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EVALUATING SOCIAL READINESS OF PRESCHOOL
CHILDREN FOR SPEECH AND LANGUAGE
SCREENING

A Thesis

by

JULIE ARLEN LITTLE

Submitted to the Graduate School
Appalachian State University

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MASTER OF ARTS

August 1984

Major Department: Speech Pathology

EVALUATING SOCIAL READINESS OF PRESCHOOL
CHILDREN FOR SPEECH AND LANGUAGE
SCREENING

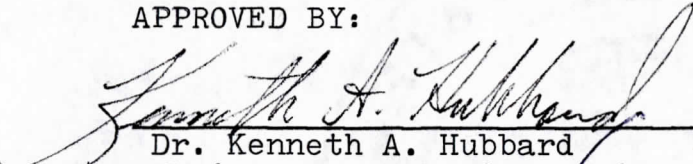
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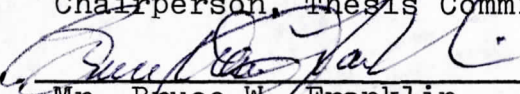
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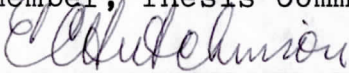
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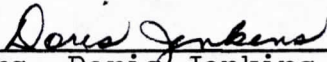
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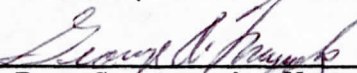
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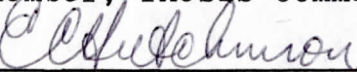
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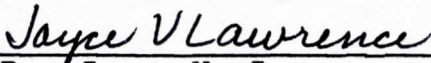
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ABSTRACT

EVALUATING SOCIAL READINESS OF PRESCHOOL
CHILDREN FOR SPEECH AND LANGUAGE
SCREENING. (August 1984)

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The focus of this study was to determine if social competency in preschool children could be used as a predictor of speech and language competency.

The California Preschool Social Competency Scale was used to measure social competency, and the Fluharty Preschool Speech and Language Screening Test was used as a screening instrument for speech and language competency.

The population for the study consisted of the children who attend three day care facilities. Teachers of the day care centers completed the social competency scale on each child, and a speech-language pathologist administered the speech and language screening test.

The Mann-Whitney U Test was used to analyze the significant difference between the scores of the population. Statistical analysis indicated that social competency in preschool children could be used as an indicator of speech and language competency.

ACKNOWLEDGEMENTS

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Special recognition and thanks are also extended to the directors of the Avery County Child Development Centers who participated in the study: Jan Ostergard, Crossnore Child Development Center; Jamie Hall, Banner Elk Child Development Center; and Barbara Taylor, Newland Child Development Center. Without their responses and cooperation the study would not have been possible.

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CHAPTER I
INTRODUCTION

Statement of the Problem

The necessity for knowledge regarding the development of language acquisition of the preschool child has been emphasized increasingly in recent years. Along with concern for the preschool child's language development, considerable attention has been focused on the importance of social competence and development. The investigator feels that measuring the preschool child's social development and interpersonal behaviors will be a valuable indicator for targeting a population for speech and language screening.

The tool for measurement in this study (See Appendix A) is the California Preschool Social Competency Scale (Levine, Elzey, and Lewis, 1969). If a child's score falls within the normal limits of the social competency scale, then the child, in all probability, will pass speech and language screening. However, if a child's score, based on the measurement criterion, falls below the norms of social competency (See Appendix B) the child is more likely to fail speech and language screening.

Purpose of the Study

The purpose of this study is to determine if the California Preschool Social Competency Scale (Levine, Elzey, and Lewis, 1969)

can be used as a predictor of linguistic competence as measured by the Fluharty Preschool Speech and Language Screening Test (Fluharty, 1978).

Hypothesis

The child who appears socially competent, according to the California Preschool Social Competency Scale, will pass speech and language screening.

Definition of Term

Screening - a measurement activity which identifies in the general population those children that appear to be in need of special services in order to develop to their maximum potential (Cross, 1977).

Assumptions/Limitations of the Study

1. The day care facilities used in the investigation were chosen randomly from the Appalachian State University Speech Pathology Department's schedule of speech and language screening sites.
2. The raters from each day care facility have been acquainted with each child in the study for at least a two month period. This should provide for a valid and reliable assessment of the child's social behavior.
3. The graduate clinician who will be screening the children is competent in administering the screening instrument.

CHAPTER II

REVIEW OF RELATED LITERATURE

Social Development

Social-emotional development refers to the child's interaction with others and feelings about self. Development in a young child occurs in many areas - physical, mental, motor, language and social-emotional. These areas interrelate in a complex and unique fashion, with each area of development reflecting on the other areas.

Social-emotional development reflects the child's response to the environment, as well as responses to inner feelings. Many social behaviors (such as playing, sharing, and talking) are primarily learned from environmental and communicative interactions. For example, a young child learns to talk not only because of a desire to communicate with parents, but also because there is reward in the parents' responses and approval as vocalization begins.

Children learn appropriate social behavior more rapidly when they are systematically reinforced for their efforts and when the environment is designed and structured to be conducive for learning. Encouraging and teaching desirable social behavior will enhance the development of a child's self image, as well as improve interactions with others. All children need guidance in engaging constructively

in interpersonal relationships, which influence the way they interact with others and the way they are accepted.

The degree of adequacy with which a child takes part in social interactions has been termed social skills (Beasley, 1951). It is defined broadly as the things a child does when making a request, going on an errand, giving or following suggestions, expressing an opinion, acknowledging a gift, or making or accepting an apology.

While social-emotional growth is the product of all interactions between the child and the environment, the child's particular characteristics will influence individual patterns of reaction (Anderson, 1976). The focus in promoting social-emotional growth must be broad enough to include all aspects of the child's life, yet concentrate on everyday situations. Although the mother-child relationship is important in early child development, the relationship between the child and the other individuals is also essential for proper social development. The "significant others" in the child's environment also includes the preschool child's peers. Peer interactions provide the child with opportunities to practice social skills.

