Speech Improvement Programs in Rural and Urban Utah Public Schools: Kindergarten, First and Second Grades

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SPEECH IMPROVEMENT PROGRAMS IN RURAL AND URBAN UTAH PUBLIC SCHOOLS:
KINDERGARTEN, FIRST AND SECOND GRADES

by

Linda B. Crozier

A report submitted in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

in

Communicative Disorders

Plan B

UTAH STATE UNIVERSITY
Logan, Utah

1975
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Linda B. Crozier
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INTRODUCTION

Each year the public school speech therapist is confronted with large numbers of children having articulation problems. More often than not, the clinician is additionally faced with the task of selecting children with communication problems from among an extremely large population. By inspection, the list of children with articulation problems reveals a large percentage from the kindergarten, first and second grades who, if enrolled in a therapy program, would leave little time for children with problems in the upper grades.

The need for help with these articulation problems is felt almost universally by clinicians. Johnson (1967) indicated that as many as three out of every four speech problems are articulation problems. He also indicated a possible solution to the problem when he said:

From the standpoint of numbers, therefore, articulation disorders are deserving of special attention and consideration by the classroom teacher. (Johnson, 1967, p. 111)

With the additional help of the classroom teacher, the problem of large numbers of children needing some assistance could be reduced.

An organized program of instruction in oral communication or a speech improvement program has as its purpose to teach children proper articulation. It is aimed at helping all of the children in each class become aware of correct speech sounds and to improve and develop their communication skills. The classroom teacher with the aid of a speech improvement program could substantially reduce the size of
population from which the clinician must draw her caseload. This in turn would enable the clinician to help those children in the upper grades and to assist those who have more complex problems.
Identification of speech improvement programs

Further discussion of the speech improvement program cannot continue until the boundaries of both speech therapy programs and speech improvement programs have been established. In the public school system, since most speech improvement programs have resulted from the joint efforts of both therapist and teacher, both programs are very closely related and yet are very distinctly individual.

Early interest in speech improvement suggested the program was generally involved with "... whole-class activity designed to increase the speech skills of all members of the group" (Johnson, 1967, p. 115). This included all speech activity within the elementary school. The trend in the speech improvement program seemed to be undergoing a change, a change in which the speech improvement program was becoming the chief responsibility of the classroom teacher with the speech therapist contributing primarily vocal and moral support (Scott and Thompson, 1966; Johnson, 1967; Eisenson, 1959). None-the-less, speech improvement programs were composed of several standard characteristics. These programs were carried on mainly in the primary and secondary grades. The activities generally occurred one to two times weekly. These activities ideally consisted of ear training for environmental sounds and speech sounds in addition to production of sounds in
isolation, in words and in larger speech units. Speech arts such as speaking before the class, choral reading and creative dramatics were also often used (Black, 1964; Johnson, 1967; Eisenson, 1959).

In a study concerned with the development and evaluation of a speech improvement program for children of kindergarten age, Wilson (1954) adopted this definition of a speech improvement program developed by Ainsworth:

The term, speech improvement, as used here means group work done with whole classes or grades at one time. The objectives are to raise the general speech performance of the group and to minimize or correct minor defects of some of the individuals in the group. (Wilson, 1954, p. 49)

Sommers et al. (1961) in a study dealing with both speech therapy and speech improvement and the effects upon articulation and reading, stated an example of what they considered a typical speech improvement program would consist. In this program, the entire class proceeded through the steps of identification, discrimination and production of each new sound with the aid of ear training games and exercises. As each new sound was mastered, ear training techniques would be initiated in an exercise to discriminate each new sound from those previously learned. Discrimination exercises increased as the class progressed.

Speech improvement, although not dealing with as difficult speech disorders as the therapist, provides the environment in which all the children could improve speech and vocal difficulties such as:

... (1) general speech intelligibility, (2) production of individual sounds, (3) attitudes toward all speaking situations, (4) insight into own speech habits and those of others, and (5) vocal quality and flexibility. (Irwin, 1960, p. 279)
Garrison et al. (1961) standardized this working definition for speech improvement in an attempt to collect information concerning the status of such programs among both teacher and therapist:

For the purposes of this study speech improvement takes place in the classroom. It consists of systematic instruction in oral communication which has as its purpose the development of articulation, voice and language abilities that enable all children to communicate their ideas effectively. Speech improvement is not concerned with the work of the speech clinician with speech and hearing handicapped children outside of the classroom. (Garrison et al., 1961, p. 78)

A special report defining speech improvement and speech therapy and the responsibilities of each program appeared in A.S.H.A. (1963). Pendergast (1963) recognized the related responsibilities of both the speech therapist and the classroom teacher. However, she initially outlined this statement of speech improvement:

