Speech Assessment and Intervention
Best Practices Guidelines for Articulation Impairments

Fact	Practice
Differences are frequently developmental. (Smit, 1993a, 1993b)	Check the developmental age chart before recommending assessment.
Lateral /s/ and /z/ are not developmental. (Smit, 1993a, 1993b)	Intervene at any time.
The speech normalization boundary is 8 years, 5 months. (Shriberg et al, 1994)	Begin instruction no later than 7.5 years.
The typical time to change a speech difference is 15-20 hours. (Jacoby et al, 2002)	Consider offering initial services of 20 hours, allowing 3 hours for absences.
The typical frequency rate is two times a week for 30 minutes. (ASHA, 2004)	Offer block sessions of two times a week for 30 minutes for 20 weeks, or 20 hours a year. Do not include pick-up or record-keeping time in the 30-minute total.
Treating nonstimulable, later-developing sounds for children with phonological disorders yields more change throughout the child's sound system. (Gierut, 2007)	Treat students who are nonstimulable for target sounds and monitor students (ages 7 and younger) who are stimulable for target sounds.
Correct placement is essential to progress. Bauman-Waengler (2004); Secord (2007)	Be skilled in a range of elicitation methods.
Mass practice is essential to progress. (Skelton, 2004)	Each student should produce a minimum of 150 correct productions a session. Schedule no more than four students per group. Trained adults (SLPs, SLPAs, parents, teachers) can guide the additional practice time.
Home practice leads to significantly faster progress and generalization. (ASHA, 2004)	Each student should practice a minimum of 5 minutes, five days a week.
Cognitive monitoring of production is essential to progress. (Ertmer & Ertmer, 1998)	Build cognitive monitoring from the first session. Ask all students in group to monitor their own and each other's productions. All students should be engaged in every moment of instruction.
Conversational recasts facilitates progress and meaningful productions of sounds. (Camarata, 1993)	The SLP, teacher and family should provide recasts (not corrections) to child as a model in a variety of contexts.
High-frequency treatment words lead to greater generalization than low-frequency words. (Morrisette & Gierut, 2002)	Teach the target sounds in real words. (Resource – *High Frequency Word List*)
There is no research evidence that oral motor exercises improve speech production. (Lof, 2006)	Differentiate between general oral motor exercises and placement methods that promote positioning of the articulators for specific sound production.
There is research evidence that single sound errors often impact students socially and emotionally. (Crowe-Hall, 1994)	Provide high-quality services that address these issues they relate to speech production.
There is no research evidence that articulation disorders impact academic achievement. (Schuele, 2004)	Provide careful documentation showing the effects on educational progress.

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