Teacher Perceptions of Elementary Students with an Articulation Disorder of Varying Degrees

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Intended date of commencement: May 9, 2015

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Certified by: Judith Harper Morgan 5/18/15

Director, Honors Program

For Honors Program use:

Level of Honors conferred: University Magna cum laude

Departmental: Highest honors in Communication Sciences and Disorders
Teacher Perceptions of Elementary Students with an
Articulation Disorder of Varying Degrees

A Thesis
Presented to the Department of Communication Sciences and Disorders
College of Liberal Arts and Sciences
and
The Honors Program
of
Butler University

In Partial Fulfillment
of the Requirements for Graduation Honors

Morgan Lee Johnson
23 April 2015
Abstract

The purpose of this study is to examine teacher perceptions of elementary students who have an articulation disorder. An electronic survey was given to teachers in two elementary schools within Indianapolis, and specifically, Pike Township. The teachers rated six hypothetical student profiles on competence, intelligence, and various behaviors. Utilizing a standard Likert scale, the different hypothetical student profiles yielded scores that showed how positively the teachers viewed the hypothetical students. To ensure validity, there were control student profiles with no label or other, non-speech related disorders. It was hypothesized that the profiles for typically developing students would be given the highest scores. The hypothetical student profiles with behavioral challenge and learning disability were predicted to have the lowest ratings. It was also hypothesized that the two student profiles with varying severity of an articulation disorder would be rated somewhere in the middle and rated lower than typically developing students. Unexpectedly, the majority of results showed that teachers do not have negative views of a hypothetical student with an articulation disorder.
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Introduction

Elementary aged students have a high rate of speech and language disorders as they are still attempting to figure out exactly how to make speech sounds correctly. Speech and language disorders impact around 1 in 12 children in the preschool population (Prelock, Hutchins, and Glascoe, 2008). It is no surprise then that elementary school teachers, especially those teaching kindergarten through 2nd grade, have to accommodate for these students in their classrooms. A cause of worry for a parent is whether their child is being unfairly treated based on their label. Speech and language difficulties combined are one of the categories of special education defined by the U.S. government (Sec. 300.8 of IDEA). When a child needs speech help, they get the label of special education. These students need to be labeled as such in order to get adequate treatment through that child’s school free of charge. This treatment is crucial since “the consequences of untreated speech-language problems are significant and lead to behavioral challenges, mental health problems, reading difficulties, and academic failure including in-grade retention and high school dropout” (Prelock et al., 2008, 136). Labels are beneficial for getting students help but they may lend themselves to unfair negative perceptions by the teacher instructing them.

Leatherman (2007) examined eight different early childhood teachers’ perceptions of inclusion. Inclusion is the practice of allowing children of all abilities to be taught in the general education classroom. This allows teachers to help children of all abilities. This provides an opportunity for typically developing students to be taught alongside children who need more assistance. Students get the opportunity to learn about many
different ability levels. Leatherman asked teachers about their opinions and experiences with inclusion. This study was a narrative study, so Leatherman used a variety of data collection methods to understand how each of the teachers felt about inclusion. Leatherman discovered that the teachers all found inclusion to be a positive experience and well worth the time. The teachers wanted more education in teaching children with disabilities though. Unfortunately, Leatherman chose to only survey those teachers that had a positive view of inclusivity which may have biased the results. Likewise, Kern (2006) studied teacher perceptions of inclusion in the local school district. Kern surveyed 77 K-12 teachers. For her data collection, she used a four point Likert scale. The higher the score, the more positive the teacher felt. Kern found that teachers had a neutral opinion of inclusion. The younger teachers, however, had more positive feelings towards inclusion. This was true of both Kern and Leatherman’s studies. It was most interesting to read that one teacher spoke of the fact that “now since the mainstreaming, everybody is looking for the problems in children rather than just treating them like normal children” (Leatherman, 2007, 601). This quote ties into the current study on whether teachers treat all children equally or not.