Speech improvement is concerned with deviations within the range of normal; speech improvement is a part of the regular development speech program in Language Arts. The classroom teacher's responsibility is to teach thoroughly the speech skills allocated for the grade level being taught to strengthen the pupil's competency through use of carefully selected and guided speech activities. Speech improvement is concerned with such skills as pronunciation, poise projection and inflection. The speech activities through which these skills are applied and strengthened include formal talks and discussions, oral sharing and reporting related to various interests and subject areas, oral reading, phonics as a part of spelling and reading, choral speaking, creative dramatics, and storytelling. (Pendergast, 1963, p. 548)

In her efforts to establish more firmly the boundaries of the two programs Pendergast (1963) posited this definition of speech therapy:

Speech therapy refers to the diagnosis and treatment of consistent and conspicuous deviations from normal speech which call attention to themselves, interfere with communication, or cause maladjustment. (Pendergast, 1963, p. 549)

In an article directed toward the classroom teacher and concerned with the roles of both the speech therapist and the classroom teacher,
Irwin (1960) felt the need to clarify the boundaries of each program. She identified speech therapy or "speech rehabilitation" as a program which "... refers to the treatment of consistent deviations from the normal", whereas "... speech improvement refers to the treatment of speech and vocal differences within the range of acceptability" (Irwin, 1960, p. 282). Irwin (1960) went even further with speech improvement when she stated that:

The speech therapist will want to promote such a program insofar as it will supplement or enhance his efforts in the speech rehabilitation program. (Irwin, 1960, p. 282)

Current programs of speech improvement. Several published speech improvement programs are now available on the market. These programs have several basic characteristics. They are geared primarily for kindergarten through third grade. The programs themselves can be used individually or on a group basis. They have been developed for the use of both the speech therapist and the classroom teacher with the aid of a speech therapist. One of their basic goals is to develop listening and auditory discrimination skills. And throughout the program the child is given many opportunities to learn and make the correct production of the phoneme in isolation in words and in sentences (Slepian and Seidler, 1968; Scott and Thompson, 1966; Scott, 1970; Feikin, 1968; Byrne, 1965; Goldman and Lynch, 1971).

A speech improvement program for kindergarten and first grade was developed by Margaret C. Byrne (1965). This program is divided into units and a minimum of a week is devoted to each unit. The first unit emphasizes the development of good listening habits, gross environmental listening and identifying the body parts used in talking. The
following fifteen units each identify one sound and develop the child's ability to discriminate and produce the sound correctly. Several units are devoted chiefly to reviewing the sounds and skills previously learned. This program also provides an appendix of additional materials that may be incorporated into each unit.

A book developed specifically for the classroom teacher, Talking Time (Scott and Thompson, 1966), was written for use from kindergarten through fourth grade. Initially this book discusses many of the supporting programs, materials and approaches available to the classroom teacher. The first few chapters deal with listening skills and the physical parts of the body that help produce sounds. The remainder of the book is devoted to introducing and developing the child's production of individual speech sounds.

A series of records developed by Feikin (1968) were entitled Speech Improvement and designed to demonstrate specific speech skills and develop awareness of good communication skills. This particular series introduces two speech sounds, /s/ and /r/, and places emphasis on why we need good speech, speech helpers, bad speech gremlins, listening skills, word endings, volume and inflection. Activities to reinforce each segment of the program are suggested in the teacher's guide.

A program composed of three sets of records, filmstrips and teacher's manuals was developed by Scott (1970). It provides a pleasant listening and watching learning experience for the child. Each set contains seven sounds, each with an individual filmstrip that introduces the sound in a story, then reviews that sound in isolation and in words at the end of the filmstrip.
A storybook series developed by Slepian and Seidler (1968) emphasizes listening and auditory discrimination. The junior series provides the teacher with a step-by-step learning experience of skills from gross environmental sounds through a wide range of listening auditory discrimination experiences. The main series takes the children through six speech sounds used uniquely in stories. This program provides the teacher with a manual which explains the program and provides a large variety of supplemental materials and posters.

A kit which not only provides the sounds but also the symbols for the sounds was produced by Goldman and Lynch (1971). This program incorporates the use of puppets, stories, songs on cassette tapes, posters, picture cards and magnetic symbols to teach a series of thirty-eight sounds. This program uses an auditory-visual approach to teaching children correct recognition and production of our communication system.

