

DLD case study 2 – monolingual child

Background information

(Including demographic details, details of referral/concerns/previous assessments, and any previous support received)

Mark was in Reception when he was seen by the therapist working at a Specialist Speech and Language Centre (SLC) to offer a second opinion on whether he would meet the criteria for entry.

He was initially referred to the community speech and language therapy team six months earlier and had received advice and programs working on receptive language and expressive, functional vocabulary.

Initial steps taken

Mark was assessed using the Renfrew Action Picture Test (RAPT) and the Derbyshire Language Scheme (DLS) assessment.

A meeting was held with his school and parents to plan next steps – this was to offer some face-to-face therapy from the local SLT, alongside working with the school on the ‘plan-do-review’ process.

The plan was to monitor progress for a term and then refer to the SLC panel if it was felt more ongoing support may be needed. Mark also was referred to the Educational Psychologist, as school had some concerns about his cognitive development and levels.

Assessment/intervention

	Assessment / Intervention	Results	Evolving diagnostic hypotheses
SLT assessment (including functional assessment and risk factors)	RAPT DLS	RAPT – Age 4;3 Info Raw Score – 6 (all nouns used – no verbs) Grammar Raw Score - 0 In Reception Mark was at single word level comprehension and did not understand or use verbs.	

		Initially in therapy, he worked on targets to increase his receptive and expressive verb vocabulary and help him to understand and use Subject – Verb phrases.	
Other assessment (MDT)	Educational Psychologist	Other areas mildly delayed but not to the extent of speech and language needs. (non-verbal tasks in 14 th centile, verbal tasks below 1 st centile)	
SLT intervention (if applicable)		Mark received direct input from the local SLT in school. He had access to a teaching assistant each morning who followed up activities set by the SLT. This was on a continuous basis with reviews every half-term to ensure targets were current. Receptive and expressive vocabulary were targeted, with a focus on verbs. Mark started displaying some behavioural concerns possibly linked to frustration of not being understood.	
SLT follow up assessment (if applicable)	RAPT Clinical Evaluation of Language Fundamentals -4 (CELF-4) Informal	Mark was put forward to the SLC panel and accepted for a place within Year 1. He had accessed intensive intervention with his vocabulary, receptive language, discourse and syntax. Further assessment at age 6;2 Info Raw score – 20.5 – 1 st Centile Grammar Raw Score – 4 – 1 st Centile Scores within 0.1 st centile on Formulated Sentences and 0.2 nd centile on Expressive Vocabulary. Scores within 9 th centile for Concepts and Following Directions. Able to follow Blanks Level 1 and 2 questions.	

Conclusion

(Including diagnosis with stated reasons)

Mark was diagnosed with DLD after Mark was diagnosed with DLD after receiving specialist SLT input for one school term. He was 5 years old when this diagnosis was made.

This diagnosis was appropriate because of his ongoing issues with expressive and receptive language, in the absence of any other biomedical condition. His language disorder was having an impact on his functioning within his mainstream school, he had few friends and found it very challenging to keep up with the Reception and Year 1 curriculum because of it. At this point he was 5 and we felt that it was unlikely that he would make progress with his language without intensive specialist input from the SLT service.

Any impact of diagnosis being given

The diagnosis helped Mark gain entry into the Specialist SLC which is for children with DLD and/or speech sound disorder. Mark is now in year 2 and continues to have difficulties in the areas of discourse, word-finding and receptive language but is making some good progress, especially over the last six months.

Parents were happy with the diagnosis and info was given to them about DLD, we have also done some awareness raising for DLD last year to help children understand what their diagnosis means.