The present study was focused on teachers’ perceptions of children with articulation disorders specifically. An articulation disorder “involves problems making sounds. Sounds can be substituted, left off, added or changed. These errors may make it hard for people to understand you” (asha.org). When it is hard to understand what someone is saying, that can cause the listener to think less of the speaker. This was demonstrated in past studies. Two studies involved children close to the age range most vital to this study. Rice, Hadley, and Alexander (1993) focused on preschool speech.
They looked at four different groups of individuals: kindergarten teachers, women matched with kindergarten teachers, speech-language pathologists, and undergraduate college students. These groups listened to preschoolers with different speech abilities and rated them on different attributes such as intelligence. Similarly, Bernthal, Carrell, and Overby (2007) studied 48 second grade teachers. They presented the teachers with different speech samples and asked the teacher to judge similar attributes as Rice et al. (1993). Both studies showed that there is a negative perception towards students with articulation disorders, especially in terms of academic performance. Teachers rated school performance low for children with speech disorders, without knowing anything except how the child talks. This shows that before the student has a chance to demonstrate his or her academic potential, the teachers in both studies already believed the child would do more poorly than students without speech problems. In Rice et al. (1993), those students with speech impairment only were rated considerably lower than typically developing children. Most notably, students with speech impairment were ranked lowest on intelligibility, leadership ability, social maturity, academic success, and intelligence. The only category that showed little difference was likability. Bennett and Runyan (1982) found that of the 282 educators that sent in the questionnaire, 66% of the educators believed that a child with a communication disorder would be negatively affected by it in the classroom. More specifically, an articulation disorder was seen to hinder the child’s success in the classroom and in social situations more so than a language disorder, a stutter, or voice disorders. However, the educators did believe therapy can improve the child’s success.
Similar to these results, another study focused on how the general population perceived articulation disorders. In Silverman (1976), a college female produced a series of sentences that differed only in that she used her normal voice in the first series, and in the second series she produced the sentences with a lisp. Silverman found that 48 college students rated the same girl more poorly when she lisped. This phenomenon took place in 37/49 of the categories that Silverman focused on. These categories were focused on perceptions in the female’s personality, work ethic and success, and whether she had a disability. In particular, the largest difference was in handicap-non handicap comparison. The students perceived the girl as handicapped when she lisped.

The last two studies focused on teacher training as it was related to articulation disorders. Ebert and Prelock (1994) found that teachers who were educated about articulation disorders had more positive perceptions of students with an articulation disorder versus those teachers who had no training. Those teachers who were trained received this education through observing a speech-language pathologist giving therapy to children with articulation disorders. In a separate study, Sadler (2005) found that of the 89 teachers studied, 90% had no training in speech and language disorders. Of the teachers who had training, none considered their training to be “good”. Also, 88% of teachers rated their knowledge of speech and language disorders as limited or very limited. Furthermore it was found that 72% of teachers self-reported that their confidence was non-existent or not very strong. Sadler (2005) also found that 71% of the teachers believed that students with an articulation disorder may be at a disadvantage academically for life, though they may catch up to their typically developing peers after a slow start.
The purpose of this thesis is to provide information on how children with an articulation disorder are perceived in the classroom. The thesis allows for the discovery of teacher perceptions based on a label of an articulation disorder. For current and future speech-language pathologists, this information will provide direction on how best to talk to teachers about articulation disorders. Another goal is to contribute new information about the perceptions of elementary school aged children because the research for that age range is lacking. The thesis will also investigate the ways in which teachers may have negative perceptions of a student with an articulation disorder. While other studies looked mostly at perceptions of intelligence and success in the classroom; this thesis looked at more than perceptions of intelligence and also examined perceptions about the child’s social behaviors. One example of a social behavior is how the teacher and student interact which is a factor regarding a child’s academic success. This thesis is designed to pinpoint any areas in which there may be a negative perception so that, if needed, future speech-language pathologists can counsel teachers as to how best to interact with students with an articulation disorder.
Methods

