

Busting Myths about Speech, Language, and Literacy

Language Input

1. Using “parentese” (e.g., exaggerated intonation and elevated pitch) delays language development.

Strongly disagree

Strongly agree

2. When speaking to a child with a language delay, it is useful for adults to produce utterances that eliminate function words (e.g., “Dog running!” and “Throw ball!”).

Strongly disagree

Strongly agree

3. If a child who is exposed to more than one spoken language is late learning to talk, parents should change to using one spoken language with the child.

Strongly disagree

Strongly agree

4. Learning two oral languages is too great of a challenge for DHH children.

Strongly disagree

Strongly agree

5. Access to AAC inhibits spoken language skills for children with language disorders who use no or few spoken words.

Strongly disagree

Strongly agree

Speech and Language Impairment

6. A child is more likely to have a language impairment if at least one of his or her biological parents has a language impairment.

Strongly disagree

Strongly agree

7. Most kindergarten children still make a lot of grammatical errors.

Strongly disagree

Strongly agree

8. Ear infections in childhood cause language impairment.

Strongly disagree

Strongly agree

9. A lack of consonant clusters at 3 years old is a red flag for having a speech sound disorder.

Strong disagree

Strongly agree

10. A lack of consonant clusters at 4 years old is a red flag for having a speech sound disorder.

Strong disagree

Strongly agree

11. I find nonspeech oral motor exercises to be effective for improving children's speech sound accuracy.

Strong disagree

Strongly agree

DHH Children

12. Pediatric cochlear implant candidates who undergo cochlear implantation at relatively young ages are expected to achieve higher speech and language outcomes than candidates who undergo implantation at relatively older ages.

Strong disagree

Strongly agree

13. School-age DHH children who use spoken language and are fit appropriately with hearing technology likely do not need additional education services.

Strong disagree

Strongly agree

14. DHH children develop their auditory skills more during language intervention sessions if they cannot see the person talking than if they can.

Strong disagree

Strongly agree

15. DHH children will become overly reliant on visual cues if they are not taught to listen.

Strong disagree

Strongly agree

Dyslexia

16. Visual-perceptual deficiencies are components of the dyslexia diagnosis.

Strong disagree Strongly agree

17. Seeing letters and words backwards is a characteristic of dyslexia.

Strong disagree Strongly agree

18. Students with dyslexia need explicit, systematic, direct instruction in phonemic awareness and phonics.

Strong disagree Strongly agree

19. Colored lenses and colored overlays are research-based accommodations to help students with dyslexia.

Strong disagree Strongly agree

References

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