Mead (1964) "proposed that the notion of 'self,' the individual's conceptualization of his own existence, comes from interaction with others" (cited in Webb, 1977, p. 142). According to Mead, thinking is a social activity "which can only occur if the individual has first achieved the self-consciousness which results from social experience" (cited in Webb, 1977, p. 142). Mead suggests that social experience and opportunities for social interaction are imperative for young children to develop social and cognitive skills

(cited in Webb, 1977). Cooley (1902) also agrees with Webb (1977) that children's social and cognitive growth depends on contact with peers.

Interaction with Peers

Social interaction among peers teaches a child that different points of view exist, bringing about awareness of individual perspectives. Piaget states that "social life is necessary if the child is to become conscious of his own mind" (cited in Lickona, 1969, p. 7). Also, social interaction with peers teaches the child the necessity of making mutual accommodations to differences in points of view, differences in needs, and differences in desires.

The peer group provides opportunities which are not available from relationships with adults. According to Rubin, (cited in Smith, 1982, p. 137) peer group can nurture social skills, self-understanding, and a sense of group belonging among children. Social skills refer to a variety of strategies children use to effectively initiate and manage social interaction (Smith, 1982). Because their relationship is based on equality, only peers can teach certain skills to each other. Peer groups are important because they teach skills, provide support in identity formation and offer a sense of belonging.

Social Play

Rubin and colleagues (Rubin, Maioni, and Hornung, 1976) conducted a study of the social and cognitive play behaviors of children in preschool classrooms. Using Parten's (1932) social participation and Smilansky's (1968) cognitive-play continua, Rubin

described the ways four-year-olds play. Extending this study, Pellegrini (1982) examined the development of social-cognitive play behaviors throughout the preschool period. Ten preschoolers were observed at age two, three, and four years. The observation occurred in their classroom on fifteen instances by a time-sampling schedule. Analysis revealed that preschoolers engage in more social play as they grow older. Yet, three- and four-year-olds engaged in more functional, non-social play than two-year-olds. Three- and four-year-old girls engaged in more non-social dramatic play than boys. Since the "older preschoolers engaged in more solitary dramatic play than younger children, this suggests that the symbolic skills necessary for dramatic play develop during the third year of life" (Pellegrini, 1982).

Goldman (cited in Guralnick, 1981) studied normally developing preschool children as they interacted with children of various chronological ages by looking at the social play in three classrooms: three-year-olds, four-year-olds, and a combined classroom of three- and four-year-olds. Results of the study indicated that the composition of the peer group greatly influenced the interactions. Three- and four-year-olds exhibited more positive interactions and engaged in more solitary play in the heterogeneous classroom than the same-age classroom. However, they also were involved in parallel play and teacher-directed activities less in the mixed-age classrooms (cited in Guralnick, 1981). Goldman's findings agree with Rubin, Maioni, and Hornung's (1976) study. The results indicated the existence of more advanced social play in the mixed-age preschool environment (Guralnick, 1981).

A program evaluation report (Wright, 1978) assessing the University of Western Ontario Preschool Project examined the cognitive and social development of sixty high and sixty low income preschool children to determine whether the program had a compensatory educational effect on economically disadvantaged children. The data analysis focused on: (1) the children's social competence; (2) their motivational characteristics and cognitive styles; and (3) their intellectual and cognitive abilities. Results showed the University of Western Ontario program had been reasonably successful in achieving social development progress and IQ gains with both high and low income children, and that, for the low income children, the program has special compensatory value in the intellectual and cognitive areas.

The results indicated that the less structured, or more informal, program offered in the first year of the project, had more beneficial effects on the social development of both the low and the high income children than did the more structured program offered in the third and fourth years. The more informal programs also appeared to be just as effective as the more structured programs in producing IQ gains and improving the children's motivation for learning, their self-management skills and their tendency to be creative and imaginative. They were, however, less effective, at least with the low income children in improving cognitive styles and increasing cognitive competence in conceptual areas (Wright, 1978).

One possible explanation for the increase in social competence is less teacher control of the student's activities and more time

and opportunity for peer interaction. This permitted more social experience, which resulted in the acquisition of a greater amount of social knowledge and skill. Retrospectively, it would appear that this social learning accounted for the more rapid improvement in the quality and effectiveness of their peer interactions.

Language Development

Piaget (cited in Lickona, 1969) studied the social growth of the child by listening to how children talk when they play together. He asked the question "What does a child's use of language in such a situation tell us about his social development?" (cited in Lickona, 1969, p. 1). Piaget found that the child's social speech could be divided into three stages, through which all children appear to pass (cited in Lickona, 1969).

Stage one was egocentric speech. This was speech which lacked a communicative aim. Although the presence of another child served as a stimulus of speech, the speaking child made no attempt to consider the listening child's viewpoint. No effort was made to make the communication understandable. The speaking child did not even make sure the other child was listening. Furthermore, the second child would not seem to hear or respond to the first child's communication, yet would say something totally unrelated to what the first child had said. The talking would continue in this manner. Piaget calls these non-conversations "collective monologues" (cited in Lickona, 1969, p. 2).

Piaget (cited in Lickona, 1969, p. 2) described stage two as a transitional stage. Although some egocentric speech continued,

primitive quarreling depicts a genuine social interaction because it requires responding to what the other child says.

Speech was fully socialized during stage three, around six or seven years of age. The children consistently cooperated verbally, as each child gave sustained attention and appropriate responses to the statements of the other. This made it possible to conduct a discussion of a topic. When the children argued, they sought to convince each other by backing up their statements with reasons (cited in Lickona, 1969).

Language, then, gradually takes on a communicative function in children's play. An inference can be made about a child's social-intellectual functioning in general from the use of language in such situations. If speech is more like a monologue than a communication, you can deduce that the speaker does not take the perspective of the other child (Lickona, 1969).

Watts, Barnett, and Halfar (1973) state that linguistic competence includes competence in receptive language, competence in expressive language, and competence in grammar. Language is the key to communication and learning, and is therefore a major factor in intellectual and social development. According to McConnell and Horton (1969), if a child enters school at age six without having attained the language skills commensurate with those of others of the same age, this child will undoubtedly fall behind rapidly in the educational setting.