Participants

The participants in this study consisted of 16 elementary school teachers, one of whom did not fill out the demographics survey. They were selected based on location; I attended one of the elementary schools myself, and the other was in the same township. The teachers knew that this study was to gauge perceptions; however they were not informed as to which labels were the most meaningful to the purpose of the study. There were two parts to the survey, the experimental piece (appendix A) and demographic piece (appendix B). The experimental part of the survey contained questions to be answered in response to hypothetical student profiles. To gauge differences amongst teachers, the second piece of the survey was about demographics and included:

- years of experience in teaching
- years teaching in an elementary school
- number of classes taken in special education
- experience in and out of the classroom with an articulation disorder
- comfort level with teaching students with speech and language disorders

Measurement Procedures

The electronic survey was preceded by hypothetical student profiles (see appendix B) of six hypothetical children each with different abilities: students with no diagnosis (typically developing), learning disability, behavioral challenge, and two severities (mild and moderate) of articulation disorder. The first two hypothetical children described in
the student profiles included one typically developing student and one high ability student with no disability identifier. The third hypothetical student profile had a label of a learning disability. A learning disability is “a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, and dyslexia” (Sec. 300.8 of IDEA).

The fourth hypothetical student profile was described as behaviorally challenged. A student with a behavior challenge is one that displays inappropriate types of behavior when others would not. This can include acting out in the classroom and being a bully to fellow students. Finally, the fifth and sixth hypothetical students’ profiles were described to have an articulation disorder. One of the articulation disorders was mild; the child says “w” instead of “r” so the word “red” is pronounced “wed” or “wabbit” rather than “rabbit”. The other articulation disorder was moderate with the hypothetical child unable to produce /sl/, /zl/, /fl/, and /z/. For example, the word “shoe” would be produced as “to” and the word “sun” would be produced as “tun”. This child would be hard to understand because any word with an “s”, “z”, or “sh” would be heard with a “t” or “d”. The hypothetical student profiles for the two typically developing students served as the controls for the study. The hypothetical student profiles for the children with a learning disability or a behavioral challenge also served as the control condition for this study. The perceptions of the hypothetical student profiles with a mild or moderate articulation disorder were compared to the results for the other case studies in order to test the hypothesis.
An example of one student profiles description is:

“Skyler is a student with a mild articulation disorder. When trying to say words like “rabbit” it comes out “wabbit”. Skyler has trouble saying the letter /r/ but all other sounds come out normal. Skyler has a great desire to learn. Skyler sits quietly in class and completes homework on time. Skyler receives good grades and loves to participate. Skyler requires help from the speech-language pathologist to work on /r/”.

When the next student profile was presented, the description was changed in only in the pertinent areas as seen in appendix B. Most of the description stayed the same from one hypothetical student profile to the next to be consistent. Each of the six descriptors was altered to be consistent with the hypothetical child’s label. The hypothetical student profiles also contained gender neutral names to ensure that there is no gender bias present.

After each student profile, there were six questions that required the teachers to assess the hypothetical student profile based on a Likert scale. All questions were written in a positive manner to be consistent. The teachers chose an answer which was translated into a number as follows:

- strongly disagree= 1
- disagree= 2
- neutral= 3
- agree= 4
• strongly agree= 5

The higher the score, the more positively the teachers perceived the hypothetical student. A score of 30 (six questions with highest score of five) reflected a very positive perception, while a score of six was the lowest a student could be scored. Statements probed teacher perceptions of success, ability, intellect, and social behaviors. A few examples observed in appendix B were: I would place this child in honors, I would call on this child in class, and this child has lots of friends. Each question was followed by the Likert scale of strongly disagree to strongly agree.
Results

Survey Results-Demographics

**Average years of teaching.** There were 15 respondents for the demographic survey out of the 18 teachers who filled out the perceptions survey. The teachers reported teaching from 2-25 years. The average for the group was 12.5 years. It should also be noted that all but one of the teachers had done all their teaching in an elementary school. The exception was a teacher with 12 years of teaching but only five years in the elementary school setting. The teachers taught a range of levels, from kindergarten to fifth grade, and one teacher taught a high ability second grade class. The average grade level taught was third grade.