**Speech Therapy**

**Identification of speech therapy programs**

Although surprisingly few texts concerned with educating the student about the program of speech therapy state clearly just what speech therapy is or what the speech therapist does, most give the reader, upon completion, a general idea. Basically the speech therapy program is one in which a well qualified speech therapist identifies children with speech and hearing problems, diagnoses the problem of each individual, makes medical referrals if necessary, and carries on individual and small group therapy usually on a two day a week, 15-20 minutes per session basis (Johnson, 1956; Eisenson, 1959; Black, 1964). In addition,
the therapist must act as an advisor to interested teachers, develop a schedule of therapy that corresponds to the general schedule of the school, and often works to sell the program to the administrator or supervisor who has administrative responsibility for speech therapy programs (Black, 1964; Johnson, 1956).

Scott and Thompson (1966) compiled a book with the specific purpose of aiding the teacher in establishing a speech improvement program. In this book, Talking Time, they described speech correction in this way:

Specifically, SPEECH CORRECTION refers to the efforts of the speech specialist and other persons working with speech handicapped children in a speech program apart from the regular classroom curriculum. (Scott and Thompson, 1966, p. 5)

Theoretically, the speech therapist must promote his program through identifying students in need of speech help, diagnosing the problem and scheduling therapy according to each student's needs, whereas the speech improvement program is a branch from this main artery. It was developed to assist the therapist and make his program more far-reaching and effective. This enables him to act as a resource person available to aid or advise teachers in their classroom programs and also supplement the therapy to those many children who are in need of this more sophisticated help.

Current programs of speech therapy. In an effort to introduce more clearly the profession of speech therapy, make the public more aware of what could be available through the school systems and to stress the need of more members in this profession, Johnson (1959) compiled a
In this bulletin the job of the speech therapist or correctionist, as they were then known, was explained:

In general, programs for public school children with impaired speech and hearing are provided by speech correctionists. A speech correctionist examines and evaluates the speech, voice, language behavior and the capacity to hear and understand spoken language of children who experience difficulty with these functions, and provides remedial instruction and counseling for them according to their respective needs. (Johnson, 1959, p. 14)

Johnson (1959) further indicated that the speech therapist generally met individually or with small groups of children with similar problems at regularly scheduled intervals, usually for 15 minutes to a half an hour.

Basically, the establishment of a speech therapy program involves a caseload of from 40 to 90 children who are seen in small groups or individually once or twice weekly to correct a specific speech problem. The speech therapist works in an effort to help each individual child correct a particular speech problem through working directly with the child, the teacher, the parents and any other persons necessary to achieve this success (Eisenson and Ogilvie, 1959; Johnson et al., 1956; Black, 1964; Van Riper and Irwin, 1958).
Factors effecting caseload selection

As early as 1956, Wendell Johnson (1956) discussed the urgent need for more qualified correctionists. He suggested that the country as a whole was sadly understaffed with qualified therapists. He further implied that in order to aid the program, classroom teachers be incorporated to aid the therapist in an attempt to serve speech handicapped children. Johnson (1956, p. 446) also emphasized that: "The remedial speech instructor must look at the total job and formulate some overall plan of activity that will fit his particular situation." Because of the large numbers of children who are in need of speech help, many speech therapists have promoted, indeed, many have organized speech improvement programs in conjunction with classroom teachers in a spartan effort to make their own programs more effective and efficient.

Theoretically, the addition of a speech improvement program would involve more students and yet allow the speech therapist to become more selective of the students with which he personally works. The criteria by which the speech therapist selects caseload now becomes extremely important. The therapist must select from the total school population. She must not only select those students who could benefit from speech help, but also differentiate between those who could most benefit from intense speech therapy and those who could benefit as effectively from
a speech improvement program. Therefore, the factors affecting the selection of the clinician's caseload now become significantly more important.

An article appeared in A.S.H.A. in 1963 which was intended to alleviate the confusion involving the specific roles of speech improvement and speech therapy in the elementary schools (Pendergast, 1963). This clinical speech staff gave the classroom teacher the responsibility of those children who could produce their error sounds in isolation. The speech therapist was responsible for those children who were unable to produce the error sound in isolation. In addition, the therapist provided a diagnosis for all children.

Although their intentions were well meant (Pendergast, 1963), the article initiated marked response to this consideration of case selection. Throughout the next few years several articles appeared in the professional journals from both public school clinicians and university directors of clinical training programs (Allen, 1966; Pronovost, 1966; Webster, 1966; Flower, 1967). The joint concern was with the criteria that should be used by the speech therapist to determine specifically which children would qualify for speech therapy and which would qualify for speech improvement programs. As is often the case, however, where varying circumstances are involved, the factors which resulted were as varied as the therapists themselves. Four factors, maturation, degree of severity of misarticulation, stimulability, and age of child, however, were common to many of the suggested sets of guidelines.