California Preschool Social Competency Scale

The California Preschool Social Competency Scale (Levine, Elzey, and Lewis, 1969) was designed to measure the adequacy of preschool children's interpersonal behavior. It examines the degree to which preschoolers assume social responsibility. The behaviors listed in the California Preschool Social Competency Scale are situational in nature. The specific behaviors were selected to represent basic competencies which are expected of the preschool child.

The California Preschool Social Competency Scale was developed to be completed by teachers in a preschool program. It is designed for use in evaluating the social competence of children two years of age through five years six months. The scale consists of thirty items which are representative samples of the critical behaviors in the preschool child's social functioning. Each item contains four possible statements which represent varying degrees of competence relative to the behavior measured by that item. A score of four is the maximum for each item. The child's competence is to be rated on each item in terms of habitual or typical performance.

Once a total score has been determined, this number is compared with the norms for that particular age group. A percentage is determined from the correlation table based on the child's raw score, sex, and age (See Appendix B).

Fluharty Preschool Speech and Language Screening Test

The Fluharty Preschool Speech and Language Screening Test (Fluharty, 1978) is designed for use with preschool children two

years of age through six years of age. The test measures the child's vocabulary, articulation, and receptive and expressive language. The purpose of the screening test is to elicit responses from the preschool child that indicate the functional level of performance in these areas. The Fluharty Preschool Speech and Language Screening Test is not a tool for evaluating or assessing the child, but is merely a screening device. It is, however, recommended that children identified as having a possible speech and language problem by the test be given a comprehensive speech and language evaluation.

Subtest A of the Fluharty Preschool Speech and Language Screening Test requires the preschool child to identify fifteen common objects. The names of these items contain twenty-three consonant phonemes in one or more positions. The responses given are used to measure the child's level of vocabulary and proficiency of articulation.

Subtest B requires the child to respond nonverbally to ten sentences formed from ten basic syntactic structures. Five sentences are basic kernel types of the transformational-generative grammar model (example: "You are opening your mouth."). The other five sentences follow transformational rules common to the receptive language of preschool children (example: "Show me your sock."). Eight of the ten sentences incorporate objects from Subtest A of the test. The responses to the sentences in Subtest B indicate the child's receptive or comprehensive abilities.

In Subtest C, the child must repeat aloud ten short sentences stimulated by picture cards. Five kernel-sentence types and five

transformations similar to those in Subtest B are included. The transformations are of possession, negation, contraction, imperative and wh-question (examples: "The man is a football player," "This is her cat."). The purpose of Subtest C is to obtain a sample of the child's expressive use of language. The limitation of time prohibits drawing a spontaneous language sample during the screening procedure.

When the test has been administered, the child's correct responses are totaled for each of the test areas, and recorded in the chart on the test form. The child's totals are compared with the cut-off scores for children of the corresponding chronological age. A child passes the screening test if all four of the Subtest scores fall at or above the cut-off scores for the child's age group. A child fails the screening test if one or more of the Subtest scores fall below the cut-off scores for the child's age group (Fluharty, 1978).

CHAPTER III

PROCEDURES

Methodology

The California Preschool Social Competency Scale was used to rate social competency of preschoolers. The scale is designed for children two years of age through five years six months. The objective ratings were obtained from raters who have observed the individual children in interaction with their peers at their respective preschool or day care facility.

The thirty item scale measures critical behaviors in the preschool child's social functioning. The items cover a wide range of behaviors, such as response to routine occurrences, response to unfamiliar events, following instructions, making explanations, sharing, borrowing, helping others, initiating activities, giving directions, reacting to frustrations, and taking turns. Although the items are designed to be observed in the preschool environment, the importance of the behaviors are much more widespread.

Participants in the Study

The population for the study consisted of the children who attend three day care facilities in Avery County, North Carolina. The Appalachian State University Speech Pathology Department provides speech and language screening services to these day care

centers and cooperated and assisted in the study. The California Preschool Social Competency Scale was completed on each child no more than five days before the speech and language screening occurs.

Speech and language screening was conducted by a competent graduate student in speech pathology using the Fluharty Preschool Speech and Language Screening Test (See Appendix C). A basic introduction was made and a brief explanation of what the child is expected to do followed. The graduate clinician provided no other conditioning for the child. The test was then administered individually to each child. The test is divided into four major sections: (1) Identification; (2) Articulation; (3) Comprehension; and (4) Sentence Repetition. Once the test was completed, the child's correct responses on each of the subtests were totaled and compared to the cut-off scores for the appropriate chronological age.

Statistical Treatment

The Mann-Whitney U Test was used to analyze the significant difference between the scores of the population.

CHAPTER IV

RESULTS OF THE STUDY

Introduction

The focus of this study was to determine if the California Preschool Social Competency Scale (CPSCS) can be used as a predictor of linguistic competence as measured by the Fluharty Preschool Speech and Language Screening Test (FPSLST). A competency rating was established for each subject by their preschool teacher using the CPSCS. Then the FPSLST was administered to each subject to determine a "pass" or "fail" on this screening device. Data was collected from the social competency ratings and the speech and language screening and was then statistically interpreted, analyzed and tabulated.

Statistical Analysis of Data

Preschool children from three preschool facilities provided the data (Table 1). The eighty-four subjects were comprised of thirty-eight females and forty-six males (Table 2). The children ranged in age from two years zero months to five years three months (Table 3).

Table 1
Subject Distribution According
to Preschool Facility

Preschool		
1	N = 14	16.7%
2	N = 38	45.2%
3	N = 32	38.1%
	<hr style="width: 50px; margin: 0 auto;"/> N = 84	<hr style="width: 50px; margin: 0 auto;"/> 100%

Table 2
Subject Distribution According to Sex

Females	N = 38	45.2%
Males	N = 46	54.8%
	<hr style="width: 50px; margin: 0 auto;"/> N = 84	<hr style="width: 50px; margin: 0 auto;"/> 100%

Data were obtained by using the California Preschool Social Competency Scale (CPSCS) and the Fruharty Preschool Speech and Language Screening Test (FPSLST)

Each child's total score on the CPSCS was given a percentage rating, as compared to others of the same chronological age (See Appendix B). These scores and percentages are reflected in Tables 4 and 5, respectively.