**Education level of the teachers.** Of the 15 teachers, 12 of them held a master’s degree and the other three held a bachelor’s degree.

**Number of courses taken in speech and language disorders.** Each of the teachers then reported how many classes in speech and language they had taken. Seven out of 15 teachers had not had a class that covered speech and language disorders. Five of the 15 teachers had taken one class to learn more about speech and language. Three of the 15 teachers reported having taken two or more college speech and language classes.

**Comfort level teaching children with speech and language disorders.** Next, the teachers were asked how comfortable they felt teaching children with articulation disorders; “not comfortable”, “somewhat comfortable”, “comfortable”, or “very
comfortable”. Nine of the 15 teachers reported they were “very comfortable” with teaching children with speech and language disorders. The other six teachers reported they were “comfortable”. Of those six that reported they were “comfortable”, three of those teachers had taken a college class in speech and language disorders before. This warrants a further look as to how teachers who had no speech and language disorders classes felt “very comfortable” teaching children with speech and language disorders, while some teachers who had taken speech and language disorders classes only felt “comfortable” teaching these children.

Personal experience. Of the six teachers that felt “comfortable”, five reported no personal experience with speech and language disorders. The sixth teacher who had personal experience was with her godchild. Among the teachers who felt “very comfortable”, half of them reported having personal experience with children with speech and language disorders. This may explain their comfort level as those that had experience reported having kids or parents with speech and/or language disorders.

Number of children in classroom with speech and language disorders. There were two teachers who had no students with speech or language disorders in their classrooms, and both said they were “comfortable” with these students.

Areas teachers reported wanting additional information. The next question that was asked was what do you wish you had more training in. Teacher One expressed an interest to learn more about stuttering whereas Teacher Six wanted to learn more about learning disabilities. Both of these can affect a child in the classroom but in very different ways. A stutter would affect classroom performance and social connections. A learning
disability would affect the input and output of information as well as the social connections. Out of the eight comments, six of them pertained to an articulation disorder in the classroom. Teachers expressed an interest in identifying these children and providing in-class models so that it would carry over outside of the speech room. It is important for the teachers to know how to respond appropriately to children with articulation disorders. A consult with the school’s speech-language pathologist would be great for these teachers who want more information about being a good model. It was encouraging to see that six of the 15 teachers have the desire to do be good role models to their students. Modeling could possibly lead to fewer students needing speech therapy, and students spending more time in the class instead of the therapy room.

**Survey Results- Teacher Perceptions**

Each of the 18 teachers filled out the perceptions survey; however a single teacher only answered some of the questions. That data was excluded from the study, resulting in 17 teacher responses to analyze. The survey can be found in Appendix A. The results were analyzed on a profile by profile basis. The averages came from the five point scale from one to five with one being “strongly disagree” and five being “strongly agree”.
Honors program. First the teachers responded to the statement, “I would put this child in the honors program”. The average across all teachers’ responses showed that high ability was rated highest, mild articulation second, moderate articulation third, number four was students with a behavioral challenge, fifth was typically developing, and sixth was a learning disability. From looking at all the averages, the range is small (0.55). These results do not support the idea that a student with an articulation disorder is seen negatively.

Friends. Next, teachers responded to the statement “this child has many friends”. As seen in Figure 1, the hypothetical student profiles were rated in this order: learning disability and typically developing tied, mild articulation disorder and high ability tied, moderate articulation disorder, and behavioral challenged. The two articulation disorders being rated lower might be due to how peers sometimes have trouble understanding what
the child is saying which can be a hindrance to making friends. It is interesting to note that for all the student profiles, the scores were above “neutral” but below “agree”. The range between the scores was only .25 and there was no statistical significance in any category based on t-tests. These results do not support the idea that students with an articulation disorder are thought of as having fewer friends.

