

THE COMMUNICATION DISORDERS CASEBOOK

Learning by Example

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LANGUAGE CASE 32

Jessica: A School-Age Child With Specific Language Impairment: A Case of Continuity

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Conceptual Knowledge Areas

To be prepared to understand this case, it is necessary to have a thorough knowledge of the definition and characteristic profiles of children diagnosed with specific language impairment (SLI). SLI is defined as “a communication disorder that interferes with the development of language skills in children who have no hearing loss or intellectual disabilities. SLI can affect a child’s speaking, listening, reading, and writing” (National Institute on Deafness and Other Communication Disorders [NIDCD], 2019). Just as important as an understanding of what SLI is, is an appreciation of what it is not. That is, there are several etiological factors that disqualify children with language problems from being diagnosed with SLI (e.g., hearing impairment, intellectual disability, autism spectrum disorder). Most typical of individuals diagnosed with SLI is their difficulty in learning and consistently using the grammatical morphemes of their language, although disruptions in the learning and use of other language areas, both receptively and expressively, are frequently observed (Leonard, 1998, 2014). In addition, it is critical to understand that SLI is a disorder that may underlie both the learning of oral language comprehension and production and written language comprehension and production (i.e., reading and writing). Moreover, whereas some children with SLI demonstrate early difficulties in word reading, other children with SLI may have no struggles in early word reading, with deficits in reading only detected in later elementary grades, when decoding no longer

determines reading comprehension skills (Catts et al., 2005). Given the bridging between oral and written language learning, the speech-language pathologist (SLP) must also be well versed in foundations of typical development in both of these communication modes, and a number of texts do a fine job of providing this information (Adlof, 2020; Catts et al., 2002; Stone et al., 2004). In particular, see Paul et al. (2018) for a very useful set of definitions delineating differences among learning disabilities, language-learning disabilities, reading disabilities, and dyslexia. In terms of course work, graduate students are advised to have completed courses in language development, language disorders in school-age children, assessment and diagnosis, and a course covering the principles of intervention prior to beginning practicum with a school-age client diagnosed with SLI. Further, because federal, state, and local jurisdictions mandate specific requirements for service delivery (e.g., eligibility, accountability), SLPs should frequently check appropriate websites for updated information (e.g., Department of Education, <http://www.ed.gov>; American Speech-Language-Hearing Association, <http://www.asha.org>; NIDCD, <http://www.nidcd.nih.gov/health/specific-language-impairment>).

Description of the Case

Background Information

Jessica was referred by her parents to a local university speech and hearing clinic that served

as a training site for speech-language pathology graduate students. At this time, Jessica was 10 years, 3 months of age and enrolled in the fourth grade. The child's parents wanted to know why their daughter was struggling to keep up with her classmates in terms of academic achievement. More specifically, Jessica demonstrated impaired oral language skills characterized by immature grammar that immediately set her apart in conversations from her same-age peers. Specifically, she often omitted grammatical morphemes that were obligatory in the contexts used. For example, although Jessica's home and school dialect were Standard American English, she often omitted third-person singular verb forms as in "Lester **walk** to school but Henry **ride** the bus." In addition, her ability to follow multistep directions, necessary for successful completion of classroom tasks, was also well below grade-level expectations, perhaps indicating a concomitant comprehension problem. Jessica's parents reported that their daughter demonstrated problems with decoding, reading comprehension, and spelling and were concerned that she was not meeting the reading and writing expectations for her grade. Recent benchmark assessments at school reported that Jessica was reading at the second-grade level, and her parents noted that "reading for pleasure" was not an activity that Jessica willingly selected.

When asked about Jessica's history of speech and language development, her parents reported that Jessica began receiving speech and language therapy at 28 months of age. Although some early progress had been made, they were certain that their daughter remained behind her classmates in her language competencies when she entered kindergarten. Jessica's parents have served as good advocates for their daughter's special needs both within their local school district and by securing outside service providers (e.g., a home-based tutor for reading). They described that their concerns about Jessica's language had escalated over the last several years as literacy-learning expectations exponentially increased. Jessica's parents indicated that they had two goals for the present evaluation. First, they were seeking advice for ways to help their daughter catch up through working with her at home. In addition, they sought rec-

ommendations for the appropriate services Jessica should be provided in school.