Maturation. The therapist upon identification of a child with a speech problem must determine what specific sounds are in error. When
the error sounds are identified the therapist must then determine whether these error sounds should have been acquired early or late in the child's speech development (Eisenson, 1957). Van Riper and Irwin (1958) point out that not only should the type of error be considered but also at what age that error occurs. The controversial article by Pendergast et al. (1963) also supported this feeling. They stated the classroom teacher should be responsible for "... consistent misarticulations which are appropriate for the age of the child and will probably improve with maturation" (Pendergast et al., 1963, p. 548).

A working knowledge of the developmental sequence of acquisition of speech sounds is an essential part of maturation in conjunction with evaluating a child's speech. Charts or developmental scales such as those developed by Templin (1953) and Poole (1934) are indicative of those phonemes mastered by a majority of children at a given age. These aid the therapist in establishing the degree of defectiveness of the child's speech. For example, a kindergarten child who at age five substitutes /b/ for /v/ and /f/ for /th/, but who can be stimulated to produce both correctly in isolation would be much more likely to correct both errors through maturation than a child with the same errors at age eight (Johnson, 1967).

Maturation is very much bound up in the issue of case selection; however, it must be emphatically stressed that this is not the only, nor necessarily the foremost, factor which must be considered.

**Degree of severity of misarticulation.** One of several factors related to the effectiveness of articulation therapy as determined by Sommers et al. (1967) was the degree of severity:
... evidence shows that the number of misarticulations are highly related to the perceived degree of speech intelligibility; therefore, those children having greater numbers of misarticulations may be more handicapped in their abilities to communicate. (Sommers et al., 1967, p. 436)

They continued to emphasize this point with this statement:

... assuming only some can be entered into therapy classes, the degree of defectiveness might be a relevant consideration for selection, and those having greater numbers of misarticulations should be given priority. (Sommers et al., 1967, p. 436)

Concerned parties on the university level were also aware of and teaching this same principle:

We also teach that children cannot be selected for therapy on the number of sound errors alone; one must be cognizant of the particular phonemes that are in error and their effect on overall speech intelligibility. (Flowers et al., 1967, p. 67)

Apparently the degree of severity of misarticulation is a major concern of both public school and university level clinicians when dealing with this issue of case selection.

Stimulability. Stimulability or the ability of the child to produce a phoneme correctly when given a proper model is another important, if not controversial, issue in caseload selection. Webster et al. (1966) listed stimulability as one important criteria of the public school clinician.

Sommers et al. (1967) compared the effectiveness of articulation therapy for kindergarten, first and second grade children. Their study suggested that "... stimulability seems to be helpful in determining the degree to which children in early grades improve in articulation without therapy." More specifically, they suggested that children achieving stimulability scores of 25 percent or less would benefit
more from therapy classes than those achieving 60 percent or above (Sommers et al., 1967).

Age of child. One of several groups of criteria which were promoted by different university speech departments listed age of child as a foremost criteria using this reasoning:

The older the child, the greater the likelihood that he will need treatment if he still has a speech disorder. Conversely, the younger the child, the greater the likelihood that indirect means can be utilized to foster "normal" development. (Webster, 1966, p. 356)

Perhaps the length of time the present disorder has existed is a most important factor. A problem which hasn't undergone any recent change would demand more immediate consideration than one which is undergoing a constant process of change. Johnson (1956) voiced these same concerns:

Speech problems should be remediated at the earliest age possible. Rarely do pupils beyond the primary grades "grow out of" their acquired speech habits; rather they tend to habituate speech deviations through continued practice of them. (Johnson, 1956, p. 451)

Sommers et al. (1967) questioned the policy of some speech therapists to wait until the third grade before considering a child for therapy. As a result of his project, Sommers (1967) suggested that it is unwarranted to exclude kindergarten, first and second grade children from therapy. This age group, it is suggested, makes significant improvement regardless of severity of misarticulation.

In areas where no speech correction was available, studies showed (Eisenson et al., 1959, p. 136) that maturation alone takes care of many articulation errors in the first four grades. However, it does not have appreciable effect in higher grades. The results of these
Different studies would seem to suggest that the age of the child is a crucial factor in determining caseload.
CASE STUDY OF SPEECH IMPROVEMENT IN THE SCHOOLS OF UTAH

Statement of the Problem and Procedures

Statement of the problem

The present survey was designed to determine trends in the use of speech improvement programs in the elementary schools in the state of Utah. It was of interest to determine: (1) whether teachers in the elementary schools, specifically grades kindergarten, one and two, were aware of or were using speech improvement programs in their classrooms; (2) for those who had programs, what constituted the programs; (3) teachers' evaluation of their programs; and (4) what type of formal training or instruction did each have in this area.

