**Client:** Ashley **Date:** 3/11/14 **Clinicians:** Alexandra Bricker, Briana Jackson, & Ashley Gearhart

**General Aim:**

Our general aim and overall objective is to develop our client Ashley’s functional communication regarding her basic wants and needs through hearing, receptive language, and expressive language in the timeframe of six months with three therapy sessions each week for an hour. Our therapy goals center around developing Ashley’s usable hearing by providing her and her parents with the proper communicative tools that will eventually lead to oral language.

**Aim of Lesson:**

To fulfill our objective, we created three short-term goals based on developing Ashley’s hearing, receptive language, and expressive language.

1. **Hearing:**

In regards to Ashley’s hearing, our aim is for her to localize sound, specifically human voice. When Ashley is spoken to, she will be able to turn her head in the direction of the sound. Sound localization is critical as a baseline in order to progress in our hierarchy of tasks. Listening is crucial for developing literacy. For example, when Ashley’s mother asks if she wants a snack, Ashley should be able to look at her mother and hear that she is being offered food. In order to establish accuracy in therapy, Ashley will localize sound and discriminate one sound from another 8 out of 10 opportunities in three consecutive therapy sessions. For a response to be considered accurate, Ashley must to turn her head in the direction of the sound and make eye-contact with the person speaking to her.

1. **Receptive Language:**

Ashley will be able to appropriately gesture and point to fulfill her basic wants/needs in conjunction with formulating a single-word that approximates the correct want/need when asked 7 out of 10 opportunities in three consecutive therapy sessions.

1. **Expressive Language:**

The parent/therapist will utilize non-verbal gestural cues in accompaniment with clearly articulated basic wants/needs vocabulary. Ashley will develop receptive language and auditory comprehension of verbal vocabulary and questions regarding basic/wants need with decreasing assistance by changing her behavior when related speech is directed to her 8 out of 10 opportunities.

**Materials:**

In therapy sessions our materials will include a baby-doll, toy food, and picture cards.

Picture Cards:

The picture board will contain pictures of simple wants/needs.

**Procedures:**

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| **Procedure Description:** | **Check for Understanding:** |
| 1. To develop sound localization, therapist will repeat wants/needs vocabulary words and child’s name | 1. Ashley will look in the direction of the spoken sound and make eye-contact 8 out of 10 opportunities in three consecutive therapy sessions |
| 1. Therapist will identify the targeted vocabulary for basic wants/needs by using picture cards |  |
| 1. Therapist will use a gesture along with verbalizing the vocabulary words |  |
| 1. Ashley will use expressive language by appropriately gesturing for each want/need in the picture cards when shown to her. | 4) Ashley will appropriately gesture 7 out of 10 opportunities in three consecutive therapy sessions. |
| 1. Ashley will use expressive language by pointing to wants/needs vocabulary from a larger set when cued. | 5) Ashley will select the correct vocabulary from the picture board 7 out of 10 opportunities in three consecutive therapy sessions. |
| 1. Ashley will use expressive language by pointing to the baby-doll when therapist gestures and vocalizes a want/need. | 5) Ashley will correctly point to the appropriate part of the baby-doll 7 out of 10 opportunities in three consecutive therapy sessions. |
| 1. Therapist will progressively fade-out gestural cues and just vocalize wants/needs vocabulary for Ashley to repeat. | 6) Ashley will repeat a close approximation or a single-word variation of the vocabulary 7 out of 10 opportunities in three consecutive therapy sessions. |
| 1. Ashley will answer wants/needs questions from therapist. | 7) Ashley will respond to questions like “Are you hungry?” with an appropriate “yes/no” 7 out of 10 opportunities in three consecutive therapy sessions. |

1. To establish hearing and receptive language (the aural portion of our oral/aural approach), we will make sure to talk directly to the child by making sure the child is on our level by getting down to the child’s eye-level. Furthermore, if Ashely is at eye-level with the therapist, she can also see the therapist’s lips and how the words are being articulated.
2. Using the picture board, we will identify the targeted vocabulary words. The picture board will contain pictures of simple wants/needs.
3. We will make sure Ashley is aware of sound by using non-verbal gestures so her eyes can see the associations between gestures and vocabulary.
4. We will identify the targeted vocabulary words using a picture board. The picture board will contain pictures of simple wants/needs.
5. For receptive language, the therapist/parent will use the baby-doll to represent gestural cues for wants/needs. We can point to the baby-dolls stomach and gesture that the baby-doll is hungry, for example. Or, we can utilize the toy food by holding up the food and clearly saying the food item (foods that makeup Ashley’s diet, and that she would be most likely to ask for). Gestural cues will provide context, which in turn, will allow for the comprehension and eventual use of spoken language.
6. Repetition is an important aspect of this process. When gesturing and vocalizing vocabulary, we must repeat each one to make sure an association is established in Ashley’s brain. Ashley needs to hear and understand speech before oral communication can be established.