From the FPSLST, a "pass" or "fail" was determined for each subject. Of the eighty-four subjects, twenty failed the screening

Table 3

Age Distribution

Age	Absolute Frequency	Age	Absolute Frequency	Age	Absolute Frequency
2.00	1	3.42	1	4.50	3
2.25	1	3.50	1	4.58	6
2.33	1	3.58	3	4.76	4
2.42	2	3.67	3	4.75	2
2.58	3	3.75	3	4.83	4
2.67	1	3.83	3	4.92	1
2.75	1	3.92	1	5.00	1
2.83	1	4.00	2	5.08	2
2.92	2	4.08	1	5.17	2
3.00	2	4.17	2	5.25	3
3.17	1	4.24	2	5.33	4
3.25	1	4.33	4		
3.33	5	4.42	4		

Table 4
CPSCS Scores

Score	Absolute Frequency	Score	Absolute Frequency
38	1	83	2
47	2	84	2
49	1	85	2
53	1	86	2
54	1	87	2
55	1	88	2
56	1	89	1
57	2	90	1
59	1	92	4
61	2	93	2
63	1	94	1
64	2	96	1
65	1	98	2
67	2	100	3
68	3	101	2
69	2	102	1
70	1	103	1
71	4	104	1
72	1	105	1
74	1	106	1
75	1	107	1
78	2	108	2
79	2	109	1
80	2	110	1
81	3	111	1
82	2	115	1

Table 5

CPSCS Percentages

Percent	Absolute Frequency	Percent	Absolute Frequency
0	1	50	5
2	1	51	1
4	1	52	2
6	2	55	1
8	1	56	5
9	1	58	1
11	2	59	2
13	2	64	1
14	1	66	2
17	1	68	2
18	2	69	1
19	1	70	1
20	1	71	2
23	4	75	1
24	1	76	3
27	2	79	3
28	1	80	1
29	1	82	1
33	1	84	5
34	1	85	1
36	1	88	3
42	4	90	2
44	1	91	1
48	2	94	2
49	1		

test. Table 6 shows the total tested, the number who failed, and the percentage from each of the three day care centers. As seen in Table 7, eleven of thirty-eight females failed, and nine of forty-six males. Inadequacy in any one of the four subtests of the FPSLST constitutes failing the entire test. Table 8 illustrates the age, school, sex, percentage on the CPSCS, and subtest(s) failed of the twenty subjects who did not pass the FPSLST.

While a failure on any single subtest of the FPSLST results in failing speech and language screening, subject's scores may fall below the cutoff on more than one subtest. Table 9 indicates the number of subjects failing the individual subtests.

Table 9

FPSLST Subtest Failure

	Number Failing
Subtest 1	N = 7
Subtest 2	N = 3
Subtest 3	N = 8
Subtest 4	N = 9

Discussion of Study

Statistical analysis indicates support of the hypothesis which stated:

The child who appears socially competent, according to the California Preschool Social Competency Scale, will pass speech and language

Table 6

Failure Rate According to School Facility

School Code	Total Tested	Number Failed	Percent Failed
1	14	3	21.4%
2	38	11	28.9%
3	32	6	18.75%

Table 7

Failure Rate According to Sex

	Total Tested	Total Failed	Percent Failed
Females	38	11	28.9%
Males	46	9	19.57%

Table 8

Subjects Failing FPSLST

Age	School Code	Sex	% on CPSCS	Subtest 1	Subtest 2	Subtest 3	Subtest 4
2.0	2	M	04	Fail	Fail	Fail	Fail
2.3	3	F	49	Pass	Pass	Pass	Fail
2.4	1	M	20	Fail	Pass	Pass	Fail
2.5	1	F	24	Pass	Pass	Pass	Fail
2.5	2	F	69	Pass	Pass	Fail	Pass
2.7	2	F	19	Pass	Pass	Pass	Fail
2.7	2	F	94	Pass	Pass	Fail	Pass
2.11	3	F	11	Fail	Pass	Pass	Pass
3.2	3	F	27	Fail	Pass	Pass	Fail
3.4	2	F	64	Fail	Pass	Pass	Pass
3.4	2	M	66	Pass	Pass	Pass	Fail
3.6	3	M	09	Fail	Pass	Fail	Pass
3.8	2	F	36	Pass	Pass	Pass	Fail
4.1	2	M	18	Pass	Pass	Fail	Pass
4.2	3	F	00	Fail	Pass	Pass	Pass
4.6	2	M	08	Pass	Fail	Pass	Pass
4.7	2	M	68	Pass	Pass	Fail	Pass
4.9	1	M	56	Pass	Fail	Pass	Fail
5.3	3	M	56	Pass	Pass	Fail	Pass
5.4	2	F	79	Pass	Pass	Fail	Pass

screening of the Fluharty Preschool Speech and
Language Screening Test.

The Mann-Whitney U Test was used to analyze the data collected. Significant difference at the .01 level existed in the pass-fail comparison of Subtest 1 of the Fluharty Preschool Speech and Language Screening Test. The overall pass-fail ratio of the FPSLST indicated significant difference at the .05 level (See Table 10).

Table 10
Mann Whitney U Test

	<u>Fail</u>	<u>Pass</u>
Subtest 1	N = 7 Mean Rank = 16.43	N = 77 Mean Rank = 44.87 **
Subtest 2	N = 3 Mean Rank = 19.33	N = 81 Mean Rank = 43.46
Subtest 3	N = 8 Mean Rank = 42.81	N = 76 Mean Rank = 42.47
Subtest 4	N = 9 Mean Rank = 28.11	N = 75 Mean Rank = 44.23
Overall	N = 20 Mean Rank = 31.74	N = 64 Mean Rank = 45.05 *

* Significant Difference at .05 Level

** Significant Difference at .01 Level

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Introduction

Chapter V includes a summary of the study; conclusions drawn from the data; implications of the study based on the results of the statistical analysis of the data; and recommendations for further research.

Summary

The purpose of this study was to determine if the California Preschool Social Competency Scale (Levine, Elzey, and Lewis, 1969) could be used as a predictor of linguistic competence as measured by the Fluharty Preschool Speech and Language Screening Test (Fluharty, 1978).

