists   .

2.4.1 childhood apraxia of speech

With no meaningful performance in childhood, the child has difficulty making subtle moves when speaking. It happens because the brain has difficulty coordinating movements .also In this case ,the speaker stands up after a word or a sentence for an extraordinary period of time, which the listener feels has ended, although it is not .The speech disorder ,what ever it may be ,leads to difficulties in self-expression towards others.

2.4.2 speech sound and articulation disorders and stuttering

Especially common in young children ,speech disorders depend on the inability to make certain sounds. Instead, some words and sounds may be distorted ,such as making the sound "th" instead of the sound "s."

In another hand ,stuttering can come in a number of forms, including" blocks" characterized by long pauses ,"prolongations" characterized by stretching out a sound ,and "repetitions" characterized by repeating a particular sound in a word. Stuttering is not always a constant, and it can be exacerbated by nervousness or excitement. and In this case, the speaker repeats the first letter of the word several times or hesitates to pronounce it several times ,accompanied by unusual emotional physical manifestations such as facial expressions or hand movements.

2.4.3 receptive and autism-related speech disorders

Reception disorders are characterized by the difficulty of understanding and addressing what others say, which makes it difficult to follow directives or limited vocabulary. Disorders such as autism can lead to disorders in reception.

Communication concerns are an aspect of autism spectrum disorder ,challenging with social skills and repetitive behaviors.

An individual With autism may have difficulty understanding and using words ,learning to read ,write or talk It may also be difficult to understand ,use a robotic voice ,talk too little or not talk at all.

2.4.4 brain injury-related speech disorders/ dysarthria

Dysarthria occurs When the lips ,mouth ,tongue or jaw muscles are too weak to form words properly ,usually due to brain damage. These include traumatic brain injuries and brain injuries in the right hemisphere.

2.5 General causes of speech and language disorders

Medical ,psychological and educational studies indicate that the causes of verbal disorders vary according to age and environment, most of which are due in general to either organic causes such as injury to one part of speech ,breathing and the nervous system, which in turnare due to factors that occur before birth, during birth or after birth, or are either of an educational psychological nature due to the family, education and socialization Deep psychological and emotional factors Like acute emotions and trauma and All these reasons are interrelated and interactive and A single case may be due to more than one of the factors mentioned.

2.5.1 organic causes

There's a complaint in the areas responsible for speech, study, hail, assimilation and language conformation in the brain that leads to complaint in these functions, which may do before or during gestation and parturition. It may be related to the actuality of a family history of some of these diseases or to the different blood groups of the parents, or taking drug during gestation, or being exposed to radiation, or having some complaint, or any child- converting problems during a bleak nonage similar as * temperature rise * Infections * accidents * Injuries or conditionsbeing at any age,similar as accidents, conditions, excrescences and ageing.

The organic causes of speech and language disorders are related to:

➢ Speech and speech device: Which is represented by the auditory system and, the throat, the tongue, the lips ,the throat roof ,the teeth .Any glitch in these parts can lead to verbal disorders.

➢ The brain: When the brain is affected by any malfunction, it can lead to speech and speech disorders.

For more explanation,

Aphasia as evidence of a relationship between the brain and language, where aphasia and loss of language function resulting from damage to the language areas of the brain are studied .Whereas according to the main and historical source for studying the relations hips between the brain and language, we can trace the clinical study to Paul Broca's famous discovery from the language area that bears his name, located in the posterior region of the left frontal lobe of

the cerebral cortex, disease or injury may be in newly developed areas .From the cerebral cortex ,as we can have different types of injury, the possibility of focal damage to a limited area as a result of a stroke ,when a blood vessel bursts or an artery is blocked or some areas are deprived of oxygen supply, instead the damage can be greater and Diffuse, as it occurs in Alzheimer's disease, here the disease affects the interconnection of neurons over a wide area of the cortex, and usually begins in the central regions of the temporal lobe ,which in turn affects the retrieval of words and beyond it spreads to other are as of the cortex and affects On language in a deeper way ,especially semantic processing

2.5.2 Environmental And Social And Educational Causes

These are due to family and school upbringing and methods of corporal punishment which in turn lead to language disorders.

the tradition of children to parents with speech and language disorders plays an important part in speech and language disorders.

cultural and environmental deprivation and the factors that exist in the environment affect communication, such as lead, mercury and chlorine .and other chemical elements that may lead to language disorders.

the lack of adequate training for the child, family deprivation ,living in shelters and places where appropriate socialization factors are not available may also affect the child's language crop.

Also ,language and speech skills are learned skills ,so the nature of the interaction between speaker and listener may be disturbed, which affects linguistic development.

2.5.3 psychological causes

There is an impact of psychological and mental disorders on the ability to communicate Linguistically with others .It has also been found that organic causes, denial of parent Or child neglect may psychologically affect the child and psychological insecurity may affect His or her linguistic development.

The normal development of language in children also depends on the same emotional psychological compatibility ,and some children with emotional disabilities exhibit(language disorders ,especially in situations involving some kind of interpersonal communication.

Lack of mental capacity:

Since language acquisition and use depend heavily on a child's mental capacity ,the greater the mental delay ,the greater the language delay , the fewer the opportunities to train the child and develop his or her language skills.

Exaggeration or cruelty of a child .

ongoing bickering between parents.

distinguishing one brother from the other.

permanent interference and denunciation of the child's language by parents.

2.6 Conclusion

The researcher begins the second chapter devoted to the background of knowledge

This chapter contains several definitions of language disorders from different scholars around the world.

After defining speech and language disorders ,the stages of language acquisition are addressed. This chapter also deals with definitions of various language disorders and their psychological and organic causes, among others.

Moreover, the researchers identified the most influential psychological and organic causes .Finally, this chapter ends with an explanation of these reasons with an in-depth look at the psychological and organic causes because they are the basis of this study.

Chapter three
data
Collection ,analysis
And
interpretations.

3.1 Introduction

This chapter aims to show the difficulties and symptoms that characterize the category of people with language and speech disorders, the identification of teachers and specialists of private schools for speech disorders, autism, and psychiatric and orthotopic diseases. The collected information will be transformed into columns that will help us at the end of the master's thesis to highlight the most important psychological and organic causes of these disorders.

3.2 Research design

The researcher need to undertake a suitable method to accomplish the aims of the research. The method must highly address the research of all its components. Cohen etal., (2005:44)defines the method as a "[…] range of approaches used in educational research to gather data which are to be used as basis for inference and interpretation ,for explanation and prediction" .In other words, methods are tools and instruments for gathering the data. In order to find the appropriate teaching strategies, the research depends on the descriptive method. In addition to answering the research question, it is actually of paramount importance to gather a great deal of information by observing the participants involved in the study. Both qualitative and quantitative approaches were involved in conducting the present study; the former aims to investigate problems of individuals or groups of people, and the latter to search for the relationship between variables, to confirm or reject the research hypotheses at the end of the master thesis.

3.3 Case Study

Case study is defined by Yin. (2014: 16) as "an empirical inquiry that investigates a contemporary phenomenon (the 'case') in depth and within its real – world context" it means that case studies are used in social sciences by examining a person's or a group of people's in depth data relating to several variables. some children have speaking difficulties and language disorders in the early age .For that reason, the research study conducted in the private school of speech disorder , autism and psychiatric and orthotropic diseases.

3.4 Sampling

Population in research can be referred to both individuals and objects which

William (2001: 232) defines it as "…is used to describe the total quantity of cases of the type which are the subject of your study. So a population can consist of objects, people or even events, e.g .schools, miners, revolutions." Therefore, the population includes all items of the theme under study .Sampling is taking a part of the population that investigated in the research ,which is representative of the entire population; in other words, it is the process of choosing a small population to assess characteristics of the whole population. Tejero (2006:43) states that" sampling is the process of which involves taking a part of the population making observations on these representative groups, and then generalizing the findings to the bigger population" which means it helps closely examine the sample under study rather than wasting time and energy on the whole population. In addition, it assists and make it easy on the researcher to gather data in better way and popularize it to whole population.

3.5 Participants

Therefore, the interesting community in the research was the pupils of the special school for speech disorder ,autism, psychiatric and orthophonic diseases ,and the selected sample was the pupils of this school of different ages in order to manage the research activity well. In addition to other factors such as accessibility, time and energy savings .The questionnaire was allocated to teachers and specialists of all classes Of this school during class observation.

3.5.1 Teacher's profile

Teachers and specialists from the private school of language disorder were selected especially as sample to collect enough data to replay the research inquiries. Moreover, it helps to give a full image of the situation under study. this research study to answer the questionnaire. However, they are teachers of pupils of different ages . The reason behind choosing Many teachers is to gather variation responses as will as to collect enough data to replay the research inquiries. Moreover ,it helps to give a full image of the situation under study.

3.5.2 Student's profile

The research study conducted with the different students of the private school of language disorders .The main reason of choosing this school is that it contains students with language disorders or speaking difficulties, which will make the classroom observation more beneficial for the research.

3.5.3 Setting

The study conducted at the private school of language disorders, in which the questionnaire handled to teachers and the classroom observation administered with the grade pupils.

3.6 Data collection Instruments

It is important to choose a method to gather data when conducting any research. In the present study, the questionnaire and the classroom observation nominated for the research. William(2001:236) stated that the questionnaire is a very helpful method that allows the researcher to receive answers without having to talk to each member of the sample. Thus, it is practical as it covers all aspects of the topic and saves time and effort .Moreover, classroom observation plays a major role in research .On the other hand, classroom observation is as Good(1988:337)states "one role of observational research is to describe what takes place in classroom in order to delineate the complex practical issues that confront practitioners "In other words ,it enables the researcher to investigate the situation in its naturalistic settings and provide the researcher with precise and concise data.

The purpose of adopting the questionnaire is to gain effective responses from the target respondents in short period and it is easy to analyse .While ,adding the classroom observation ,as an extra tool that allow the researcher ,to have an insight into the difficulties that face people with language disorders and gives the opportunity to closely observe what actually happened in the classroom to see how pupil perform in the classroom .The two instruments used to gather sufficient amount of data.

3.6.1 Teacher's Questionnaire

In order to have a wild range of responses, the questionnaire devoted to teachers of different pupils of the private school of language disorders. The questionnaire consists of a variety of Eighteen question and include two parts that focuses on the following criteria: Characteristics of pupils with language disorders in classroom Some considerations teachers take to help those pupils.

3.6.2 classroom observation

The second instrument used to collect more data is classroom observation ,furthermore, to understand and to describe the most common problems and difficulties that face the pupils with language disorders during learning. The classroom observation was conducted in the private school of language disorders , autism and psychiatric and organic diseases. It set out a model of questions for the assessment of such difficulties .for pupils from different ages.

3.6.3 Data analysis

After collecting data, the researcher starts to analyse it and it is realized using analytical and logical techniques to illustrate, examine the data provided, and lastly drawing conclusions of the research. In the present study, both quantitative and qualitative research dimensions are used in order to accurately analyse the findings.

In quantitative analysis the researcher classify features after collecting data, after wards counts and constructs it into statistical models to be analysed in an organized way. While ,qualitative analysis describes and explains why a certain phenomenon occurs. As asserts by Cohen et al (2005:461) "Qualitative data analysis involves organizing, accounting for and explaining the data; in short, making sense of data in terms of the participants' definitions of the situation, noting patterns, themes, categories and regularities" it means that qualitative analysis is multifaceted, and gives complete, detailed description, and not restricted to specific classification rules and numbers like quantitative analysis.

3.6.4 Result's analysis

The teacher questionnaire consists of eighteen close-ended questions, which split up into two parts: the first one is about the characteristics of pupils with language disorders and the second one deals with the some considerations teachers take to help this category of pupils.

The teacher's answers should target the category under study. The results   of   the teacher's questionnaire areas follows:

Part one:

This part focuses on the characteristics of the pupils with language and speech disorders .thus, the goal is to study the causes and types of language, voice and speech disorders that affect children, to study the possibility of treating each case according to the degree and type of injury**:**

➢ **Frequencies**

Frequency Table

Table 3.1 .Q01: the different type of injury in patients?