History Information

The following information was gleaned from a combination of direct interview and medical reports released to the clinic. Jessica was born at 36 weeks' gestation, weighing 5.5 lbs., the product of an otherwise unremarkable pregnancy. During her first 2 years of life, Jessica was reported to have had frequent upper respiratory infections, occasionally accompanied by bouts of otitis media with effusion (OME) and subsequent mild hearing loss. A diagnosis of allergies to spring grasses and tree pollen was also made. Jessica's bouts of OME were typically treated with antibiotics, and an antihistamine that caused drowsiness was administered as needed to manage seasonal allergies. Although Jessica's early motor milestones appeared within the typical age-expected range, her speech and language milestones—both receptive and expressive—were delayed. Jessica was enrolled in an Early Intervention (EI) home program when she was 2 years, 4 months of age. At that time, the most remarkable characteristic about Jessica's communication was the presence of multiple misarticulations that made the limited speech she did produce highly unintelligible. Once Jessica was no longer eligible for EI services, she was transitioned to speech-language therapy services through her local school district, where she received once-weekly therapy for 30-minute sessions during the 2 years of preschool. The focus of therapy was on increasing Jessica's intelligibility, although standardized testing indicated that along with multiple misarticulations, Jessica exhibited a more global deficit in both receptive and expressive language. During these 2 years, Jessica also attended an inclusive preschool program five mornings each week. When Jessica entered kindergarten, she continued to receive one weekly, 30-minute session of speech therapy and one 30-minute session of resource support per week to targeted phonological awareness skills. When she entered first grade, her individual pull-out therapy was terminated as Jessica's speech sound production

was judged to be intelligible enough for classroom success. However, in second grade, Jessica began receiving some additional reading support in the classroom. For the next 2 years, Jessica failed to meet eligibility requirements for SLP services in school as results of annual screenings conducted by the school's SLP demonstrated oral language skills that were within normal limits. Jessica has remained in the lowest-achieving reading group in her class, and although the resource teacher works with this group twice weekly, Jessica's parents have not observed appreciable changes in their daughter's ability to understand what she has read. In third grade, a neighbor's daughter, who was completing a degree in special education at a local college, was hired by the family to help Jessica with her homework twice a week after school.

According to Jessica's mother, Jessica enjoys attending school despite struggling academically. Jessica excels in both art class and physical education activities and was described by her mother as someone who "enjoys interacting with her friends" and is a "bright, fun-loving, and social child." Jessica's mother did express concerns that Jessica's continued frustration with reading might result in her deciding not to continue her education beyond high school. It was clear that Jessica's parents were very concerned about the impact her current difficulties would have on her future endeavors.

Reason for the Referral

Jessica's parents' primary concern was that they did not understand why their daughter's problems with language and literacy learning had persisted for so long despite the many years of therapy and other supports received. Because Jessica's language problems had transcended oral language understanding and production to reading and writing, her mother expressed urgency in finding an effective therapy program. Her father also noted that Jessica appeared to be falling further behind in her schoolwork. Jessica's parents were concerned what was once a year lag in development had become a 2-year lag—their daughter was now almost 3 years behind in reading comprehension.

Children with SLI are underdiagnosed compared to their same-age peers (Rice, 2020a). Thus, for children like Jessica, accurate identification of SLI is critical, and measuring multiple language dimensions enhances understanding of strengths and challenges and informs selection of appropriate treatment approaches (Rice, 2020b). To better describe Jessica's speech and language understanding and performance as well as investigate some of the underlying competencies that supported that performance, several standardized tests and two nonstandardized assessment tools were employed. More specifically, the intent was to be sure to cover the areas of language learning that supported reading and writing development. The following standardized tests were administered over two 90-minute evaluation sessions:

- **Peabody Picture Vocabulary Test–Fifth Edition (PPVT-5;** Dunn, 2018) to evaluate the student's receptive vocabulary. Jessica's receptive vocabulary as measured by the PPVT-5 (Form A) yielded a standard score of 75, placing her between 1 and 2 standard deviations below the mean for her age.
 - **Comprehensive Test of Phonological Processing–Second Edition (CTOPP-2;** Wagner et al., 2013) to determine the student's ability to manipulate the phonological system as it may relate to literacy learning. Only the seven core subtests were administered. Although Jessica's phonological awareness composite (i.e., elision and blending words subtests) placed her in the low-normal range, her phonological memory composite (i.e., memory for digits, nonword repetition subtests) and rapid naming composite (i.e., rapid digit naming and rapid letter naming subtests) both placed her performance in the lowest quartile when compared with other students her age.
 - **Test of Narrative Language–Second Edition (TNL-2;** Gillam & Pearson, 2017) to determine both the student's
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comprehension (i.e., inferencing) and production of narrative text.