Literature related to the study was reviewed and reported under six headings: (1) literature related to social development; (2) literature related to interaction with peers; (3) literature related to social play; (4) literature related to language development; (5) literature related to the California Preschool Social Competency Scale; and (6) literature related to the Fluharty Preschool Speech and Language Screening Test.

The subjects of this study were three groups of children who attend day care facilities in Avery County, North Carolina. The

three groups included children from Newland Child Development Center, Crossnore Child Development Center, and Banner Elk Child Development Center. The California Preschool Social Competency Scale was completed on each child by the day care teachers before speech and language screening occurred. Once a competency score and percentage was determined for each child, speech and language screening was conducted by the author, a graduate student in speech-language pathology, using the Fluharty Preschool Speech and Language Screening Test. The data were subjected to the Mann-Whitney U Test, a non-parametric test, used to analyze the significant difference between the scores of the population.

Conclusions

The results of the study support the previously stated hypothesis, i.e., the child who appears socially competent, according to the California Preschool Social Competency Scale, will pass speech and language screening when the Fluharty Preschool Speech and Language Screening Test is the screening instrument.

Implications

This research project was an attempt to determine if social competency could be used as an indicator of speech-language competency in preschool children. The findings have several important implications. Test results suggest that children who are socially competent will pass speech and language screening. This implies that if a child is determined socially competent, speech and language screening is not necessary. Conversely, this could imply

that if a child passes speech and language screening, that child must be socially competent.

Recommendations

Several recommendations in the area of evaluating social readiness of preschool children for speech and language screening have become obvious to the author. The recommendations are in two major areas: (1) recommendations for further studies; and (2) recommendations to speech-language pathologists, preschool teachers, and parents.

The author recommends a study of the effects of the home environment and family life as it relates to social readiness and speech and language development in preschool children. The amount and type of interaction a child has with parents and siblings could be the basis for additional studies in this area.

It should be noted that the raters using the social competency scale were three different individuals (teachers of the three day care centers). In a more ideal study, all of the social competency scales would be completed by the same individual to avoid varied interpretation of items on the questionnaire. Studies could be conducted having the parents as raters of social competency, and also having speech-language pathologists as raters of social competency.

A more detailed analysis of the social behaviors and peer interactions of those failing speech and language screening would be beneficial to determine what social readiness skills were lacking and why.

A related study could involve the effect of an in-service educational workshop for the teachers of the day care facilities presented by a speech-language pathologist. Activities would include ways to promote social and communicative development and skills.

A similar study could be conducted using other screening instruments.

The testing procedure and analysis used in this research project could be replicated to determine reliability and validity of the study. An additional study using more subjects, reflecting an expanded sample, could be conducted.

In addition to suggestions for future studies, the author wishes to make several recommendations to speech-language pathologists, preschool teachers, and parents.

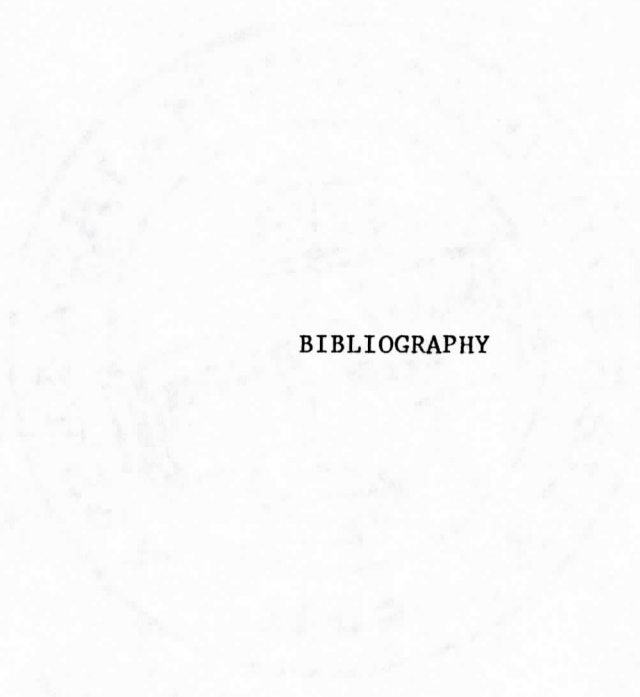
Speech-language pathologists should educate preschool teachers about speech and language developmental milestones which indicate normal developmental progress in preschool children. Once the preschool teachers are informed, they will be able to better recognize potential speech and language problems. Speech-language pathologists should encourage preschool teachers to make proper referrals when a speech-language problem is suspected.

Speech-language pathologists should inform preschool teachers and parents as to the results of speech and language screening. If a child fails speech and language screening, preschool teachers and parents should be made aware that further testing to evaluate the child's speech and language is needed. Preschool teachers and

parents should also be informed of those children who pass speech and language screening and exhibit normal speech and language development.

Summary of the Study

The focus of this study was to determine if social competency in preschool children could be used as a predictor of speech and language competency. Using the California Preschool Social Competency Scale to measure social competency, and the Fluharty Preschool Speech and Language Screening Test as a screening instrument for speech and language competency, social competency was an indicator of speech language competency in the subjects who participated in the study.



BIBLIOGRAPHY

BIBLIOGRAPHY

- Adcock, D., and Segal, M. Two-years-old: social competence. Nova University, 1981.
- Anderson, Z. Getting a headstart on social-emotional growth: a guide for preschool teachers. Office of Child Development, U.S. Dept. of Health, Education and Welfare. National Institute of Education. May 1976. 97p.
- Barker, W.F. The preschool rating scale. Paper presented at annual meeting of National Council for Measurement in Education. Washington, D.C. April 1975. 13p.
- Beasley, J. Development of social skills as an instrument in speech therapy. Journal of Speech and Hearing Disorders, 1951, 16, 241-245.
- Belsky, J., and Steinberg, L.D. What does research teach us about day care: a follow-up report. Children Today, 1979, July-August, 21-26.
- Boger, R. and Cunningham, J.L. A longitudinal study of the social development of three- and four-year-old children in a pre-school program. Office of Economic Opportunity. Washington, D.C. Sept. 1972. 36p.
- Chomsky, N. Aspects of the theory of syntax. Massachusetts: Massachusetts Institute of Technology. 1965.
- Cooley, C.H. Human nature and the social order. New York: Scribners, 1902.
- Cross, L. Handicapped children: a guide to casefinding, screening, diagnosis, assessment and evaluation. New York: Walker and Company, 1977.
- Fluharty, N.B. Fluharty preschool speech and language screening test. Massachusetts: Teaching Resources Corporation, 1978.
- Garvey, C. Some properties of social play. Merrill Palmer Quarterly, 1974, 20, 163-180.
- Guralnick, M.J. The social behavior of preschool children at different developmental levels: effects of group composition. Journal of Experimental Child Psychology, 1981, 31, 115-130.