Source: prepared by the researcher based on the results of statistical analysis
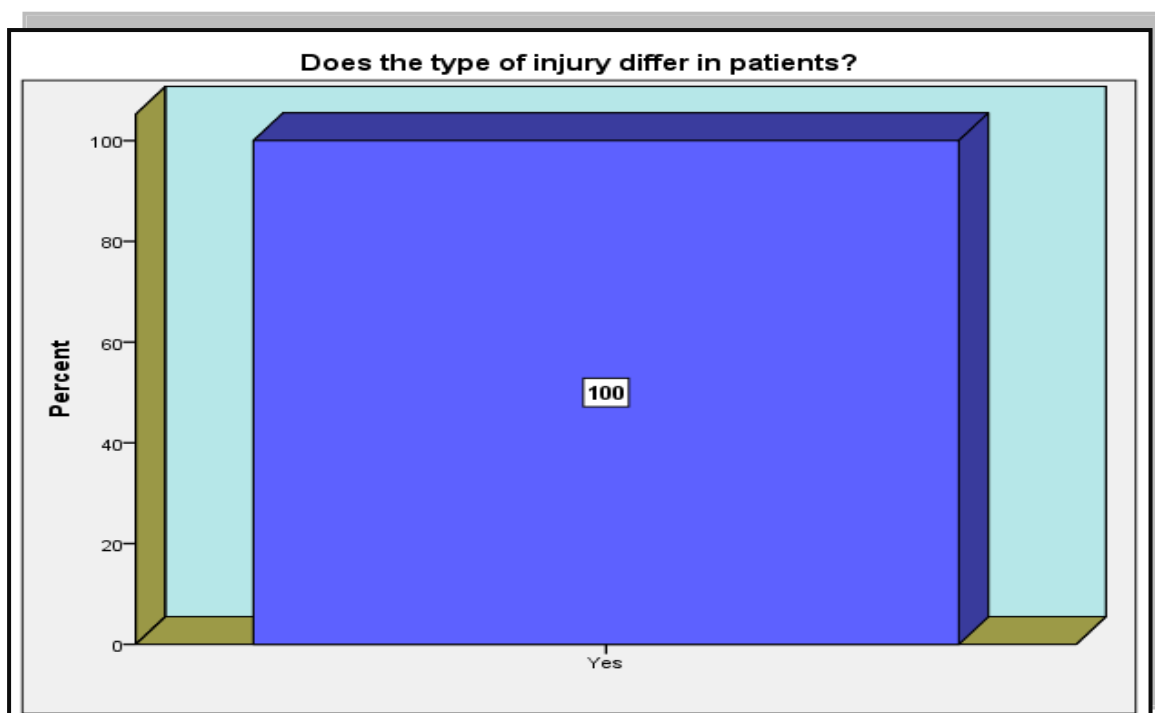
Figure.3.1: injury differences.

The collected results represented that the type of the injury differs from a patient to another.

Table3.2 .Q02 :What is the type of the injury?
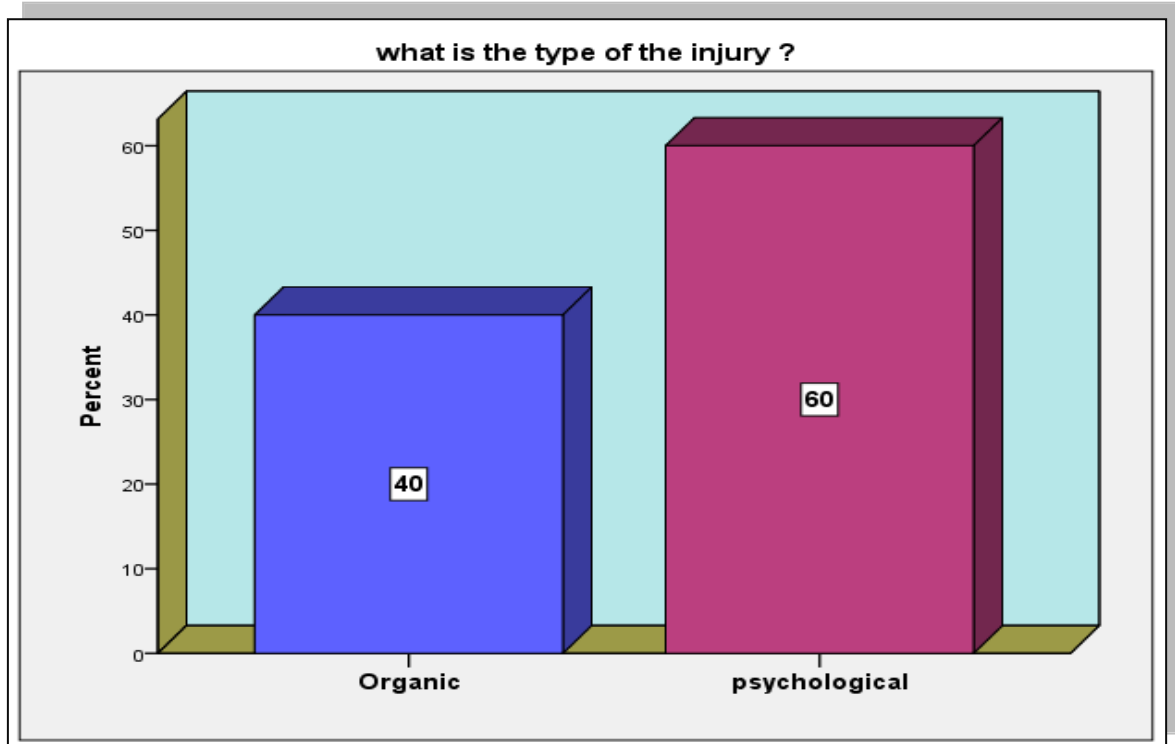
Figure .3.2:injury types.

The collected results of this questionnaire shows that 60%ofthe sample of the patients suffer from psychological injury.while the 40% suffer from organic injury.

Table 3.3 .Q03:-What is the age group most affected by these disorders?

The purpose of this quest5ion is to know the age of people most affected by the language disorder. the results shows that60%
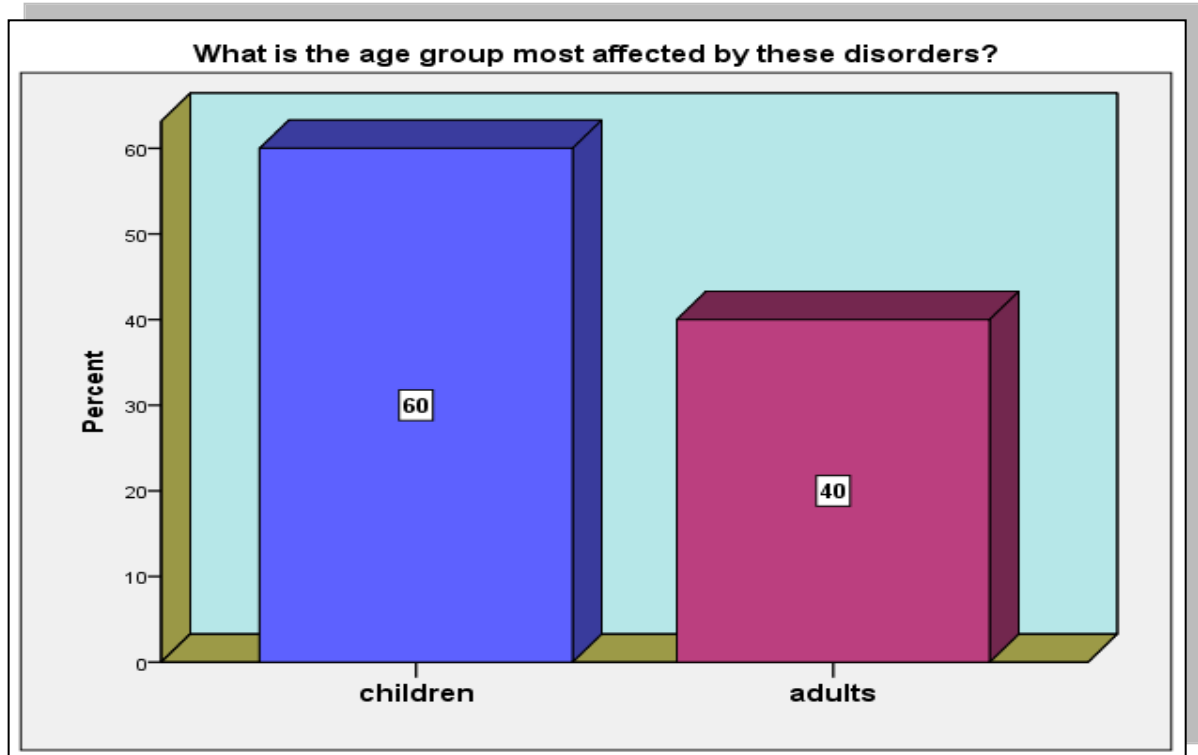
**Figure.3.3:the age of group most affected by languages disorder?**

Of the patients are children. While the 40%of affected people are adults.

Table 3.4 .Q4:If the cause of the disorder organically, does the patient recover?
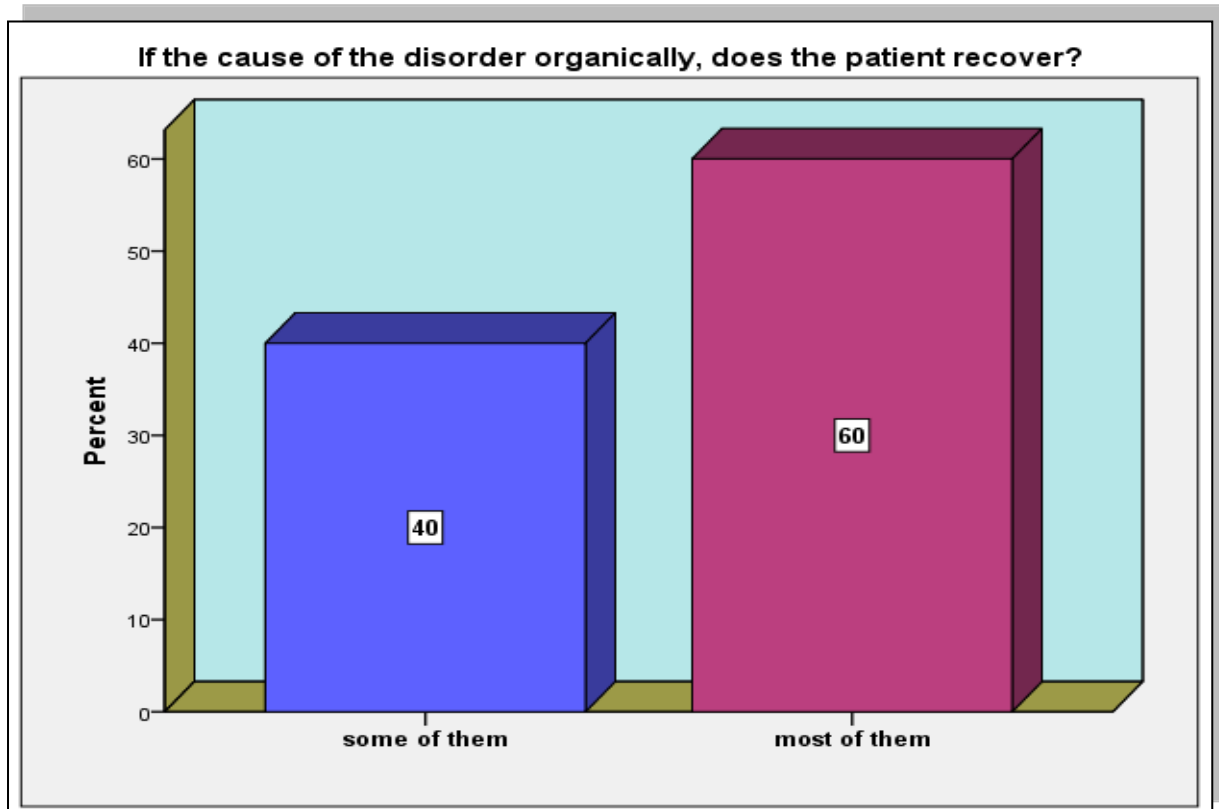
Figure.3.4: possibility of treatment in case of organic injury.