**Intelligence.** The next statement the teachers responded to was “this child possesses a high intelligence”. As seen in Figure 1, the student profiles ranked from highest to lowest based on averages were high ability, behavioral challenge and learning disability both scored the same, mild and moderate articulation both scored the same, typically developing. This item was important to determine whether teachers believed students with articulation disorders were less intelligent. All six student profiles were rated above “neutral” but below “agree”. This was not what was hypothesized since a high ability student, described as having gotten straight A’s, was not rated higher than the other students. As seen in Figure 1, there was statistical significance in the pair-wise comparisons of typically developing with learning disability ($t(32)=2.34, p=0.026$); with behaviorally challenged ($t(32)=2.34, p=0.026$); and with high ability ($t(32)=3.07, p=0.004$).

**Likelihood of calling on child in class.** The next item examined was the teachers’ responses to the statement “I would call on this child in class”. As seen in Figure 1, the student profiles from highest average to lowest average were behavioral challenge, learning disability and high ability were scored the same, mild articulation, moderate articulation and typically developing scored the same. This item was not
statistically significant based on t-tests either. The average scores for the six different student profiles ranged from 4.19-4.44, “agree”, so none of the student profiles would lead the teacher to not actively call on the child in class.

**Success in the classroom.** The last item examined was success in the classroom. The statement the teachers disagreed or agreed with was “this child is very likely to succeed in class”. As seen in Figure 1, the averages from highest to lowest were high ability, second were the student profiles mild articulation, typically developing, and learning disability; moderate articulation, and behavioral challenge. All but two of the student profiles were ranked in the “agree” category. The two student profiles that fell into the “neutral” category were moderate articulation and behavioral challenge. The moderate articulation disorder student profile was compared to the high ability student profile and was rated significantly lower (t(32)=2.14, p=0.04). This means teachers rated children with a moderate articulation disorder less likely to be successful in the classroom compared to children with high ability. However, the results seem to indicate that teachers believe students with a mild articulation disorder can succeed since they were rated higher than other profiles.

**Articulation disorders compared to high ability.** Overall, taking all the scores from every teacher for every item, the student profile presented as high ability was rated significantly higher than the profile of moderate articulation disorder.
Discussion

In this study, the results showed that perception of potential Success in the Classroom was expected to be lesser for student profiles including a moderate articulation disorder as compared to the High Ability student profile. However, for every other category, students with a mild or moderate articulation disorder were perceived to be comparable to their typically developing peers. It seems that children with mild and moderate articulation disorders are not thought to be less able to answer questions in class, make friends, be intelligent, and be in the honors program.

One important point to mention is that the ratings teachers gave varied widely. For example, the category about how successful a child with “mild articulation” varied from ratings of two through ratings of five. Some teachers “disagreed”, others “strongly agreed” with the statement that the child would be successful. The widely variable data caused group averages to be near “neutral”. Perhaps an expanded Likert scale would prevent this because there would have been more answers a teacher could have used and pinpointed even slight agreement or disagreement. The rating system would have certainly prevented such results.

Compared to the results reported in previous work like Rice et al. (1993), Bennett and Runyan (1982), and Silverman (1976), there seems to be a difference that is worth exploring. Those articles were written between twenty-two and thirty-nine years ago. Since that time, many improvements in education have been made and inclusion has increased each year. As teachers have increasingly seen more and more students with disabilities, they seem to have become more comfortable. Teachers in this study compared to the previous studies have had more of their teaching careers within an
inclusive classroom. Since teachers are experiencing more inclusion, colleges and universities have included more courses and direction about how to help students with disabilities. This increase in exposure, education, and experience may have influenced the results in the present study.

