Improving Overall Intelligibility

Skills | Ages | Grades
---|---|---
articulation | 3 through 12 | PreK through 7
phonology |  | 
speech intelligibility |  | 

Evidence-Based Practice

- Typical speech intelligibility criteria suggests that speech should be 26-50% intelligible by 2;0; 51-70% intelligible by 2;6; and 71-80% intelligible by 3;0 (Weiss, 1982). Children who are not understood by unfamiliar adults by age 3, even with some lingering speech-sound errors, need further diagnostic testing by a speech-language pathologist.

- Gordon-Brannan and Hodson (2000) studies pre-school children’s intelligibility. The children ranged from nearly 100% intelligible to those with less than 50% intelligibility in running conversation. They suggested that any child above the age of 4 with a speech intelligibility score of less than 66% (i.e., less than two-thirds of utterances understood by unfamiliar listeners) should be considered a candidate for speech therapy.

- Speech-sound intervention should include assessment, discrimination, and production. Treatment should facilitate carryover of newly-acquired skills to a variety of listening, speaking, and literacy-learning contexts (ASHA, 2004).

- Older children with unresolved speech-sound disorders and language disorders have a high probability of reading failure (both decoding and comprehension). Older children need speech therapy to improve speech intelligibility and reduce their risk of reading disabilities (Wellman et al., 2011).

Improving Overall Intelligibility incorporates these principles and is also based on expert professional practice.

References


References