The results represents that if the cause of the injury is

Organic 60% of the pupils recovered, and t5he 40% will not recovered .

Table3.5 .Q5: If the cause is psychologically ,does the patient recover?

The collected results of this question was 80% of the sample for the option
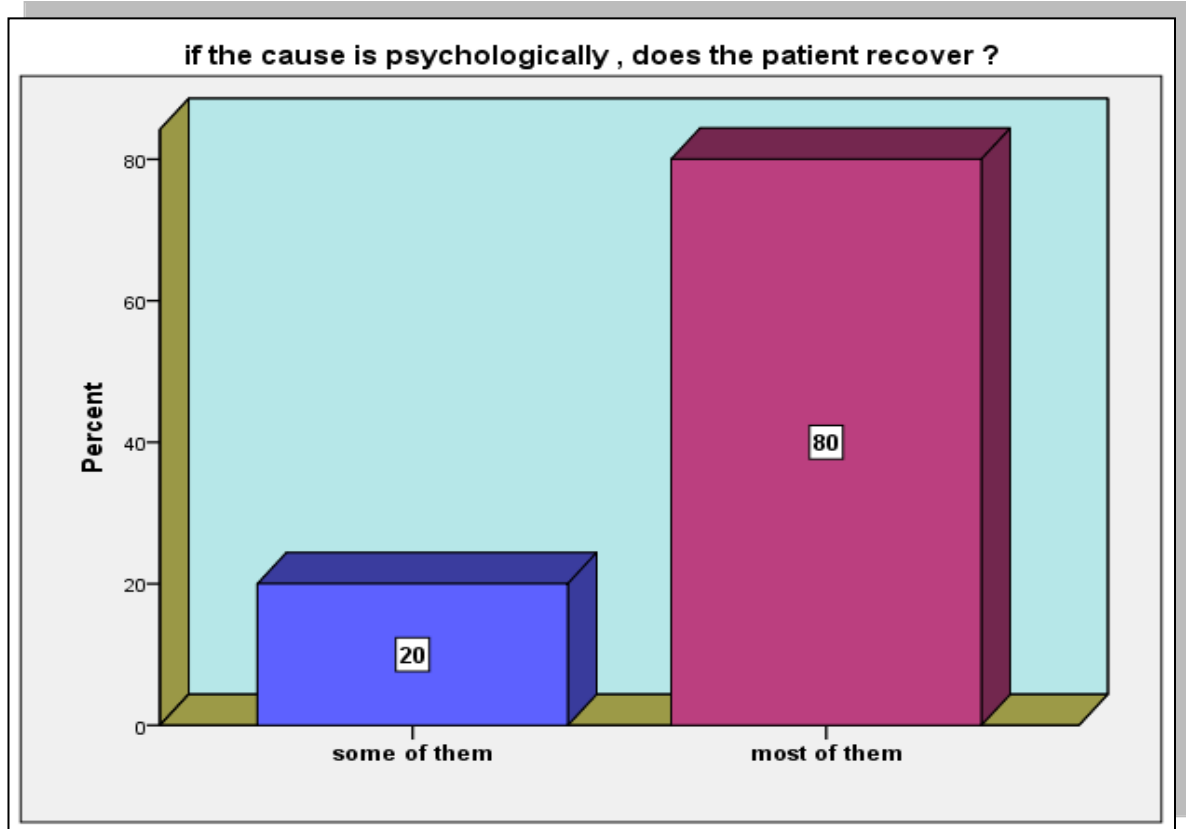
Figure3.5: possibility of treatment in case of psychology injury.

Most of them, which means most of those patients recovered from the psychological linjury; while the 40%.

Table3.6.Q6: How is the response rate to the treatment sessions?

Figure3.6: response rate to treatment.

The results shows that all patients respond to the treatment sessions.

Table 3.7.Q7:Is getting rid of the disorder permanently?
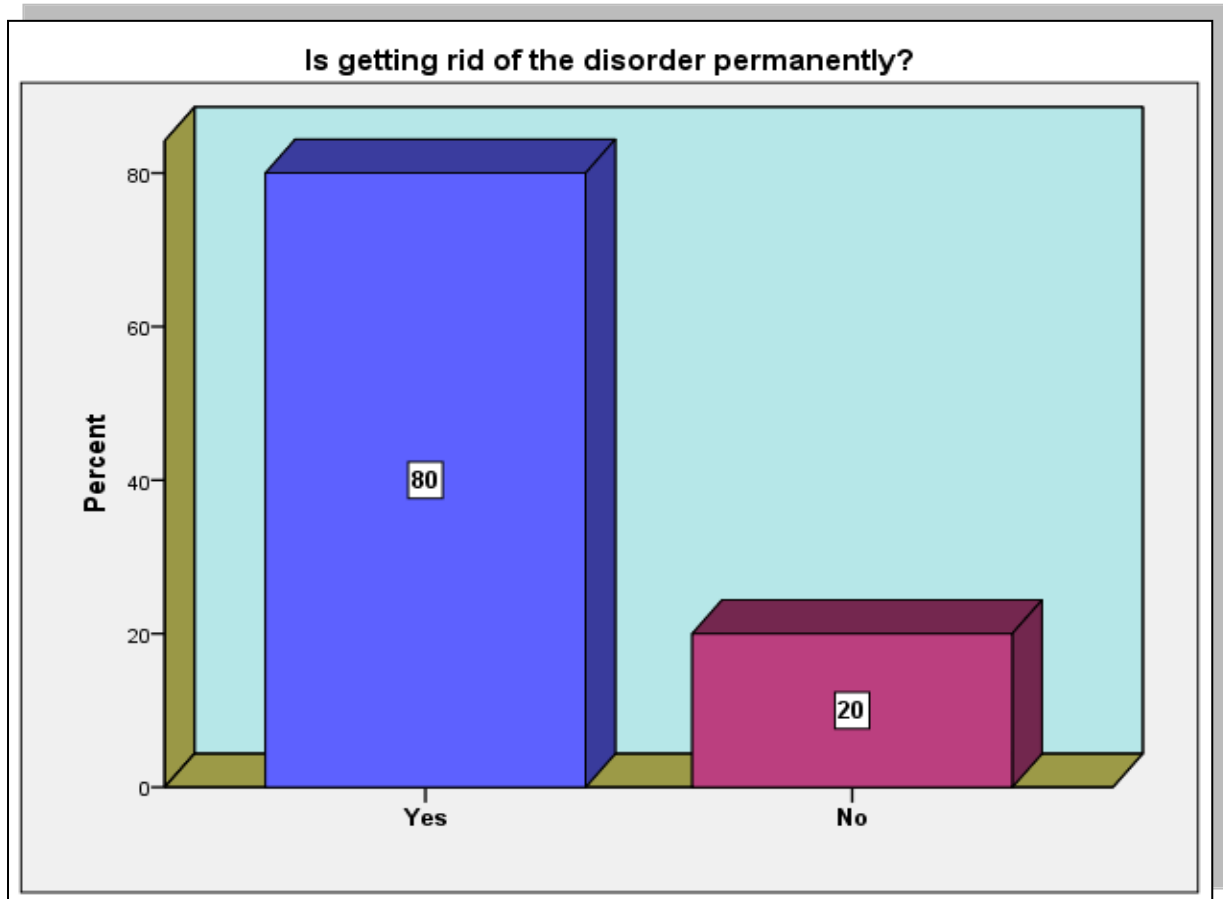
Figure3.7: get rid of language disorder permanently.

The collected results represents that 80% of the sample are getting rid of disorder permanently ,while the 20% did not respond .

Table3.8. Q8:Is getting rid of the disorder permanently?

Is genetics a cause in such cases?
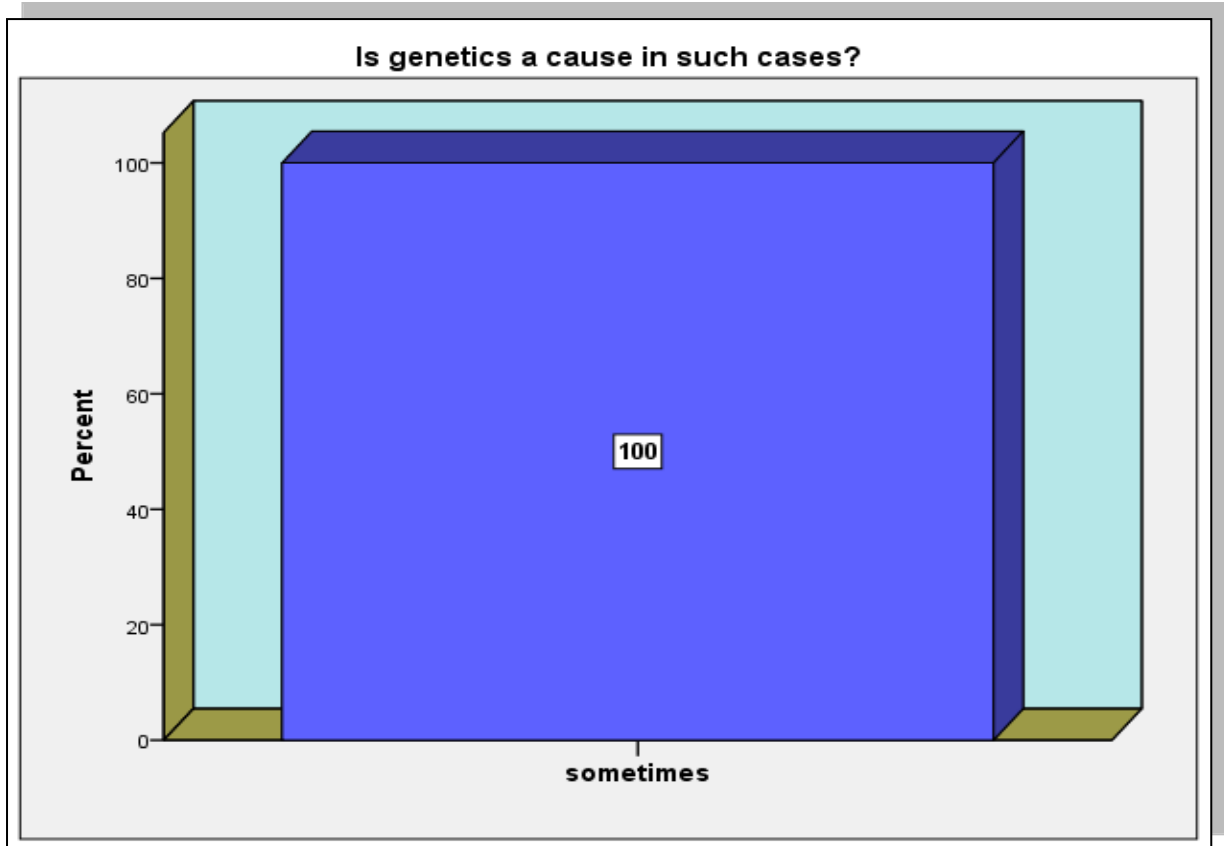
Figure3.8: her edity as a cause of the disorder.

The results shows that genetic is a main cause in such cases with 100% of the sample.