Selection and description of subjects

A representative sample of the rural versus the urban population of elementary school teachers—grades kindergarten, one and two—of the state of Utah was selected. The participating elementary schools were chosen according to the high schools into which they fed. The rural population of teachers was drawn from those five elementary schools in the Uinta Basin which feed into Union High School. Not only do these schools make up a strictly rural white population, but they also include a substantial population of Ute Indians from the nearby reservation which would possibly increase the need for speech improvement programs. The urban population was drawn from twenty-three Ogden City elementary schools feeding both Ben Lomond and Ogden High Schools. The
Ogden City schools are composed primarily of a white population with a smaller population of both Negro and Mexican-American. This selection of teachers is representative of those throughout the state of Utah and also of the population that they teach.

Construction of the questionnaire (Appendix A)

A mail questionnaire-type survey was selected and developed. In order to develop an appropriate questionnaire, the following points were taken into consideration.

There are disadvantages connected with this type of survey. For example, Moser (1958) mentions that (1) the answers must be accepted as final, (2) they are inappropriate for spontaneous answers, (3) different answers cannot be treated independently, (4) questions must be clear and simple, and (5) there is not opportunity to supplement answers. However, the advantages noted by both Moser (1958) and Parten (1966) take precedence over the disadvantages. For example, they are less expensive, they are a much faster type of survey for delivery and return, they eliminate biases and errors on the part of the interviewers, and finally, the problem of not making contact is avoided.

The aim of the final questionnaire is stated by Moser as "... a document to be used and ... understood by the respondent unaided" (Moser, 1958, p. 210). Therefore, upon establishing the goal of the survey, the mechanics of the questionnaire itself were approached. Oppenheim (1966) suggested that closed questions are easier and quicker to answer; they require no writing and quantification is straightforward; this often means that more questions can be asked within a given length of time and that more can be accomplished with a given sum of money. Moser
(1958) advised that lengthly questions are demoralizing for the respondent and all answers should refer to specific, well defined issues. Parten (1966) stressed the importance of employing simple language in order to avoid vagueness and ambiguity within each question.

The appearance and the length of the questionnaire is extremely important in the mail survey (Moser, 1958; Parten, 1966). Parten (1966) indicates that the questionnaire must be easy to read, it must look easy to fill out and "... be as short as possible to get all the information needed by the survey" (Parten, 1966, p. 387). The length of the questionnaire affects the morale of the respondent and probably refusal rates and the quality of the data received (Moser, 1958).

**Attempt to improve the questionnaire.** Initially, the questionnaire in its rough draft was completed by several individuals in an effort to determine the merit of the questions.

In this pilot survey is his most helpful tool, here all marginal questions can be tested. (Moser, 1958, p. 223)

In an attempt to improve the questionnaire the second draft was presented to five different individuals—a professor, two elementary teachers, a substitute teacher and a graduate student. The comments and suggestions from these individuals were used to improve the understandability of the questionnaire. For as Moser stressed: "The reactions of typical respondents—not only of their professional colleagues—should be sought to ensure that the questions are comprehensible" (Moser, 1958, p. 223).

**Contents of the final questionnaire.** As a result of the previous information, the questionnaire was developed with an attempt to keep the questionnaire as short, as clear, and as meaningful as possible.
It resulted in a single page, twelve question, questionnaire. The first six questions were yes/no type, closed-end questions dealing with the employment of a speech improvement program. The remaining questions, seven through twelve, are multiple choice and short answer questions concerning more specific information about each teacher's program and her education in the area of speech improvement. In an attempt to avoid the danger of having the respondent respond to information he is unfamiliar with, the initial question inquired as to the teacher's previous familiarity with the speech improvement program. If she was not previously familiar with the speech improvement program she merely had to indicate 'NO', thus concluding her part of the questionnaire.

The accompanying letter (Appendix B)

An accompanying letter of transmittal or an introductory letter was developed which was designed to take the place of the interview opening and establish rapport. Moser (1958) indicated that the content of this letter must overcome any prejudice the respondent may have against surveys, make clear why and by whom the survey is being undertaken and why the addressee should take the trouble to respond. This letter should be written on official stationery to indicate appropriate backing and use an intercession type of approach in which the investigator at first appeals to someone in a position of authority over the potential respondent (Parten, 1966).

Contents of the accompanying letter. The accompanying letter, written on letterhead stationery, defined the interviewer's definition of a speech improvement program in order to avoid the confusion of definitions on this essential point. The letter introduced the study
and its purpose. The approval and support of each school district was obtained and mentioned briefly in this letter. Finally the letter stressed the importance of each teacher's response to the success of the study.

