

Inclusive Practices for Children and Youths With Communication Disorders

Ad Hoc Committee on Inclusion for Students With Communication Disorders

About this Document

This position statement and accompanying technical report were drafted by an ad hoc committee of Special Interest Division 1: Language Learning and Education, formed at the request of the Executive Board of the American Speech-Language-Hearing Association (ASHA). The request to draft these documents was based in part on inquiries from federal legislators as they prepared to reauthorize the Individuals with Disabilities Education Act (IDEA) in 1995. Along with others, the legislators asked about ASHA's position regarding the concept of inclusion for children and youths with communication disorders. These documents represent an attempt to communicate that position and the rationale for it.

Position Statement

It is the position of the American Speech-Language-Hearing Association (ASHA) that an array of speech, language, and hearing services should be available in educational settings to support children and youths with communication disorders. The term "inclusive practices" best represents this philosophy. The inclusive-practices philosophy emphasizes serving children and youths in the least restrictive environment that meets their needs optimally. Inclusive practices consist of a range of service-delivery options that need not be mutually exclusive. They can include direct, classroom-based, community-based, and consultative intervention programming. Inclusive practices are based on a commitment to selecting and designing interventions that meet the needs of each child and family. Factors contributing to the determination of individual need include the child's age, type of disability, communication competence, language and cultural background, academic performance, social skills, family and teacher concerns, and the student's own attitudes about speech, language, and hearing services.

ASHA recognizes that the provision of speech, language, and hearing services in educational settings is moving toward service-delivery models that integrate intervention with general educational programming, often termed inclusion. Inclusion has numerous strengths, including natural opportunities for peer interaction, and available research suggests cautious optimism regarding its effectiveness in promoting communication abilities and skills in related developmental domains. ASHA believes that the shift toward inclusion will not be optimal when implemented in absolute terms. Rather, the unique and specific needs of each child and family must always be considered.

The broad goal of inclusive service delivery should be compatible with continued recognition of the individual's unique needs and concerns. Inclusive practices are recommended as a guide in the development of intervention programming for children and youths with communication disorders.