Table3.9 Q9:Is anxiety, shyness, and fear of facing others a cause of the disorder?
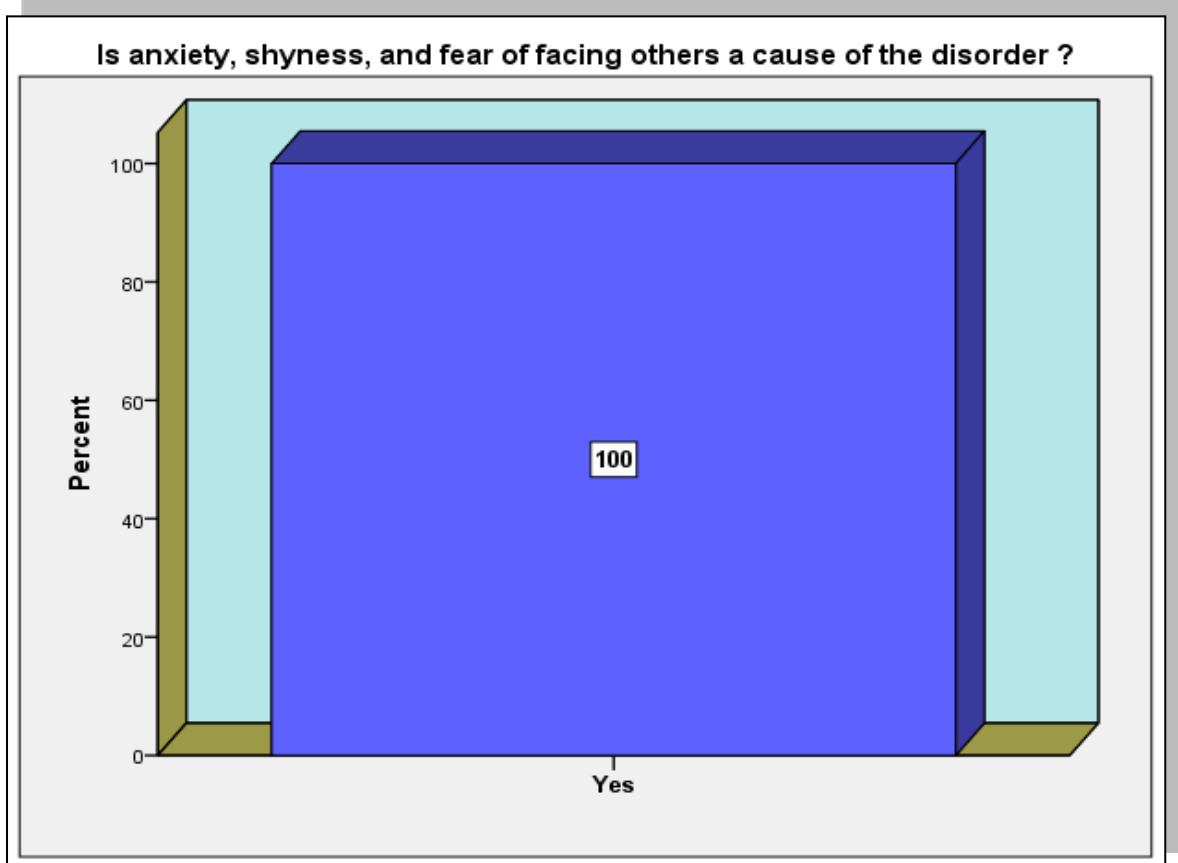
Figure3.9: anxiety and fear as a cause of the disorder .

From the statistics above it is clear that 100% of those factors are causes in the disorder.

Table3.10 Q10:Is the loss of ability to speak as a result of psychological trauma treated?
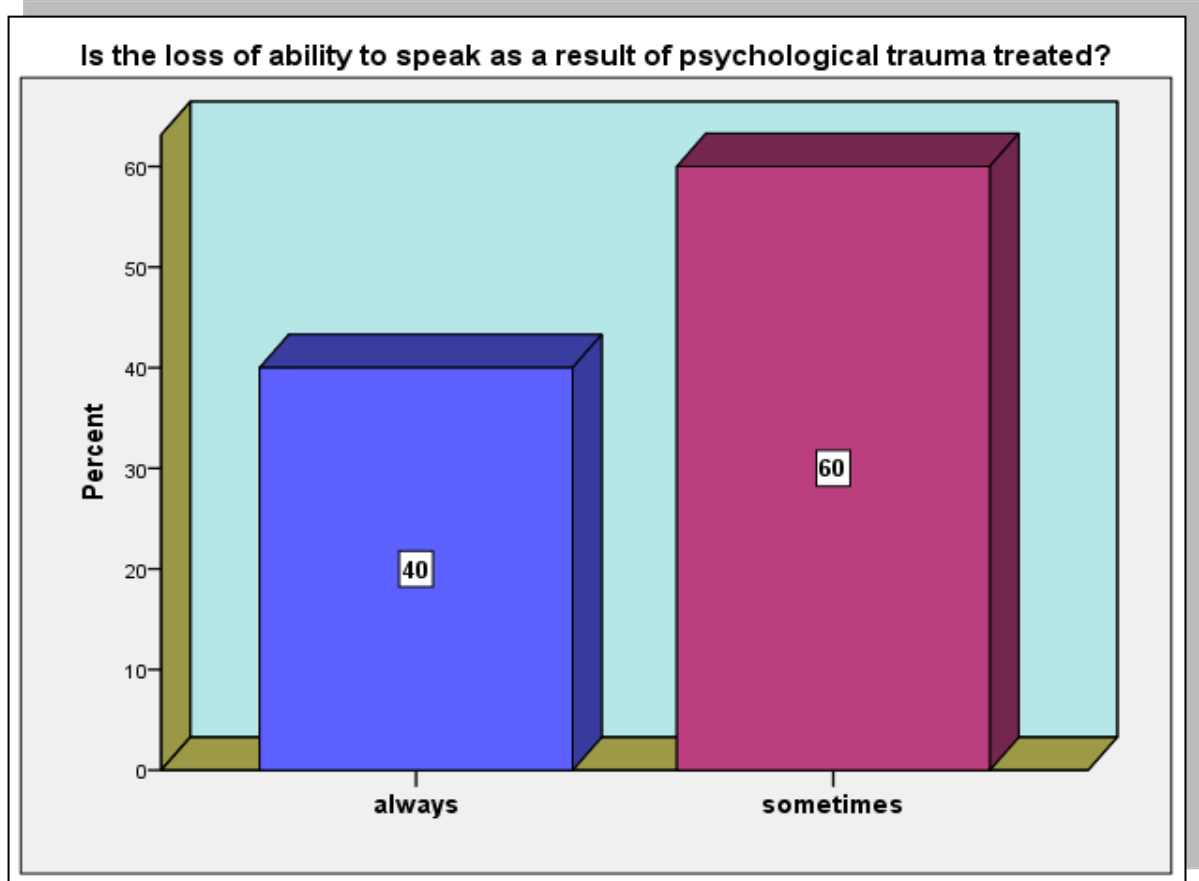
Figure3.10: loss of speech due to psychological trauma.

The statistics display that 60% of the psychological trauma treated ,while 40% did not treated.

Part two;

Table 3.11 Q11:Is each case treated specifically?
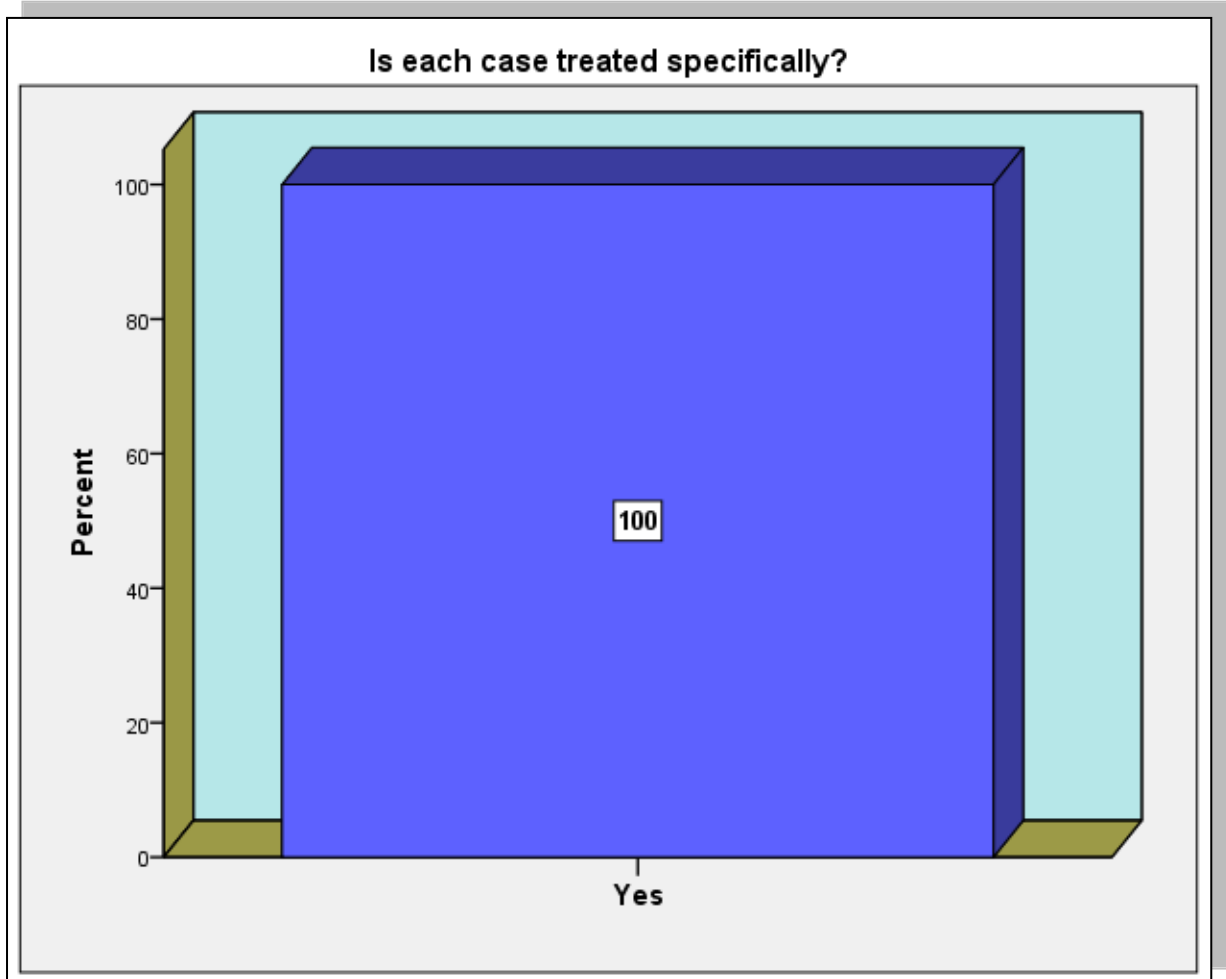
Figure3.11: dealing with each ease individually .

This question devoted for teachers to check if they deal especially with each case and the results was 100% yes.

Table 3.12 Q 12:Is enough time given to each case during the oral activities in the classroom?
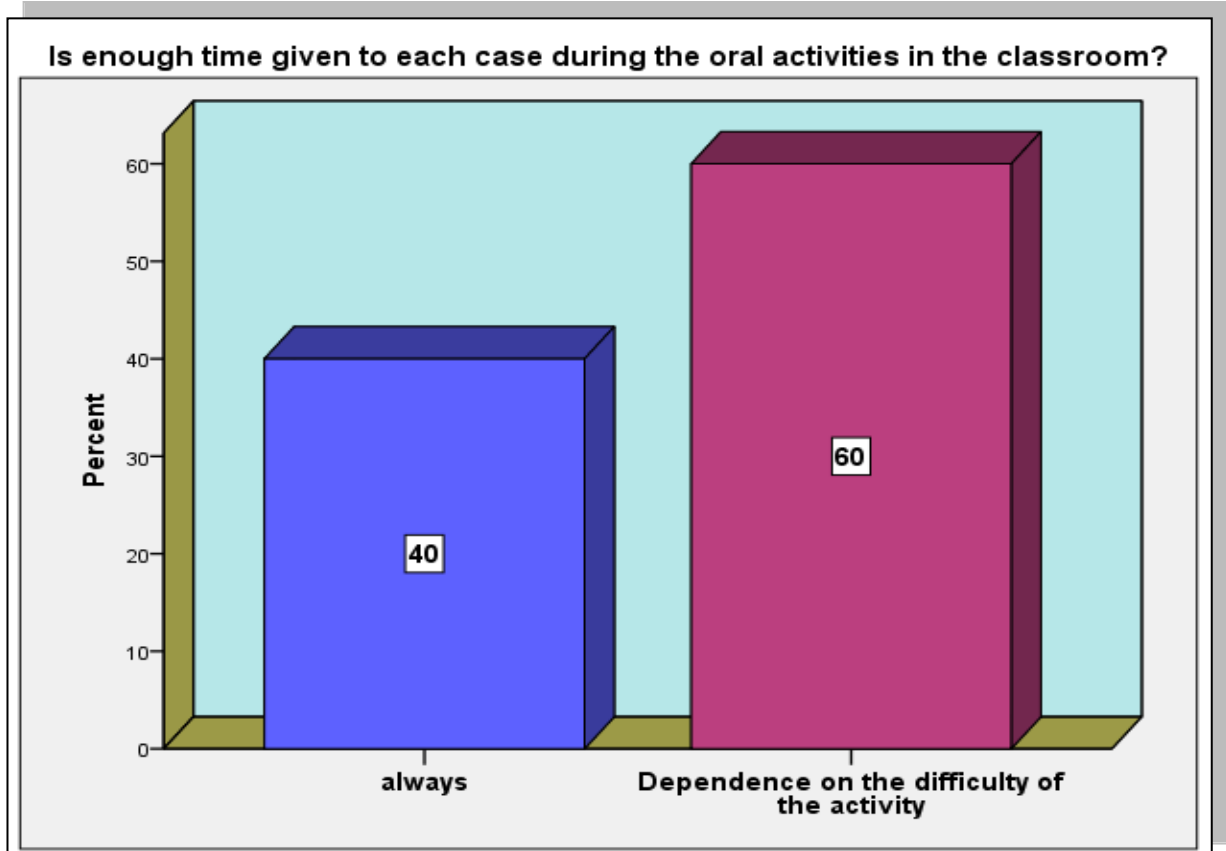
Figure3.12: time giving during in class activities for each case .