Procedure

The final questionnaire and the accompanying letter were mailed with an enclosed, self-addressed, stamped envelope to each of the teachers on May 14, 1970. Originally a postcard reminder was to be mailed two weeks from the start of the survey; unfortunately, the majority of elementary schools were in the process of concluding for the summer during this time so this stage of the study had to be omitted. Four weeks were allowed for the study, thus placing the cut-off date on June 11, 1970.

Results and Discussion

Results from the questionnaire

The following information was computed from those questionnaires received before the cut-off date of June 11, 1970. At that time, 68 of the 144 questionnaires had been returned.

Response from the school boards. Three school districts in Utah were involved in this study—Duchesne, Uinta and Ogden City. Each superintendent was personally contacted and the mechanics of the study were discussed. These men were cooperative and quite willing to release their teaching staffs to participate in this study. Each supplied the desired information to the writer and extended their support of the study.
Response to the questionnaire. Of the 144 questionnaires initially mailed, 68 had been completed and returned at the end of the four week period. This was a 47.2 percent response, which, according to Moser (1958) is seemingly good considering no reminder was mailed (see Figure 1 below).

![Figure 1](image)

Figure 1. The percentage of those teachers responding to the questionnaire.

The response to the initial question, determining the teacher's familiarity with speech improvement programs, was similar from those teachers in both urban and rural areas as indicated in Figure 2.

Response to the questions. Of the teachers who responded, 48 or 68.1 percent responded 'YES' to the first question, indicating that they were previously familiar with speech improvement programs. Of those familiar with speech improvement programs, 37 or 75 percent had never had any type of formal training in this area. However, 73.3 percent or 38 of those teachers aware of speech improvement programs had used the programs in their classrooms and 31 or 64.5 percent were presently using
Figure 2. The response from those teachers in both urban and rural areas was similar. The percentage of 'YES' and 'NO' returns from both urban and rural areas is indicated above.
speech improvement programs in their classrooms. All of those teachers aware of speech improvement programs felt that these programs were moderately to extremely beneficial. The need for help from their speech therapist was evident among those using or having used speech improvement programs for 72.9 percent or 35 of these teachers had not had the help of a speech therapist. Thirty-seven or 77.0 percent were not receiving counseling from a speech therapist in addition to their programs. These teachers indicated that they were not entirely pleased with their programs. Of those teachers who had used or were using speech improvement programs, 83.4 percent or 37 used programs they had developed themselves. These teachers indicated that their programs included primarily: (1) the introduction of an isolated sound, (2) the use of each sound in a story, (3) questions and answers using each sound, and (4) depended upon class involvement with the entire class. The average length of each daily class presentation was 15 to 20 minutes. These teachers had an average of 3.5 years of experience with speech improvement programs.

The percentage response to the total questionnaire as compared to both the urban and rural response is indicated in Table 1.

Results and discussion. This study was designed to emphasize trends in the use of speech improvement programs in the state of Utah from teachers of kindergarten, first and second grades. The results of this survey indicated four major trends: (1) These teachers either were not aware of speech improvement programs (31.9 percent) or they were aware (68.1 percent) and felt that they were extremely beneficial (61.8 percent). (2) These teachers indicated a desire for better programs
Table 1. Percentage response to the complete questionnaire.

<table>
<thead>
<tr>
<th></th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8 = N</td>
<td>40 = N</td>
<td>48 = N</td>
</tr>
<tr>
<td>1. Previous knowledge of speech improvement.</td>
<td>62.5%</td>
<td>37.5%</td>
<td>72.8%</td>
</tr>
<tr>
<td>2. Previous use of speech improvement program.</td>
<td>62.5%</td>
<td>37.5%</td>
<td>82.5%</td>
</tr>
<tr>
<td>3. Presently using a speech improvement program.</td>
<td>62.5%</td>
<td>37.5%</td>
<td>70.0%</td>
</tr>
<tr>
<td>4. Pleased with present program.</td>
<td>37.5%</td>
<td>62.5%</td>
<td>40.0%</td>
</tr>
<tr>
<td>5. Presently receiving program counseling.</td>
<td>25.0%</td>
<td>75.0%</td>
<td>22.5%</td>
</tr>
<tr>
<td>6. Have had help from a speech therapist.</td>
<td>37.5%</td>
<td>62.5%</td>
<td>23.6%</td>
</tr>
<tr>
<td>7. Do you feel speech improvement programs are:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. of no apparent benefit</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b. moderately beneficial</td>
<td>33.3%</td>
<td>42.1%</td>
<td>38.2%</td>
</tr>
<tr>
<td>c. extremely beneficial</td>
<td>66.6%</td>
<td>57.8%</td>
<td>61.8%</td>
</tr>
<tr>
<td>d. other</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8. These teachers used nationally advertised programs.</td>
<td>0</td>
<td>20.0%</td>
<td>16.6%</td>
</tr>
<tr>
<td>9. Items included in speech improvement programs of own.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. introduction of sounds</td>
<td>88.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. use in a story</td>
<td>73.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. use in a song</td>
<td>24.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. questions and answers</td>
<td>64.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. with entire class</td>
<td>73.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. class involvement</td>
<td>70.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 1. Continued