- Levine, S., Elzey, F., and Lewis, M. California preschool social competency scale. California: Consulting Psychologists Press, Inc., 1969.
- Lickona, T. The early social development of children: implications for a preschool program. Paper presented to the early childhood teachers of the Cortland College campus, Cortland, N.Y., April 1969. 21p.
- McConnell, F. and Horton, K. Effects of early language training for culturally disadvantaged preschool children. Journal of School Health. November 1969, 39, 661-665.
- Morrison, G. Early childhood education. Ohio: Charles Merrill Publishing Company, 1976.
- Parten, M. Social play among preschool children. Journal of Abnormal and Social Psychology. 1932, 28, 136-147.
- Pellegrini, A. Development of preschoolers' social-cognitive play behaviors. Perceptual and Motor Skills. 1982, 55, 1109-1110.
- Rubin, Z. Children's friendships. Cambridge, Mass.: Harvard University Press, 1980.
- Rubin, Z., Maioni, T., and Hornung, M. Free-play behaviors in middle and lower class preschoolers: Parten and Piaget revisited. Child Development, 1976, 47, 414-419.
- Smilansky, S. The effects of sociodramatic play on disadvantaged preschool children. New York: Wiley, 1968.
- Smith, C. Promoting the social development of young children: strategies and activities. Palo Alto, California: Mayfield Publishing Co., 1982.
- Streng, A. Syntax, speech and hearing. New York: Grune and Stratton, 1972.
- Watts, J., Barnett, I., and Halfar, C. Environment, experience and development in early childhood. Office of Economic Opportunity, Washington, D.C. January 1973. 336p.
- Webb, R. Social development in childhood: day-care programs and research. Baltimore: Johns Hopkins University Press, 1977.
- Wilson, K., and Shantz, C. Perceptual role-taking ability and dependency behavior in preschool children. Merrill-Palmer Quarterly. 1977, 23, 207-211.

Wright, M.J. The University of Western Ontario preschool project final report: part 1. Program evaluation: the immediate impact. Research Bulletin #431. Dept. of National Health and Welfare: Ottawa. January 1978. 76p.

Yarrow, M. and Waxler, C. Dimensions and correlates of prosocial behavior in young children. Child Development, 1976, 47, 118-125.

APPENDIX A

California Preschool Social Competency Scale

CALIFORNIA PRESCHOOL SOCIAL COMPETENCY SCALE

1. IDENTIFICATION

1. Can state first name only.
2. Can state full name.
3. Can state full name and age as of last birthday.
4. Can state name, age, and address.

2. USING NAMES OF OTHERS

1. Uses no proper names in interacting with those around him.
2. Uses the name of no more than five children or adults.
3. Uses the names of from five to ten children.
4. Uses the names of virtually all children and adults.

3. GREETING NEW CHILD

When a new child joins the group -

1. He inadvertently physically overpowers child in greeting him (i.e., hugs, bumps, pulls).
2. He makes a limited and brief physical contact (i.e., pats, pokes, rubs) with child and some verbal contact.
3. He usually makes verbal contact and sometimes touches child.
4. He nearly always makes verbal contact with child without physical contact.

4. SAFE USE OF EQUIPMENT

1. He proceeds with activity, ignoring hazards involving height, weight, and distance (climbing on unstable equipment, stacking boxes too high, jumping onto off-balanced structures).
2. He proceeds with hazardous activity, sometimes seeking help and sometimes getting into difficulty.
3. He proceeds with hazardous activity but frequently seeks help when he is in difficulty.
4. He corrects hazards or seeks help before proceeding with activity.

5. REPORTING ACCIDENTS

When he has an accident (e.g., spilling, breaking) -

1. He does not report accidents.
2. He sometimes reports accidents.
3. He frequently reports accidents.
4. He nearly always reports accidents.

6. CONTINUING IN ACTIVITIES

1. He wanders from activity to activity with no sustained participation.
2. He continues in his own activity but is easily diverted when he notices activities of others.
3. He continues in his own activity and leaves it only when he is interrupted by others.
4. He continues in his own activity in spite of interruptions.

7. PERFORMING TASKS

1. He usually has to be asked two or three times before he will begin a task.
2. He usually begins task the first time he is asked but dawdles and has to be reminded.
3. He begins task the first time he is asked but is slow in completing task.
4. He begins task first time he is asked and is prompt in completing task.

8. FOLLOWING VERBAL INSTRUCTIONS

He can follow verbal instructions -

1. When they are accompanied by demonstration.
2. Without a demonstration, if one specific instruction is involved.
3. Without a demonstration, when it involves two specific instructions.
4. Without a demonstration, when it involves three or more instructions.

9. FOLLOWING NEW INSTRUCTIONS

1. He carries out one familiar instruction.
2. He carries out one new instruction the first time it is given.
3. He follows new instructions given one at a time, as well as familiar ones.
4. He follows several new instructions given at a time, as well as familiar ones.

10. REMEMBERING INSTRUCTIONS

1. He nearly always needs to have instructions or demonstration repeated before he can perform the activity on his own.
2. He frequently requires repetition, a reminder, or affirmation that he is proceeding correctly.
3. He occasionally needs repetition of instruction for part of the activity before completing the activity.
4. He performs the activity without requiring repetition of instructions.

11. MAKING EXPLANATION TO OTHER CHILDREN

When attempting to explain to another child how to do something (put things together, play a game, etc.) -

1. He is unable to do so.
2. He gives an incomplete explanation.
3. He gives a complete but general explanation.
4. He gives a complete explanation with specific details.