The results of this questions how that 60%of the teachers give enough time depending on the difficulty of the classroom activities . While the 40% of the teachers always give time to the pupils.

Table 3.13 .Q13:Is the speed of comprehension and answering questions the same for all students?
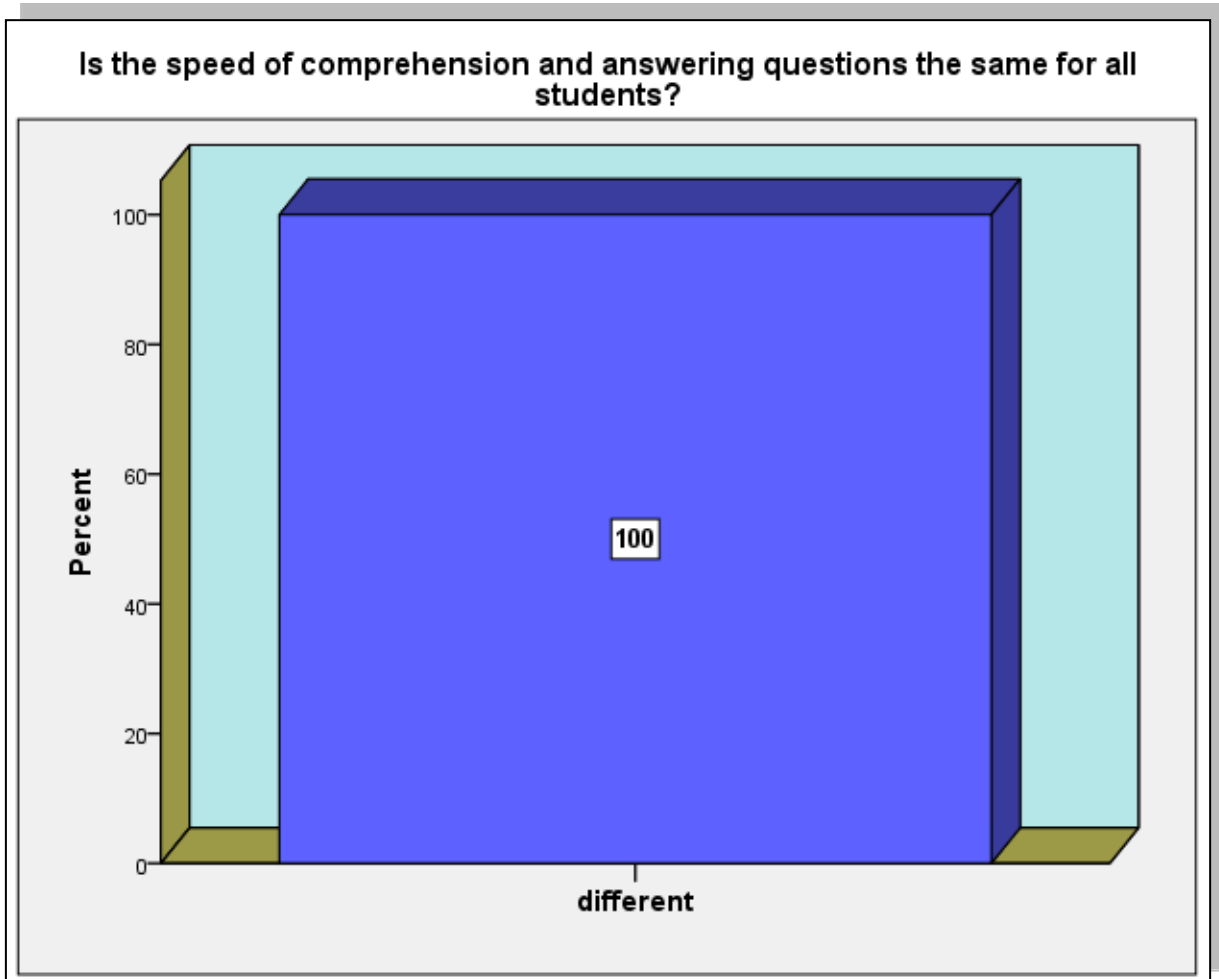
Figure3.13: speed of comprehension and answering question for pupil.

The collected results of that question represented that the speed of the answer to question differs in 100% from a patient to another .

Table 3.14 .Q14 :Do you support and encourage the students during the activities within the classroom despite the error and the difficulty?
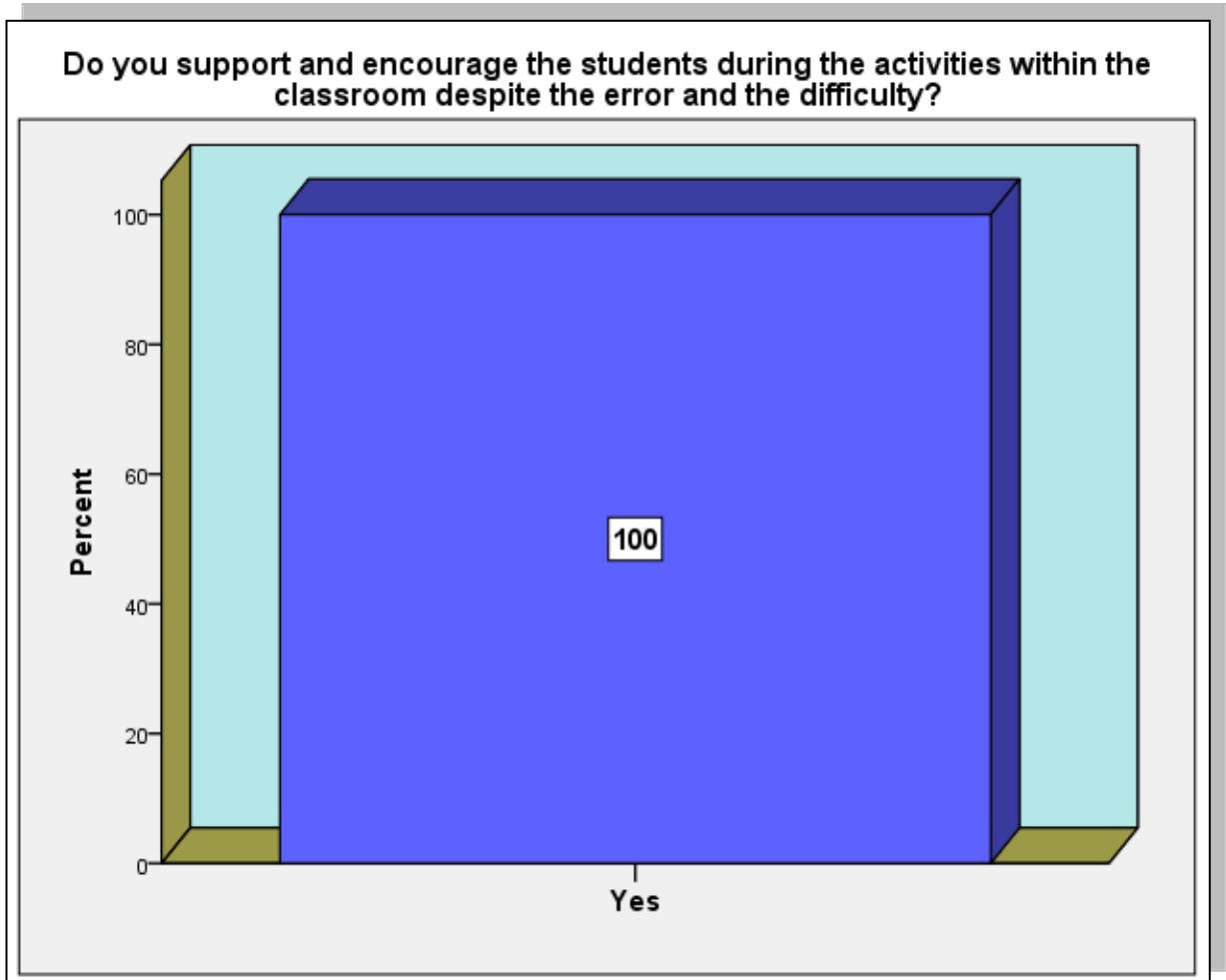
Figure3.14: supporting and encouraging pupils in classroom despite the error and difficulty.

The results of the questions shows that all teacher support and encourage the pupils in doing activities in classroom within the answer is true or false.

Table 3.15 . Q15:Do parents cooperate in contributing to treatment?

Figure3.15: the role of parents in treatment.

The statistics display that 60%of the patients cooperate in contributing to treatment; while the40% of the patients do not.

Table 3.16 .Q16:Do they go through a speech therapist periodically?
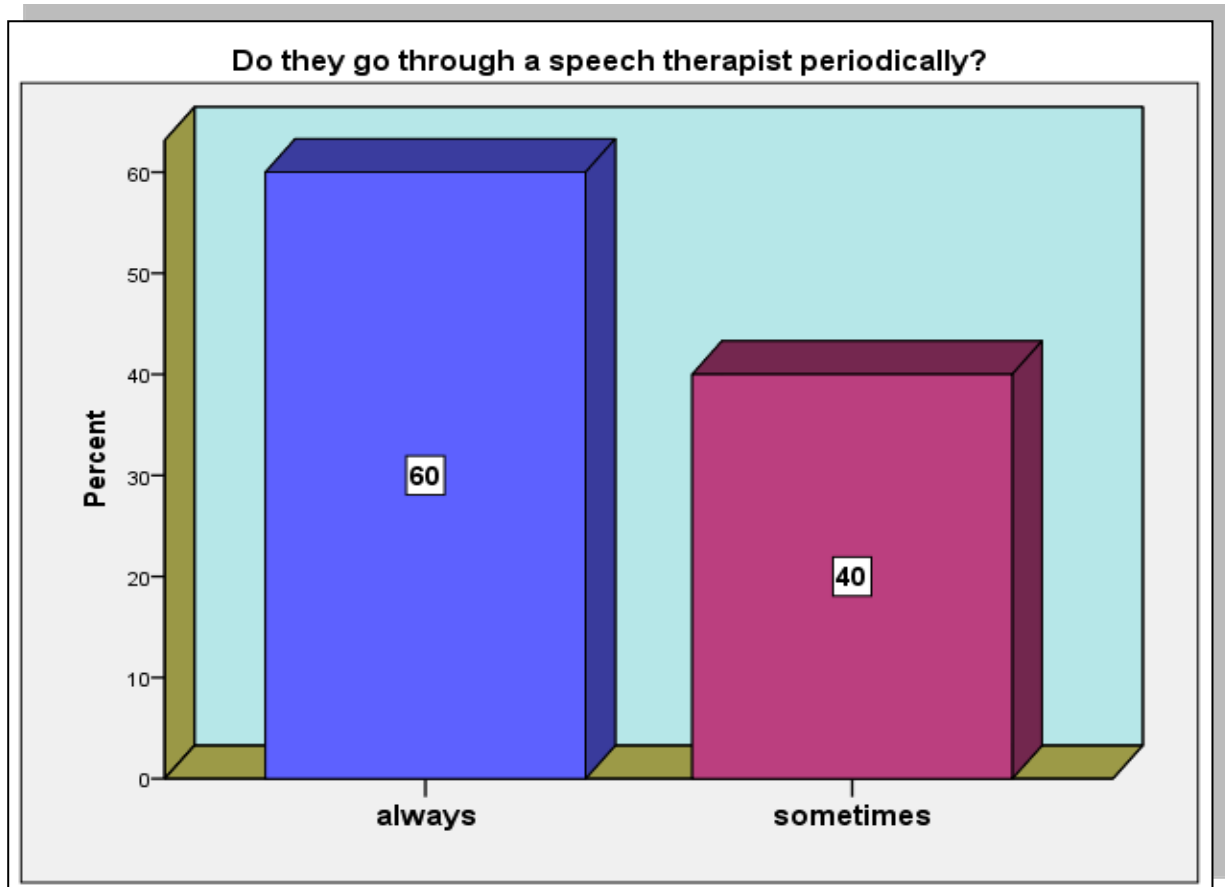
Figure3.16: speech therapist visit .