A comparison of Jessica's understanding and production of stories clearly showed that her performance in both modalities was significantly below age-expected levels. As the amount of support for storytelling diminished (i.e., retelling, to sequence pictures, to one stimulus picture), Jessica demonstrated increased difficulty including story grammar elements in a logical manner. Her ability to accurately respond to questions that evaluated her understanding of narratives consistently revealed problems with inferencing.

- Test for Auditory Comprehension of Language—Fourth Edition (TACL-4; Carrow-Woolfolk, 2014) to evaluate the student's comprehension of grammatical morphemes and elaborated sentence types. Scores for the vocabulary, grammatical morphemes, and elaborated phrases and sentences subtests consistently placed Jessica in the below-average range (standard scores ranged from 8 to 6).
- Comprehensive Assessment of Spoken Language for Ages 7 to 21—Second Edition (CASL-2; Carrow-Woolfolk, 2017) to evaluate more advanced pragmatic, lexical, and syntactic language understanding and use. The five core subtests appropriate for Jessica's chronological age were administered (i.e., antonyms, syntax construction, paragraph comprehension, nonliteral language, pragmatic judgment). Jessica had the least difficulty providing opposites for the words in the antonyms subtest and the most difficulty with the pragmatic judgment task, often remaining silent when given the task prompt. Except for the antonym subtest, the remaining subtests placed Jessica in the lowest quartile of performance.
- A 100-utterance spontaneous language sample was also collected and analyzed

using Systematic Analysis of Language Transcripts (SALT; Miller & Iglesias, 2018). Jessica was not easy to engage in conversation. Thus, the language sample used for analysis was pieced together from incidental language output gathered across test sessions. Having noted this, the results of the language sample analysis should not be considered representative of her best language performance. However, the utterances that were collected substantiated the inconsistencies observed in Jessica's use of grammatical morphemes.

- To evaluate Jessica's written language competencies, she was asked to use the picture stimuli from Task 4 of the TNL-2 (Gillam & Pearson, 2017) to write a story. This nonstandardized probe was administered approximately 30 minutes after the TNL-2 was administered to prevent contamination of the results. It was difficult to motivate Jessica to attempt writing the story. Moreover, she wrote only one sentence for each picture, characterized by frequent misspellings, use of nonspecific words (e.g., that, it), and lack of cohesion. Throughout the assessment, it was not clear that Jessica was using the pictures to support a story with a beginning, a logical middle, and an end.
- Given Jessica's history of OME with documented episodes of hearing loss, information about her hearing status was sought before beginning an evaluation. A hearing evaluation was scheduled just prior to the speech and language evaluation. The results demonstrated that her hearing thresholds were within normal limits bilaterally, and tympanometry revealed normal middle ear pressure in both ears. There were no concerns about Jessica's peripheral hearing at the time of testing. Note that this evaluation did not include any tests specific to a central auditory processing evaluation.

Findings of the Evaluation

Observations

Jessica was compliant during both test sessions. Although testing covered concepts that were clearly difficult for her, Jessica appeared to try her best. However, it was noted during the testing sessions that she was reticent and reluctantly engaged in conversation with the examiner despite the use of various motivating and engaging materials. As had been stated by Jessica's mother, Jessica also appeared to be acutely aware of her difficulties communicating throughout the assessment process.

Interview Revelations

During the evaluation sessions, it was necessary to remind Jessica's mother several times that some of the material presented to her daughter would likely be too difficult for her to handle successfully, but it was important to determine Jessica's present level of performance without supports. Jessica's mother expressed concern that repeated frustrations with testing would result in her daughter not wanting to continue trying her best. The examiner did not share this opinion.