Several methodological factors may have influenced the results of this study. One of these factors may have been the small sample size. In addition, the use of a ranking scale rather than a Likert scale with a "neutral" category may have affected the results.

Regardless, this study had many benefits including this; the results suggest that teacher perceptions of children with articulation disorders may not be perceived as negatively as past work has shown them to be.
Conclusion

The focus of this study was to determine if teachers of elementary students had negative views of students with articulation disorders. A survey with statements about perceptions of various behaviors, competence, and intelligence was administered to a group of teachers. The teachers rated six hypothetical student profiles on a Likert scale. The hypothetical student profiles were high ability, typically developing, learning disability, behavioral challenge, mild articulation disorder, and moderate articulation disorder. The five categories they were rated on were potential for: honors, friends, intelligence, likelihood that the teacher would call on the child in class, and potential success in the classroom. This survey was followed up with a demographics survey to get background information for each teacher. The demographic data was used to understand the education, length of time teaching, personal connections to articulation disorders, and in what areas the teachers think they need more education.

The results showed that there were some key areas in which teachers requested additional information to improve their own teaching. The results also showed that those student profiles with mild to moderate articulation disorders were not seen as less capable by their teachers. The results from this study differed from those reported in previous research in that these results indicated that teachers have few negative perceptions toward children with articulation disorders. In fact the only difference that was seen was in the teachers’ perceptions of how successful a child with a moderate articulation disorder would be in the classroom, as compared to student profiles for high ability children.
Future Directives

The future directives for this area of study are to look at a larger population of teachers and to adjust the scoring system. They also could include a student profile with a severe articulation disorder as well as other speech and language disorders. It would be interested to see if children with any of the disorders a speech-language pathologist is involved in treating would be seen as less capable than their typically developing peers in any category. For example, student profiles for children with a specific language impairment, a language delay, dyslexia, and stuttering could be included in future work. Past research that is recent and includes elementary school teachers seems to be lacking. It is important to study elementary teachers as this is the level at which most speech and language disorders are identified. If children are being seen negatively and thought of as less capable than their typically developing peers, that is a problem.
References


Appendix A: Teacher Perception Survey

Skyler is a typically developing student with a great desire to learn. Skyler sits quietly in class and completes homework on time. Skyler receives good grades and loves to participate. Skyler does not require outside help or tutoring.

1. I would put this child in the honors program.

   strongly disagree  disagree  neutral  agree  strongly agree

2. This child has many friends.

   strongly disagree  disagree  neutral  agree  strongly agree

3. This child possesses a high intelligence.

   strongly disagree  disagree  neutral  agree  strongly agree

4. I would call on this child in class.

   strongly disagree  disagree  neutral  agree  strongly agree

5. This child is very likely to succeed in class.

   strongly disagree  disagree  neutral  agree  strongly agree

Comments:
Appendix A Continued

Skyler is a student with a learning disability and a great desire to learn. Skyler sits quietly in class and completes homework on time. Skyler receives good grades and loves to participate. Skyler requires outside help from the school’s special education teacher in math and reading.

1. I would put this child in the honors program.

2. This child has many friends.

3. This child possesses a high intelligence.

4. I would call on this child in class.

5. This child is very likely to succeed in class.

Comments:
Appendix A Continued

Skyler is a typically developing student with a great desire to learn. Skyler sits quietly in class and completes homework in advance. Skyler receives straight A’s in school and is always the first to answer a question. Skyler does not require outside help or tutoring.

1. I would put this child in the honors program.

<table>
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<th>strongly disagree</th>
<th>disagree</th>
<th>neutral</th>
<th>agree</th>
<th>strongly agree</th>
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2. This child has many friends.

<table>
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3. This child possesses a high intelligence.

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<th>strongly disagree</th>
<th>disagree</th>
<th>neutral</th>
<th>agree</th>
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4. I would call on this child in class.