The reason behind this question is to examine weither all patients go to speech therapist periodically and the results shows that 60%of the patients ;while the40% of the patients do not.

Table3.17 .Q17:Is visiting a psychiatrist useful to them?
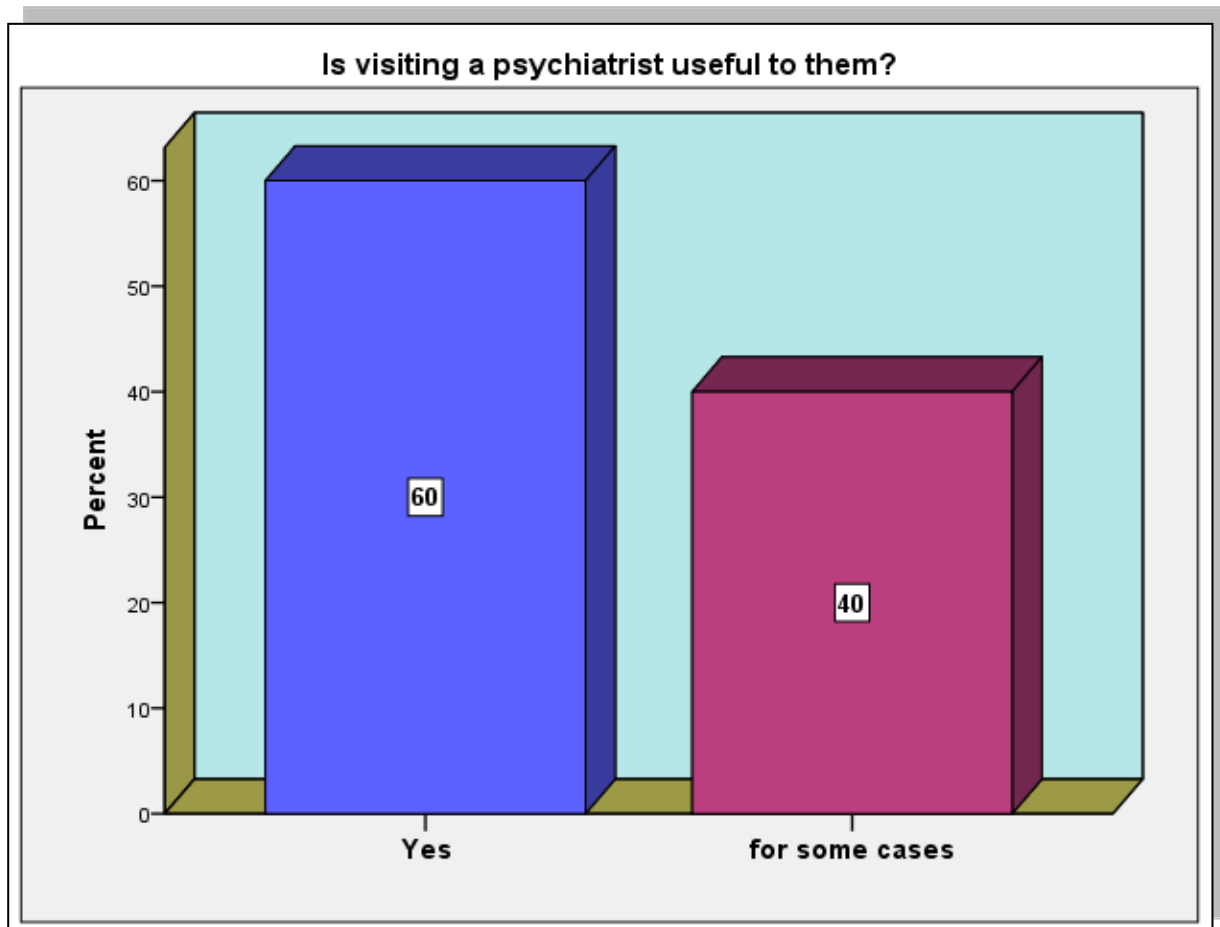
Figure3.17: the importance of visiting a psychiatrist.

The result of this question indicate that 60% of the patients who suffer from psychological issue need to visit the psychiatric ;while the 40% do not need to visit him.

Table 3.18 .Q18: Do you think it is necessary to carry out awareness-raising campaigns to shed more light on this particular category?
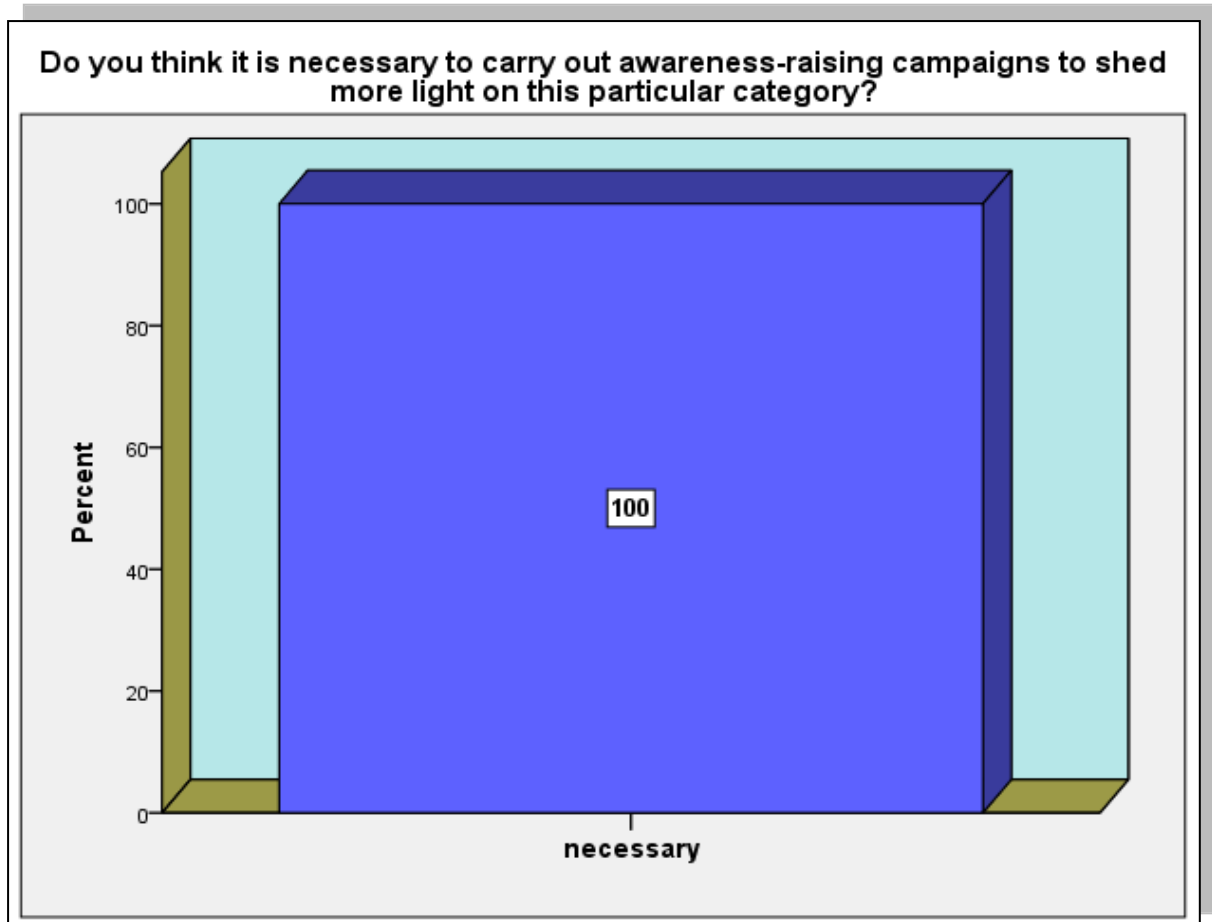
Figure3.18: the need to conduct awerness-raising campaigns to shed light on those pupils with language and speech disorders.

The statistics shows that all the teacher agree that it is necessary to carry out awareness raising campaigns to shed light on this particular category.

3.8 Classroom observation

The second instrument used to collect more data is classroom observation ,furthermore, to understand and to describe the most common problems and difficulties that face the pupils with language disorders during learning. The classroom observation was conducted in the private school of language disorders , autism and psychiatric and organic diseases. It set out a model of questions for the assessment of such difficulties .for pupils from different ages.

3.8.1 classroom observation analysis

The researchers look for the most common difficulties that face pupils with language disorders in their daily learning, and how teacher deals with those children. What kind of strategies followed in classroom.

In order to obtain the necessary information to complete the study, we asked questions about the methods and strategies followed with this group of Pupils during the lesson, and how to deal with them .To do the activity according to the degree of difficulty .The importance of visiting a psychiatrist and speech therapist was also discussed, and the importance of the role of parents to contribute to treatment.

The aim of the class observation and the questions asked was to know the methods and strategies used while carrying out the activities, taking into consideration the difference in the existing cases and the degree of difficulty the Pupils face during the activity. Highlighting the importance of consulting a psychiatrist and speech therapist, according to each case .As well as the role of parents and teachers alike in contributing to the treatment, emphasizing the need to shed light on this category in the future.

3.9 Discussion of the Main Results and Interpretation

The results obtained indicate that the type of language disorder differs from one student to another ,as the cause can be either organic or psychological .It was also reached that the group most vulnerable to these disorders are the children, as the language problems they suffer from are observed in the stage of language acquisition, which is the childhood stage. The combined results were discussed according to the two hypotheses presented previously ,as it was confirmed that both are correct, according to each case.

The questionnaire and class observation confirm that the diagnosis of each case varies according to the type of disorder, as it can be organic or psychological. The necessity and importance of visiting a speech therapist and a psychiatrist was also emphasized to help this group,with appropriate methods and strategies on the part of the teachers.

Lastly, it is worth to mention that the main findings in both the questionnaire and the classroom observation confirm the obtained data from substantial evidence .Moreover, the use of figures helped the researcher to make the same conclusion.

4.Conclusion

As for the third chapter, it was concerned with the collection and analysis, as well as the interpretation of the data collected from each of the questionnaire and the class observation that examined the types of injuries and the possibility of treating each case and the need to visit specialists to treat these disorders. Through analyzing the data, the responses revealed that the injury could be psychological or organic, and the possibility of treating each case according to its type and degree of disorder .The validity of the two hypotheses was confirmed through the questionnaire, and then, that these language disorders hinder the learning process of children and make it difficult for them to deal with activities inside the classroom, as well as emphasizing the need to deal specifically with them by teachers.