<table>
<thead>
<tr>
<th></th>
<th>Rural ($8 = N$)</th>
<th>Urban ($40 = N$)</th>
<th>Total ($48 = N$)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10. Average number of years experience with speech improvement programs.</strong></td>
<td>1.0</td>
<td>4.1</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>11. Approximate length of each daily class presentation.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. 15-20 minutes</td>
<td>60.0%</td>
<td>53.8%</td>
<td>58.8%</td>
</tr>
<tr>
<td>b. 20-30 minutes</td>
<td>0</td>
<td>17.5%</td>
<td>14.5%</td>
</tr>
<tr>
<td>c. 30-60 minutes</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>d. other</td>
<td>40.0%</td>
<td>19.2%</td>
<td>29.4%</td>
</tr>
<tr>
<td><strong>12. Had taken speech improvement courses at a university.</strong></td>
<td>0</td>
<td>38.2%</td>
<td>25.0%</td>
</tr>
</tbody>
</table>
since 60.4 percent were not pleased with their present programs. (3) In spite of the fact that only 27.0 percent of these teachers had received help initially in developing their programs and only 22.9 percent were presently receiving help, they still felt that this program was a valuable part of their curriculum. (4) It seems evident, since only 25.0 percent of these teachers had had any type of formal training in the area of speech improvement, that there is a real need for programs to acquaint the elementary teacher with this valuable addition to the curriculum.

With the understanding that a speech improvement program would benefit not only the child but also the public school speech therapist, these results reveal a need for speech therapists to introduce and support speech improvement programs. The therapist needs also to supply substantial resource and bibliographical information to the teachers and to uphold and counsel the teacher in her speech improvement program.

These trends suggest that the need for supplying teachers with knowledge for speech improvement programs goes beyond the public school therapist to the universities. It would seem that as part of their required training both the speech therapist and the elementary teacher should be subjected to speech improvement programs as a potential key by which they can both work to unlock the barriers impeding the child's ability to adequately communicate.

Limitations and implications. The author of this study faced problems which others interested in this particular type of study will undoubtedly encounter; therefore, mention is now made to prevent
reoccurrence of these same problems. One of the more time consuming stages of this study was obtaining the consent of each school district in addition to the desired mailing lists. The districts were very willing to release their teaching staffs, however several reminders were necessary in order to obtain the mailing lists. Because of this unexpected delay the questionnaire was not mailed until near the end of the school year. Had this survey been presented during the middle of the school year there undoubtedly would have been a greater response to them; however, the response of each teacher to the questions themselves most likely would remain the same regardless of the time. This study would probably, if completed on a larger scale, show a change or some difference in the trends. Although 68 of the 144 questionnaires mailed is a seemingly good percentage of return, a larger survey may understandably show a change in the trends suggested by this study.
SUMMARY

It was contended by the writer that speech improvement programs in the elementary school, particularly kindergarten, first and second grades, would be an invaluable aid to both the public school speech therapist and the classroom teacher. The speech improvement program basically can be defined as an organized program of instruction in oral communication, which has as its purpose proper articulation. This program is aimed at helping all of the children in each class become aware of correct speech sounds and to improve and develop their communication skills. Speech improvement programs developed individually by the teachers or published programs are used.

The speech improvement program is closely related to the speech therapy program. However, the speech improvement program functions as a branch of the speech therapy program benefiting from the verbal and moral support of the speech therapist. This program deals with whole class activities leaving the more serious problems and diagnostic evaluations to the speech therapist who basically works individually or in small groups with those children in need of more sophisticated help.

The addition of a speech improvement program would involve more students and yet allow the speech therapist to become more selective of the students in his caseload. The criteria by which the speech therapist selects caseload from the total school population determines not only those children who would benefit from therapy but also those
who would benefit from speech improvement. Four major factors considered in caseload selection are maturation, degree of severity of misarticulation, stimulability and the age of the child. The careful consideration of these factors with each child diagnosed helps the therapist determine which program is best suited for each child.