<table>
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<tr>
<th>strongly disagree</th>
<th>disagree</th>
<th>neutral</th>
<th>agree</th>
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5. This child is very likely to succeed in class.

<table>
<thead>
<tr>
<th>strongly disagree</th>
<th>disagree</th>
<th>neutral</th>
<th>agree</th>
<th>strongly agree</th>
</tr>
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Comments:
Skyler is a student with a mild articulation disorder. When trying to say words like “rabbit” it comes out “wabbit”. Skyler has trouble saying the letter /t/ but all other sounds come out normal. Skyler has a great desire to learn. Skyler sits quietly in class and completes homework on time. Skyler receives good grades and loves to participate. Skyler requires help from the speech-language pathologist to work on /t/.

1. I would put this child in the honors program.

2. This child has many friends.

3. This child possesses a high intelligence.

4. I would call on this child in class.

5. This child is very likely to succeed in class.

Comments:
Appendix A Continued

Skyler is a student with a behavioral challenge. Skyler is never in the correct seat and continuously talks to the next person over. Skyler does have a great desire to learn. Skyler completes homework on time. Skyler receives good grades and loves to participate. Skyler does get some assistance from the special education teacher to help calm down if teacher thinks it is best.

1. I would put this child in the honors program.

   strongly disagree   disagree   neutral   agree   strongly agree

2. This child has many friends.

   strongly disagree   disagree   neutral   agree   strongly agree

3. This child possesses a high intelligence.

   strongly disagree   disagree   neutral   agree   strongly agree

4. I would call on this child in class.

   strongly disagree   disagree   neutral   agree   strongly agree

5. This child is very likely to succeed in class.

   strongly disagree   disagree   neutral   agree   strongly agree

Comments:
Appendix A Continued

Skyler is a student with a moderate articulation disorder. When trying to say any words with an s, z, or sh sound, it sounds like a t or d. For example, the word “sock” comes out “tock” and the word “zebra” comes out “debra”. This makes it very difficult to understand the speech since they are common occurring sounds. Skyler does have a great desire to learn. Skyler sits quietly in class and completes homework on time. Skyler receives good grades and loves to participate. Skyler requires help from a speech-language pathologist to correct the distorted sounds.

1. I would put this child in the honors program.

   strongly disagree   disagree   neutral   agree   strongly agree

2. This child has many friends.

   strongly disagree   disagree   neutral   agree   strongly agree

3. This child possesses a high intelligence.

   strongly disagree   disagree   neutral   agree   strongly agree

4. I would call on this child in class.

   strongly disagree   disagree   neutral   agree   strongly agree

5. This child is very likely to succeed in class.

   strongly disagree   disagree   neutral   agree   strongly agree

Comments:
Appendix B: Demographics Survey

For this section, please answer all the questions to help me gain an understanding of what your training is in different areas. Since this is a separate survey, there will be no way to connect this piece of the survey to the last. No names will be used; names are collected simply for the use of distributing your Starbucks giftcard. Please be honest so I can get an accurate description to include in this thesis.

1. Name (so I can give you a Starbucks giftcard!)

2. How long have you taught elementary school?

3. How long have you taught any grade level?

4. What grade do you currently teach?

5. What degree do you possess in teaching?
   
   Bachelors    Masters    Doctorate

6. How many classes have you taken regarding speech and language difficulties?

7. How comfortable are you teaching students articulation disorders?

   Not comfortable   Somewhat comfortable   Comfortable   Very comfortable

8. How many children with an articulation disorder have you had in your class this past school year (2013-2014)?
Appendix B Continued

9. Do you have personal experience with an articulation disorder (family member, friend, yourself)? Please share briefly the experience.

10. Is there anything you wish you would have been better trained for, given more information about, or had more in class support for in regards to articulation disorders?

11. Is there anything else that I have not asked about that you would like me to know about your training, experience, or other pertinent information?