Chapter four suggestion of treatment and better consultation.

4.1 introduction

Speech and language disorders are among the most common problems among young people ,with one in five children experiencing difficulty, the exact causes of which are unknown, but some may result from organic problems such as hearing impairment or autism ;To treat speech disorders in children, your child must be presented to a speech specialist.

After the diagnosis and identification of the causes of speech and speech disorders in the child ,the appropriate treatment method for the child is determined.

Arthurian views on the treatment of speech disorders and pronunciation :When one side of the brain is infected, the sufferer may have some difficulty in speaking and knowing, which does not mean that he is unable to understand and analyze the language. He may cause language deformation, verbal impairment, tongue disorders, and difficulty in formulating ideas ,concepts and information.

4.2 Therapeutic intervention for language and speech disorders

Treatment of this problem is supposed to be both psychological, orthotic, physical and social ,with emphasis on psychotherapy, now psychological factors are at the forefront of the problem ,and it is essential that a child with speech disorders begin to receive treatment before reaching school age.

Psychotherapy :The main aim of the psychological treatment is to remove hesitation and fear and to create trust, courage, security and stability in the child ,One of the tools of psychological treatment is:

Mode of play: It aims to uncover the causes of disorder among children and to understand their motives, to place children in an atmosphere that encourages them to start and to reveal their desire without fear or manufacture, and to provide children with opportunities to compensate and vent their suppressed feelings of fear, anger or lack of compassion and understanding by the wheelchair.

Word Therapy orative Therapy: The aim is to train children and assist them in the proper pronunciation of letters or words by means of special exercises, with machines placed under the tongue or in the mouth during speech, by specialists in language teaching and disorders ,This specialty is called the rapist Speech.

And in this kind of therapy Consideration should be given to:

Pick out the child-loving subjects to talk about. Encouraging children to speak before others.

- Encourage children with speech disorders to imitate others with proper pronunciation;

- Physical and neurological therapy: It aims to treat physical defects that cause speech defects, such as cleft lips ,tooth deformity, acoustic cord dysfunction, hearing impairment where it can

- be overcome by earphones or cochlear implants for some vulnerable cases, speech nerves associated with the speech center of the brain ,orpatching and closing the throat gap.

- Social or environmental treatment: It aims to treat the injured in two ways: Treatment of a sick person, so-called personal therapy, aimed at changing the wrong trends of the infected person, which have to do with the problem, such as his or her orientation towards his or her parents, friends or teachers. - The treatment of the environment surrounding the child, called environmental therapy, which aims to change the corrupt environment that affects the problem of the victim by treating the child better than before. If the child suffers from ill-treatment by parents, teachers or colleagues ,or by meeting his or her material demands, or by requiring the parents to avoid fighting in front of him or her, to integrate the child into social and sporting activities. And technically, he's playing with other kids, so he's trained in giving and giving ,and he's given the opportunity to interact socially and develop personally.

4.3 Suggested guidance and solutions for the treatment of verbal disorders for family and teachers

-The child is offered to a specialist doctor to as certain the light causes ,whether medical or psychological.

- The child's preservation of a wall of holy Koran and honest conversations. Care to feed the baby.

- Neglect of the child until he speaks the word and expresses in his mind. No mocking the kid so he won't get frustrated. Talk to a kid about what he understands.

- The child's motto is reassurance and Security ,especially with the birth of another child in the family ,and with disputes and difference between the parents ,the child should know nothing about it.

- Giving a child self-confidence ,especially if he or she suffers from chronic illness or physical impairment.

    - Failure to pay the child to speak., Making mistakes right , A child does not learn a

  Foreign language other than his or her own before the age of six, Look at him as he speaks.

Listen to the child carefully and give him adequate attention ,The child will bear ,patience when he finds it difficult to express himself, Cooperate with kindergarten and school in understanding the child's position within the class. He is not ridiculed if he suffers from speech defects, is afraid to urinate arily or gets poor grades in school or kindergarten, Lack of hasty safety of letter exits and syllables in the child's pronunciation ,Requiring a short, short ,quick answer. Save and hear in front of the pupil .The teacher must not forget this injured student and exempt him from reading or answering ,because this leads to the child's sense of isolation .The teacher should not ask the pupil to repeat the word he or she stumbles in the hope that he or she will pronounce it fluently ,because repetition leads to temporary adjustment .The teacher should not show compassion or excess love or talk to the pupil about his or her problem in front of others.

It is the duty of the teacher to prevent any irony or nicknames given by the pupils to the troubled pupil both inside and out side the class.

Medicaid Early and Periodic Screening ,Diagnosis ,and Treatment Program:

Under the Medicaid EPSDT program ,children under 21 who are enrolled in Medicaid must be provided appropriate preventive and specialty services for audiology and speech and language disorders(CMS, n.d.).This includes "diagnostic, screening ,preventive ,or corrective services provided by or under the direction of a speech and language pathologist or audiologist." 2Specifically, the EPSDT benefit provides coverage for:

the identification of children with speech or language impairments ;diagnosis and appraisal of specific speech or language impairments; referral for medical or other professional attention necessary for rehabilitation of speech or language impairment;

provision of speech and language services ; and

counseling and guidance of parents, children, and teachers (ASHA, n.d.).American Speech-Language-Hearing Association:

Services for children with speech and language disorders are also influenced by the American Speech-Language-Hearing Association (ASHA), which has issued practice guidelines for speech and language therapy:

Children receive intervention and/or consultation services when their ability to communicate effectively is impaired because of a communication disorder and when there is a reason able expectation of benefit in body structure/function and/or

activity/participation. Interventions that enhance activity and participation through modification of contextual factors may be warranted even if the prognosis for improved body structure/function is limited. (ASHA, 2004)

With regard to the duration of treatment ,ASHA states, Intervention extends long enough to accomplish stated objectives/predicted out comes

4.4 Treatment For Speech And Language Disorders

The primary objective of treatment for speech and language disorders is to ameliorate a child's communication difficulties and there by reduce or minimize the negative sequeal associated with these disorders. Optimal treatments would be those that resolved or cured the problem and thus resolved the disability. Indeed, some treatments for speech and language disorders may approach this level of efficacy for some children .Two examples are given here.

First, children born with clefts of the lip and palate are at considerable risk for poor speech intelligibility .Advances in early surgical management of clefts of the lip and/or palate have resulted in substantial improvements in the speech out comes ,Of affected children ,often permitting normal levels of speech development(Bzoch,1997).Although surgery serves as an important treatment, surgery alone is not sufficient in the majority of instances to fully resolve the risk for speech impairment, and behavioral treatment (i.e., speech therapy) often is needed as well (Hardin-Jones and Jones, 2005).

Helping Your Child:

Children learn speech and language skills by listening to the speech of others ,and practicing as they talk to others. Parents are the most important teachers for their child in the early years.

They can help the child by giving lots of opportunities to listen to speech and to talk.

and ends when there is no expectation for further benefit during the current developmental stage.(ASHA, 2004)

This can be done by frequently pointing out and naming important people, places ,and things. They can also read and talk to the child throughout the day, especially during daily routines ,interactive plays ,and favorite activities. Parents can give the child models of words and sentences to repeat.

Parents can also set up opportunities for the child to answer questions and talk .Listening to music, singing songs, and sharing nursery rhymes are also great ways to build speech and language skills while having fun with your child.

4.5 Diagnosis of speech and speech disorders in children

To treat speech and speech disorders in children ,your child must be presented to a speech specialist, and the stages of treatment areas follows :

-Diagnosis :The kid has to go over a speech specialist before he gets to school ,find out why he's late.

The diagnosis of the condition is often made by observing the child's speech in the normal

Conversation Focusing on pronunciation ,vocal exits and fluency of speech.

Treatment of language or speech disorders and delays often require additional assistance and special instructions from children with language problems. Speech and language specialists can work directly with children, their parents, caregivers and teachers. Delayed language, speech or speech disorder may qualify a child for early external intervention (for children up to 3 years of age) and special education services (for children 3 years of age and older). Schools can conduct their own language or speech disorders tests to see if a child needs to intervene. An assessment by a health care specialist is required if there are other concerns about the child's hearing ,behavior or emotions. Parents, health care providers and school can work together to find appropriate referrals and treatment.

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4.6 Treatment Setting

Treatment may occur in a number of settings or environments because speech and language skills develop within the context of a child's daily communication activities—for example, at home ,in the neighbor hood ,and in school .Each setting provides opportunities for communication and interaction .In the past ,speech and language therapy was provided almost exclusively in therapy rooms and classrooms where the speech-language clinician engineered the environment to promote learning (Mc William, 1995). In the past two decades, however ,speech and language intervention has moved out of these special-purpose environments (Peña and Quinn, 2003). This practice is predicated in part on the belief that treating in these natural settings will promote generalization of learning to these settings. For children younger than 3years of age, services may be provided in the home (Mahoney et al., 1999). Pre schools maybe served in an early childhood or daycare setting, while treatment programs for school-age children usually are integrated in to the classroom./national academies press(us).

4.7 Conclusion

What can be learned from this research is that the integrity of an individual's speech depends on the integrity of his or her speech and neurological system. Any malfunction in that system will inevitably lead to a speech disorder, and it can be traced back to many factors, organic ,psychological or family, and treated by many means, such as physical and speech therapy, to correct speech and to engage the child in different activities with other children, besides providing an atmosphere of love.

CHAPTER FIVE

Concluding chapter

5.1 introduction

The current study deals with the causes and characteristics of language, voice and speech disorders that affect individuals and examines whether the cause of the injury is organic or psychological .There as on behind it, The study is to shed light on the types of possible injuries while studying the possibility of treating each case according to the type and degree of injury .Giving solutions and strategies to follow with this category in the educational aspect, so as not to marginalize them and thus help to take care of them effectively in the future .This chapter summarizes everything covered in the previous chapters.

5.2 Summary of the study

This research study aims to identify the main reasons that hinder language acquisition .This study was conducted on the category that suffers from language disorders, and they were highlighted to know the most important causes and how to treat and deal with them and provide them with the necessary support .Consequently, this study sought to respond to the following questions:

1:Do organic diseases affect the speech process?

2 : Do psychological problems cause language disorders ?
  The two hypotheses of this study were:
* An organic disease that affects the brain or the organ which responsible of speech process.

* A psychological case that causes losing the ability to speak.

To answer the study questions, this study was divided into five chapters. The first chapter is the introductory chapter and deals with the presentation of the study, the second chapter is devoted to reviewing the literature, the third chapter deals with research methods and thesis procedures, the fourth chapter includes the most important treatment methods and medical recommendations for how to deal with this category and the last one deals with the entire study summary.

In order to collect data about the subject, a questionnaire have been submitted to teachers of the private school of language disorders in addition to the classroom observation with the

pupils .As sequence, the analysis sides to what has been identified in the background knowledge provided worthy answers for the research questions.

The results showed that the incidence of language and speech disorder can occur for two reasons ,one organic and the other psychological ,as this disorder causes special difficulties for the category of students, as they face problems with speech and pronunciation while carrying out activities within the Classroom, so the possibility of exposing these cases to psychological treatment methods and Physicallies in eliminating this disorder ,either completely or partially. Parents and teachers have a key role in treatment and its maintenance ,as moral support, in addition to the sessions of visiting the psychiatrist and speech therapist ,has a positive result with the passage of time .Despite the disability .And from it, parents and teachers must work together to create an atmosphere conducive to the process of treatment and development for the better.

5.3 limitation of the study

It is worthy to mention that this research work encountered many limitations ,especially the hard access to some documents. Limitations, as Mauch & Park (2003: 115) argue that"…typically surface as variables that cannot be controlled by the researcher but may limit or affect the outcome of the study." It should be mentioned that all studies have limitations, and should be acknowledged limitations as an opportunity to make suggestions for further research ,below here are some examples of limitations related to methodology and the research process that can possibly impact our results.

Sample size: if your sample size is too small, it will be difficult to find significant relationships from the data because statistical tests require a larger sample size to ensure are presentative distribution of the population and to be considered representative of groups of people to whom results will be generalized.

