Pilon, Janet

Subject: In-School Speech Therapy Service CONCERN

From: Szczotka Malwina

Sent: Monday, November 16, 2020 9:44 AM **To:** Pilon, Janet < Janet.Pilon@hamilton.ca>

Subject: Re: In-School Speech Therapy Service CONCERN

Dear City Clerk,

I write to you today as a mother advocating for in-school speech therapy services for her 5 year old son. My son, Theodore, was diagnosed with Apraxia at the age of 3, by both a neurologist and developmental paediatricians. You may be asking yourself what is Apraxia and why does this diagnosis matter. Apraxia is a motor speech disorder in which children have great difficulty planning and producing the specific series of movements that are necessary for intelligible speech. Children with Apraxia have difficulty programming and planning speech movements. This difficulty in planning speech movements is the hallmark of Apraxia.

Evidence-based research has demonstrated that speech therapy for children with Apraxia include a high degree of practice and repetition. Therapy for children with Apraxia is more effective when the speech goals are practiced with a great degree of frequency and intensity. The recommendation for therapy is 3-5 times a week, with the most of the therapy (2-3 times a week) being provided individually.

When children with Apraxia are being assessed it is imperative to remember that Apraxia is not the same as other phonological delays. Apraxia can be complex and may change suddenly and unpredictably. When speech therapy is not offered 3-5 times a week, children may regress and lose the speech skills they have worked so hard to get. Because Apraxia is different, children with Apraxia do not follow developmental sequence which are listed in in textbooks and guides for other children.

With all the evidence promoting intensity and frequent speech therapy for children with Apraxia, like my son Theodore, I do not understand why Theodore has been denied in-school speech therapy services two years in a row. Before starting school, Theodore received speech therapy between 3-4 times a week. Once school began, he no longer qualified for Early Words, but I was under the impression, that given his diagnosis, it would be continued in school. This was not the case. I have been told he doesn't meet the criteria that is used to assess all children, and yet, children with Apraxia do not develop their speech as other children do. So why is he being assessed and compared equally to other children? Why am I being told that if he is still making the errors he is making now when he turns 6 then he may qualify? I cannot wrap my mind around the lack of being proactive and helping Theodore now, before he regresses.

I have learned, just this year, that the Niagara Catholic District School Board is making changes and prioritizing children with diagnoses, like Apraxia, and providing them treatment versus prioritizing children with minor speech errors. Perhaps it is time for the Hamilton-Wentworth Catholic District School Board, the City of Hamilton, and the Province of Ontario follow suit and ensure children who need speech therapy, as evidence-based research suggests, do not get left behind.

I write to you today asking for your helping in ensuring Theodore is not left behind and that he receives oneon-one in-school speech therapy. For more information on Apraxia I recommend looking at https://www.apraxia-kids.org/. It will provide further evidence into what I have only briefly touched upon.

Thank you for your consideration in this important matter,

Malwina Stemmler