12. COMMUNICATING WANTS

1. He seldom verbalizes his wants; acts out by pointing, pulling, crying, etc.
2. He sometimes verbalizes but usually combines actions with words.
3. He usually verbalizes but sometimes acts out his wants.
4. He nearly always verbalizes his wants.

13. BORROWING

1. He takes objects when in use by others without asking permission.
2. He sometimes asks permission to use other's objects.
3. He frequently asks permission to use other's objects.
4. He nearly always asks permission to use other's objects.

14. RETURNING PROPERTY

When he has borrowed something -

1. He seldom attempts to return the property to its owner.
2. He occasionally attempts to return the property to its owner.
3. He frequently attempts to return the property to its owner.
4. He nearly always returns the property to its owner.

15. SHARING

1. He does not share equipment or toys.
2. He shares but only after adult intervention.
3. He occasionally shares willingly with other children.
4. He frequently shares willingly with other children.

16. HELPING OTHERS

When another child is having difficulty (such as using equipment, dressing) -

1. He never helps the other child.
2. He helps another child only when they are playing together.
3. He sometimes stops his own play to help another child.
4. He frequently stops his own play to help another child.

17. PLAYING WITH OTHERS

1. He usually plays by himself.
2. He plays with others but limits play to one or two children.
3. He occasionally plays with a larger group (three or more children).
4. He usually plays with a larger group (three or more children).

18. INITIATING INVOLVEMENT

When other children are involved in an activity which permits the inclusion of additional children -

1. He seldom initiates getting involved in the activity.
2. He sometimes initiates getting involved in the activity.
3. He frequently initiates getting involved in the activity.
4. He nearly always initiates getting involved in the activity.

19. INITIATING GROUP ACTIVITIES

1. He nearly always initiates activities which are solely for his own play.
2. He initiates his own activities and allows one child to join him.
3. He sometimes initiates activities which include two or more children.
4. He frequently initiates activities which are of a group nature.

20. GIVING DIRECTION TO PLAY

When playing with others -

1. He typically follows the lead of others.
2. He sometimes makes suggestions for the direction of the play.
3. He frequently makes suggestions for the direction of the play.
4. He nearly always makes suggestions for the direction of the play.

21. TAKING TURNS

1. He frequently interrupts or pushes others to get ahead of them in an activity taking turns.
2. He attempts to take turn ahead of time but does not push or quarrel in order to do so.
3. He waits for turn, but teases or pushes those ahead of him.
4. He waits for turn or waits to be called on.

22. REACTION TO FRUSTRATION

When he does not get what he wants or things are not going well -

1. He has a tantrum (screams, kicks, throws, etc.).
2. He finds a substitute activity without seeking help in solving problem.
3. He seeks help from others in solving problem without making an attempt to solve it himself.
4. He seeks help from others in solving problem after making an effort to solve it himself.

23. DEPENDENCE UPON ADULTS

He will continue in an activity on his own without having an adult participate with him or encourage him -

1. Hardly ever.
2. Sometimes.
3. Frequently.
4. Nearly always.

24. ACCEPTING LIMITS

When an adult sets limits on the child's activity (play space, use of material, type of activity) he accepts the limits -

1. Hardly ever.
2. Sometimes.
3. Frequently.
4. Nearly always.

25. EFFECTING TRANSITIONS

In changing from one activity to another -

1. He requires personal contact by adult (i.e., holding hands, leading).
2. He will not move toward new activity until the physical arrangements have been completed.
3. He moves toward new activity when the teacher announces the activity.
4. He moves toward new activity without physical or verbal cues.

26. CHANGES IN ROUTINE

The child accepts changes in routine (daily schedule, room arrangements, adults) without resistance or becoming upset -

1. Hardly ever.
2. Sometimes.
3. Frequently.
4. Nearly always.

27. REASSURANCE IN PUBLIC PLACES

When taken to public places he must be given physical or verbal reassurance -

1. Nearly always.
2. Frequently.
3. Sometimes.
4. Hardly ever.

28. RESPONSE TO UNFAMILIAR ADULTS

1. He avoids or withdraws from any contact with unfamiliar adults.
2. He, when initially approached by unfamiliar adults, avoids contact, but if approached again, is responsive.
3. He responds to overtures by unfamiliar adults but does not initiate contact.
4. He readily moves toward unfamiliar adults.

29. UNFAMILIAR SITUATIONS

1. He restricts himself to activities in which he has previously engaged.
2. He joins in an activity which is new for him only if other children are engaged in it.
3. He joins with other children in an activity which is new to everyone.
4. He engages in an activity which is new for him even though other children are not involved.

30. SEEKING HELP

When he is involved in an activity in which he needs help -

1. He leaves the activity without seeking help.
2. He continues in the activity but only if help is offered.
3. He persists in the activity and finally seeks help.
4. He seeks help from others after making a brief attempt.

Total Score _____

APPENDIX B

California Preschool Social Competency Scale
Social Competency Percentile Norms

RAW SCORE	2.0 - 2.11		3.0 - 3.11		4.0 - 4.11		5.0 - 5.11	
	Females	Males	Females	Males	Females	Males	Females	Males
120			99		99	99	99	99
117-119			98		97	97	93	97
114-116			97	99	95	97	91	95
111-113			95	98	93	96	88	93
108-110			94	97	90	94	84	90
105-107		99	91	96	86	91	79	88
102-104		98	88	94	82	88	74	81
99-101		98	85	92	76	84	68	76
96-98		96	81	89	71	80	61	70
93-95		95	76	84	64	75	55	63
90-92		88	70	79	58	68	48	56
87-89		85	64	73	50	62	41	48
84-86		80	58	66	42	56	34	41
81-83		75	52	59	35	50	28	34
78-80		69	48	51	29	42	23	27
75-77		63	39	43	23	35	18	21
72-74		56	33	36	18	29	14	16
69-71		49	27	29	13	23	10	12
66-68		42	23	23	10	18	7	9
63-65		36	17	17	7	14	5	6
60-62		29	13	13	5	11	4	4
57-59		24	10	9	3	8	2	3
54-56		19	7	6	2	6	2	2
51-53		14	5	4	1	4	1	1
48-50		11	4	3		3		
45-47		8	3	2		2		
42-44		6	2	1		1		
39-41		4	1					
36-38		3						
33-35		2						
30-32		1						

APPENDIX C

Fluharty Preschool Speech and Language Screening Test

PRESCHOOL SPEECH AND LANGUAGE SCREENING TEST

Individual Form

name _____ age _____ / _____ sex _____
yrs. mos. M or F

native language _____ school/center _____

examiner _____ date _____ / _____ / _____
mo. day year

Total Scores

Indicate the number of correct responses for each area in the boxes provided.