3-   Lack of prior research studies on the topic or previous studies: prior research studies form the basis of your literature review and helps to understand the research problem you're investigating.

4-   Measure / Method used to collect data: sometimes, after completing your interpretation of the findings, you discover that the way in which you gathered data is not going to help you analyze the results. For instance ,a method that you used, cannot Answer an issue in your research.

5-   Self reported data : any data that is gathered from participants who have read and selected a response by themselves without the researcher's interference , so the problem with self – reported data is that it is limited by the fact that is rarely can be independently verified .This data can be based or includes an exaggeration in representing the outcomes.

6-   access: it is a problem when the researcher doesn't have access to people ,organizations or documents.

7-   Time constraint or longitudinal effects: the time available to investigate a research problem and to measure change or stability over time is constrained by the date of the delivery of your assignment. So, make sure to choose a research problem that does not require an excessive amount of the time to complete the literature review, apply the methodology, and gather and interpret results.

8-   Cultural or any other types of bias :we all have biases, it is when a person ,place or thing is viewed or shown in a consistently inaccurate way, it is usually negative, and so we have to be critical.

9- Psychological problems :stress ,fear of failure ,anxiety all lead to various mistakes.

The present study is limited to a particular population of learners; the same study can be conducted with a large population for more reliable data Besides ,generalization of the results obtained and recommendations suggested is not appropriate since the researcher's concern is the study of a case .Never the less, such generalization becomes worth all the trial if the results are confirmed and recommendations experimented by other researches. These researches have to be conducted in the classroom context.

5.4 New Research Perspective

This open the door for action researcher to focus on the impact of language disorders on language performance among pupils in classroom through both the use of questionnaire and classroom observation two research instrument to collect data. These two instruments may not report all information about the study ;therefore ,interview might be a suitable to cross check the result.

5.5 conclusion

This chapter summaries all what have been done in the present study by noting the main point of each chapter ,the aim behind this study ,the procedures of data collection, analyses and interpretations, and suggestions for teachers to help patients with language disorders . In addition, naming the limitations of the study and opening the door for other researches on this case.

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Appendices

Questionnaire

- The purpose of this questionnaire is to study the causes and types of language, voice, and speech disorders affecting individuals, and in this study we address the group of children affected by these disorders

Part one

Q1/-is the type of infection different in patients?

A/Yes

B/No.

Q2/-What type of injury?

A/ organic

B/myself

Q3/-which age group is most affected by this disorder?

A/Children

B/adults

Q4-What are the reasons for this?

A/some of them

B/most of them

C/No.

Q5/What are the reasons for this?

A/some of them

B/most of them

C/No one

Q6/How do I respond to the treatment quotas?

A/good

B/weak

C/N/a

Q7/-is the dislocation of the disorder finally?

A/Yes

B/No.

Q8/- is inheritance a key factor in such cases?

A/at all times

B/sometimes

C/rarely

Q9/I am not sure if I am going to be able to do so.

A/Yes

B/No.

Q10/- is the loss of speech a psychological trauma cures?

A/always

B/sometimes

C/rarely

Part two:

* Special to the activities of the group affected by language disorder and pronunciation within departments.

Q11/- is each case dealt with in particular?

A/Yes

B/No.

Q12/-is each case given enough time during classroom oral activities?

A/at all times

B/build on the difficulty of the activity

Q13/- is the speed of understanding and answering questions the same for all students?

A/herself

B/varying

Q14/- do you support and encourage students who participate in the activities inside the department despite the mistake and difficulty?

A/Yes

B/No.

Q15/- do parents cooperate in contributing to treatment?

A/Yes

B/No.

Q16 /-do they pass by the speech specialist periodically?

A/always

B/sometimes

C/never

Q17 /- does visiting the psychiatrist help them?

A/Yes

B/No.

C/for some cases

Q18/-do you think it is necessary to carry out more sensory campaigns to highlight this particular category?

A/Yes

B/necessary

C/ not necessary.

- الغرض من هذا الاستبيان هو دراسة أسباب وأنواع اضطرابات اللغة والصوت والكلام التي تصيب الافراد ونحن نتوجه في هذه الدراسة إلى فئة الأطفال المصابين بهذه الاضطرابات.

الجزء الأول.

س 1/-هل يختلف نوع الإصابة لدى المرضى؟

ا / نعم

ب / لا

س 2 / ما نوع الإصابة؟

أ/ عضوي

ب / نفسي

س 3 /-ما هي الفئة العمرية الأكثر إصابة بهذه الاضطرابات؟

ا / الأطفال

ب /البالغين

ج /

س 4/ -اذا كان سبب الإضطراب عضوي هل يشفى المصاب؟

ا / بعضهم

ب / اغلبهم

ج / لا

س 5/ اذ اكان سبب الإضطراب نفسيا هل يشفى المصاب؟

ا / بعضهم

ب / اغلبهم

ج / لا احد

س 6/ -كيف نسبة الاستجابة للحصص العلاجية؟

ا / جيدة

ب / ضعيفة

ج / منعدمة

س 7 /-هل ا لتخلص من الاضطراب يكون بشكل نهائي؟

ا / نعم

ب / لا

س 8 /- هل الوراثة عامل أساسي في مثل هذه الحالات؟

ا / في جميع الأوقات

ب / في بعض الأحيان

ج /نادرا

س 9/-هل القلق والخجل والخوف من مواجهة الآخر يكون مناسبا بالاضطراب؟

ا / نعم

ب / لا

س 10/ - هل فقدان القدرة على الكلام إثر صدمة نفسية يعالج؟

ا / دائما

ب / أحيانا

ج / نادرا

الجزء الثاني :

* خاص بأنشطة الفئة المصابة بإضطراب اللغة والنطق داخل الأقسام .

س 11/ -هل يتم التعامل مع كل حالة بشكل خاص؟

ا / نعم

ب / لا

س 12/-هل يتم منح الوقت الكافي لكل حالة أثناء الأنشطة الشفهية داخل الصف؟

ا / في جميع الأوقات

ب / الاعتماد على صعوبة النشاط

س 13/-هل سرعة الاستيعاب والاجابة على الأسئلة هي نفسها عند جميع التلاميذ؟

ا / نفسها

ب / متفاوتة

س 14/ -هل تدعمون تشجع التلاميذ الذين يشاركون في الأنشطة داخل القسم رغم الخطاء والصعوبة؟

ا / نعم

ب / لا

س 15/ -هل يتعاون الآباء في المساهمة فيا لعلاج؟

ا / نعم

ب / لا

س 16 / هل يمرون عند اختصاصي الكلام بشكل دوري؟

ا / دائما

ب / أحيانا

ج / أبدا

س17 / هل زيارة الطبيب النفسي مفيدة لهم؟

ا / نعم

ب / لا

ج / لبعض الحالات

س18 / هل ترى انه من الضروري القيام بحملات تحسيسية لتسليط الضوء أكثر لهذه الفئة بالتحديد؟

أ/ نعم

ب /غير ضروري

Appendix III

FREQUENCIES VARIABLES=Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12 Q13 Q14 Q15 Q16 Q17 Q18
/STATISTICS=STDDEV MEAN MEDIAN
  /BARCHART PERCENT
  /ORDER=ANALYSIS.

Frequencies

Frequency Table

Does the type of injury differ in patients?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	5	100,0	100,0	100,0

what is the type of the injury ?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Organic	2	40,0	40,0	40,0
psychological	3	60,0	60,0	100,0
Total	5	100,0	100,0	

What is the age group most affected by these disorders?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid children	3	60,0	60,0	60,0
adults	2	40,0	40,0	100,0
Total	5	100,0	100,0	

If the cause of the disorder organically, does the patient recover?

	Frequency	Percent	Valid Percent	Cumulative Percent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid some of them	2	40,0	40,0	40,0
most of them	3	60,0	60,0	100,0
Total	5	100,0	100,0	

if the cause is psychologically , does the patient recover ?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid some of them	1	20,0	20,0	20,0
most of them	4	80,0	80,0	100,0
Total	5	100,0	100,0	

How is the response rate to the treatment sessions?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid good	5	100,0	100,0	100,0

Is getting rid of the disorder permanently?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	4	80,0	80,0	80,0
No	1	20,0	20,0	100,0
Total	5	100,0	100,0	

Is genetics a cause in such cases?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid sometimes	5	100,0	100,0	100,0

Is anxiety, shyness, and fear of facing others a cause of the disorder ?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	5	100,0	100,0	100,0

Is the loss of ability to speak as a result of psychological trauma treated?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid always	2	40,0	40,0	40,0
sometimes	3	60,0	60,0	100,0
Total	5	100,0	100,0	

Is each case treated specifically?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	5	100,0	100,0	100,0

Is enough time given to each case during the oral activities in the classroom?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid always	2	40,0	40,0	40,0
Dependence on the difficulty of the activity	3	60,0	60,0	100,0
Total	5	100,0	100,0	

Is the speed of comprehension and answering questions the same for all students?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid different	5	100,0	100,0	100,0

Do you support and encourage the students during the activities within the classroom despite the error and the difficulty?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	5	100,0	100,0	100,0

Do parents cooperate in contributing to treatment?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	60,0	60,0	60,0
	No	2	40,0	40,0	100,0
	Total	5	100,0	100,0	

Do they go through a speech therapist periodically?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	always	3	60,0	60,0	60,0
	sometimes	2	40,0	40,0	100,0
	Total	5	100,0	100,0	

Is visiting a psychiatrist useful to them?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	60,0	60,0	60,0
	for some cases	2	40,0	40,0	100,0
	Total	5	100,0	100,0	

Do you think it is necessary to carry out awareness-raising campaigns to shed more light on this particular category?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	necessary	5	100,0	100,0	100,0

Summary :

This deep research is an attempt to show light on the difficulties of speech disorders and language disorders and is the most common type of disorder among Children of school age, where the child speaks language in a distorted manner and fails to do so This is the result of some organic or psychological damage, where Become unable to express oneself on the one hand and his contacts With others on the other hand, there are many results of some pupils from the first grade at Makawi Aisha primary School and others from the Center for Language Disorders, Speech and Autism in Ain-teMouchent . It is therefore important to treat such disorders early on In the child's life before complications arise, the family depends on an important role In caring for her child and avoiding many psychological problems and struggles

As a result of the lack of social interaction between him and the other

Résumé:

Cette recherche approfondie est une tentative de montrer la lumière sur les difficultés des troubles de la parole et des troubles du langage et est le type le plus commun de trouble chez les enfants d'âge scolaire, lorsque l'enfant parle le langage de manière déformée et ne le fait pas Ceci est le résultat de certains dommages organiques ou psychologiques, où Devenez incapable de s'exprimer d'une part et ses contacts avec d'autres d'autre part, les résultats de certains élèves de la première année de l'école primaire Makawi Aicha et d'autres du Center for Langage Discorder, Speech et Autisme a Ain-Temouchent . Il est donc important de traiter ces troubles dès le début Dans la vie de l'enfant avant les complications, la famille dépend d'un rôle important

Prendre soin de son enfant et éviter de nombreux problèmes et difficultés psychologiques

En raison du manque d'interaction sociale entre lui et l'autre.

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الملخص

هذا البحث المتعمق هو محاولة لتسليط الضوء على صعوبات اضطرابات النطق واللغة وهو أكثر أنواع الاضطرابات شيوعًا بين الأطفال في سن المدرسة، عندما يتحدث الطفل اللغة بطريقة مشوهة ولا يفعل ذلك. حيث يصبح غير قادر على التعبير عن نفسه من ناحية واتصالاته مع الآخرين من ناحية أخرى، نتائج بعض الطلاب في السنة الأولى من مدرسة مكاوي عائشة الابتدائية وغيرهم من مركز اضطرابات اللغة والكلام والتوحد. لذلك من المهم علاج هذه الاضطرابات منذ البداية في حياة الطفل قبل المضاعفات، تعتمد الأسرة على دور مهم في رعاية طفلك وتجنب العديد من المشاكل والصعوبات النفسية بسبب عدم وجود تفاعل اجتماعي بينه وبين الآخر .

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