The survey was designed to determine trends in the use of speech improvement programs in the elementary schools in the state of Utah. A representative sample of rural versus the urban population of elementary teachers--grades kindergarten, first and second--of the state of Utah was selected. A questionnaire-type survey was selected and developed. The questionnaire, an accompanying letter and a stamped, self-addressed envelope were mailed to the teachers in the survey.

The results of the survey indicated four major trends: (1) These teachers either were not aware of speech improvement programs or they were aware and felt that they were extremely beneficial. (2) These teachers indicated a desire for better programs since 60.4 percent were not pleased with their present programs. (3) In spite of the fact that only 27.0 percent of these teachers had received help initially from a speech therapist in developing their programs and only 22.9 percent were presently receiving help, they still felt that this program was a valuable part of their curriculum. It would seem that the speech improvement program could become even more valuable had the teachers been given the vocal and moral support of their speech therapist both in developing their programs and in carrying them out. (4) It seems evident since only 25.0 percent of these teachers had had any type of formal training in the area of speech improvement that there is a real
need for programs to acquaint the elementary teacher with this valuable addition to the curriculum. It also seems evident that the speech therapist needs to look critically at her own program and determine what additions are needed in order for her to support the classroom teacher more satisfactorily through the speech improvement program.
BIBLIOGRAPHY


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Pendergast, Kathleen. 1963. Speech improvement and speech therapy in the elementary school. ASHA, March 548-549.

Poole, I. 1934. Genetic development of consonant sounds in English. Elementary English Review 9:159-161.


APPENDICES
Appendix A

Teacher Questionnaire

Name: ___________________________ Grade presently teaching: ___________

School: _________________________ No. years teaching experience: ________

School District: _________________ Do you have a teaching certificate? ____

From what university did you receive your training? ______________________

YES  NO

____  1. Did you know what a Speech Improvement program was before
today? (If your answer is "No" this completes the questionnaire. Thanks.)

____  2. Have you ever used a Speech Improvement program in your
classes?

____  3. Are you presently using a Speech Improvement program as
part of your current curriculum?

____  4. Are you pleased with your present Speech Improvement program?

____  5. Is a speech therapist presently counseling you with your
program?

____  6. Did a speech therapist initially help you develop your
program?

7. Do you feel Speech Improvement programs are:
   a. of no apparent benefit
   b. moderately beneficial
   c. extremely beneficial
   d. other

8. If yours is a nationally published program, what is its title?
   Who is the author?

9. If your program is of your own development, check those items below
   that it includes:
   ___ Introduction of isolated sound.
   ___ Use of each sound in a story.
   ___ Use of each sound in a song.
   ___ Questions and answers using each sound.
   ___ Used with entire class.
   ___ Class involvement.

10. How many years have you used your program?

11. Approximately how long is each daily class presentation?
    a. 15-20 minutes
    b. 20-30 minutes
    c. 30-60 minutes
    d. other ______

12. List below courses taken in speech improvement.
    Course Title  University  Year


Appendix B

The Accompanying Letter
A study is being conducted by the Department of Communicative Disorders, Utah State University to determine the number of kindergarten, first and second grade teachers who are using speech improvement programs as part of their present daily curriculum, what their program entails, how successful it is and if they are receiving counseling for this program.

For purposes of this study a speech improvement program is defined as an organized program of instruction in oral communication, which has as its purpose proper articulation. This program is aimed at helping all of the children in each class become aware of correct speech sounds and to improve and develop their communication skills. The main objective is to indicate trends in use of speech improvement programs.

This program has the approval of the Superintendent of the Duchesne School District. The success of this study depends almost entirely upon your response. Please complete the questionnaire and return it in the enclosed self-addressed envelope. All names and personal information will be kept in strictest confidence.

Sincerely,

Jay R. Jensen, Ph.D.
Head, Department of Communicative Disorders

JRJ/jaa
VITA

Linda Budge Crozier

Candidate for the Degree of

Master of Science

Plan B Report: Speech Improvement in Rural and Urban Utah Public Schools: Kindergarten, First and Second Grades

Major Field: Communicative Disorders

Biographical Information:

Personal Data: Born at Logan, Utah, May 27, 1947, daughter of Reed W. and Gweneth S. Budge; married Claude B. Crozier March 21, 1969; two children—Carrie and Jeffrey.

Education: Attended elementary school in Logan, Utah, and Soda Springs, Idaho; graduated from Soda Springs High School in 1965; received the Bachelor of Science degree from Utah State University with a major in Communicative Disorders in 1969; did graduate work in Communicative Disorders at Utah State University, 1969-70; completed requirements for the Master of Science degree, specializing in communication disorders, at Utah State University in 1974.