Age	Identification Total		Articulation Total		Comprehension Total		Repetition Total	
	cut-off score	child's score	cut-off score	child's score	cut-off score	child's score	cut-off score	child's score
2 years	9		18		4		3	
3 years	11		19		6		4	
4 years	12		21		7		6	
5 years	13		25		8		7	
6 years	14		26		8		8	

Section A: Identification and Articulation

Place a (✓) for each correct response in the boxes provided.

Stimulus Item	Identification	First Phoneme		Second Phoneme	
1. <u>h</u> at		/h/		/t/	
2. <u>b</u> ag		/b/		/g/	
3. <u>s</u> ock		/s/		/k/	
4. <u>k</u> nife		/n/		/f/	
5. <u>t</u> ooth		/t/		/θ/ (Black dialect) /f/	
6. <u>p</u> encil		/p/		/n/	
7. <u>w</u> indow		/w/		/d/	
8. <u>c</u> omb		/k/		/m/	
9. <u>r</u> ing		/r/		/ŋ/	
10. <u>sh</u> oes		/ʃ/		/z/	
11. <u>l</u> eaves		/l/		/v/	
12. <u>ch</u> air		/tʃ/		/t/	
13. <u>f</u> eather		/f/		/ð/ (Black dialect) /d/	
14. <u>j</u> elly		/dʒ/		/l/	
15. <u>y</u> es		/j/		/s/	

Total score _____

Total score _____

Total score _____

Place a (✓) for each correct response in the blanks to the left of the numerals.

(Display on the table: one leaf; two pencils — one yellow, one red; two bags — one paper, one plastic. Precede those sentences marked with an asterisk by saying, "Show me.")

Stimulus Item	Acceptable Response
___ 1. Is the leaf on the table? (Remove leaf.)	<i>(Positive nod of head; "Yes," "Here it is," and nods.)</i>
___ *2. You are opening your mouth.	<i>(Opens mouth; "See," and opens mouth.)</i>
___ *3. The pencil is yellow. (Remove both pencils. Display two rings.)	<i>(Points; "This one," and points.)</i>
___ *4. The bag is paper. (Put one ring <i>on</i> paper bag, other ring <i>in</i> plastic bag.)	<i>(Points; "This one," and points.)</i>
___ *5. The ring is on the bag. (Remove both rings and both bags. Display two combs.)	<i>(Points; "This one," and points.)</i>
___ 6. Show me your sock.	<i>(Points; "Here it is," and points.)</i>
___ *7. (<i>Child's name</i>) is coughing.	<i>(Must cough.)</i>
(Display on the table: feather, shoe, and hat. Put one comb on the floor. Other comb remains on the table.)	
___ *8. The comb isn't on the table.	<i>(Points; "It's on the floor," and points.)</i>
___ 9. Where is the feather?	<i>(Points; "On the table," and points.)</i>
___ 10. Take the shoe and hat.	<i>(Must take.)</i>

Total score _____

Section C: Repetition

Place a (✓) for each sentence repeated correctly in the blanks to the left of the numerals. Check missing words or record substituted responses in the blanks below each sentence.

___ 1. The <u>girls</u> <u>have</u> the <u>presents</u> .	___ 6. That is <u>her</u> cat.
___ 2. The man is a <u>football</u> <u>player</u> .	___ 7. The man <u>can't</u> reach.
___ 3. The baby is <u>little</u> .	___ 8. The girl said, " <u>Who</u> is it?"
___ 4. They <u>are</u> <u>walking</u> .	___ 9. The boy said, " <u>Blow</u> <u>hard!</u> "
___ 5. The bus is <u>here</u> .	___ 10. The ice cream <u>fell</u> .

Total score _____

APPENDIX D

Letter to Parents Recommending Evaluation



Appalachian State University
Boone, North Carolina 28608

704/262-2185

Speech Language and Hearing Screening:

Name: _____ Date: _____

Dear Parent(s) or Guardian:

As a part of the Special Services provided by your child's day care/school, your child had a speech and language evaluation. As you know, speech and language are important aspects of your child's normal growth and development.

The results of the testing indicate a need for further evaluation. Based on the results, it is recommended that your child be given a thorough diagnostic evaluation by a speech-language pathologist. These services are available at no charge through Appalachian State University Speech and Hearing Clinic. The phone number is 704/262-2185. Please call or write the ASU Speech and Hearing Clinic for an appointment for the evaluation.

Sincerely,

Julie A. Little
Graduate Clinician, Department of Speech Pathology

APPENDIX E

Letter to Parents Acknowledging
Normal Speech and Language Development

Appalachian State University
Boone, North Carolina 28608

704/262-2185

Speech Language and Hearing Screening:

Name: _____ Date: _____

Dear Parent(s) or Guardian:

Your child's speech and language are very important to the ability to learn and progress satisfactorily. For this reason, your child's day care facility takes a special interest in these aspects of your child's growth and development and periodically checks progress in speech and language.

At a routine evaluation in the day care, your child's speech and language were developing normally. However, if you notice a difficulty with your child's speech or language in the future, please contact us.

If you have questions pertaining to your day care/school's screening program please contact our clinic secretary and she will refer you to the appropriate person.

Sincerely,

Julie A. Little
Graduate Clinician

VITA

Julie Arlen Little was born in Taylorsville, North Carolina on July 8, 1961. She graduated from Alexander Central High School in June, 1979. The following August, she entered Appalachian State University and in 1983, received a Bachelor of Science degree in Speech Pathology and Audiology. Ms. Little began graduate studies at Appalachian State University during the summer of 1983. In the fall of that year, she accepted a graduate assistantship in the Department of Speech Pathology and Audiology. The Master of Arts degree was awarded in August, 1984.