Representation of the Problem at the Time of Evaluation

Jessica's test results confirmed her parents' impressions that Jessica did indeed have a significant delay in both age-expected receptive and expressive language competencies in the absence of any obvious cognitive deficit, peripheral hearing loss, social-emotional difficulties, or oral-motor problems (i.e., there was no indication of either dysarthria or apraxia). Given the absence of any disqualifying etiological factor and the presence of multiple areas of language learning that were below age expectations, a working diagnosis of SLI was supported. In addition to the results gleaned from formal testing, Jessica's long history of impairments in speech and language learning

pointed to a diagnosis of SLI. Although speech sound errors were discerned through testing and observation, they did not negatively affect Jessica's intelligibility. However, longstanding problems with the speech sound system may be indicative of a problem with phonological memory that can impact new word learning and word retrieval, concerns that are not uncommon to many children with the diagnosis of SLI. In addition, impairments in the phonological processing component of language learning also would contribute to a diagnosis of dyslexia, a particular type of reading disability (Catts et al., 2005).

Taken together, it appeared that Jessica was at risk for falling further behind without a significant, team-based approach to working on her underlying language-learning issues. Although Jessica might not have initially qualified for speech and language services based on early oral language screening results, she did now qualify for services as indicated by her low performance on several standardized tests. In fact, given the student's poor reading performance and the longstanding nature of her difficulties, service delivery was felt to be a high priority. Her Individualized Education Plan (IEP) would specify the objectives, therapy approach, the intensity of the therapy received, and who would be providing the services. The plan was not only to recommend services but also to provide some guidance about the type of program thought best given what was known about Jessica's needs and available therapy approaches.

Treatment Considerations

Clinical Experiences

Clinical experiences led to the belief that any successful treatment program for Jessica would have to include the following features:

- Selection of specific goals for Jessica would be developmental, functional, and classroom curriculum based. The continuity between oral language
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understanding and production and successful literacy learning (i.e., learning to read and write) would have to be enhanced.

- Both the classroom teacher and the school SLP would play integral roles in the planning and implementation of the treatment program to enhance carryover of language-learning strategies.
- Multiple modalities would be utilized to maximize Jessica's learning.
- Evidence-based data supporting the success of the program for students with language-learning needs like Jessica's were available.

Intervention Approach

The intervention approach selected for Jessica was the Writing Lab Approach (WLA) as described by Nelson and Van Meter (2006b). The WLA involves the use of computer technology to target writing skills and can be easily integrated into the classroom curriculum. This language program focuses on the enhancement of writing competencies by providing frequent opportunities to produce and receive feedback on written assignments. Although the products are primarily written, the authors note that the underlying targeted features of language development include both the oral and written modalities from words and sounds at the most basic level of discourse (p. 384). There are three main portions of the WLA: (1) writing process instruction, (2) computer support, and (3) inclusive instructional practices. Students are presented with writing projects that are "authentic" (p. 384). That is, a specific genre is practiced (e.g., narrative, expository) related to the intended audience of the product. Fulfillment of the program requires collaboration between SLPs, general education teachers, and special education teachers as appropriate to ensure that the objectives are curriculum based. Nelson and Van Meter (2006a) claim that support for the WLA program can be traced to studies that have demonstrated the efficacy of "process-based approaches to writing" (p. 389) such as 4th-, 8th-, and 12th-grade stu-

dents' results on the National Assessment of Educational Process exams taken in 1992, when the students who were most successful on the exam described their teachers as providing them with frequent writing exercises accompanied by practice with strategies that encouraged organization of writing products. The authors also cited work by MacArthur and colleagues (Graham et al., 1995; MacArthur et al., 1993) demonstrating that computer-based and process instruction models of intervention were effective in improving the maturity of essays produced by the students in the experimental groups. Research aimed at evaluating the WLA has shown growth for students with language-learning disabilities at all three levels of writing assessed: the word, sentence, and discourse (Nelson et al., 2004; Nelson & Van Meter, 2006b). In addition, most participating students made appreciable gains in written word production fluency and in production of well-formed stories, although less far-reaching were positive changes in the production of more complex sentences.

Selection of Treatment Approach

It was decided that the WLA program was a good choice for Jessica for several reasons. First, the WLA program was founded on the principle of the continuity between oral and written language. It is a flexible program, and the specific written projects can easily be altered to fit within the boundaries of the student's curriculum (e.g., creating a diary as if written by an explorer to the "New World" would be appropriate for a social studies unit about explorers). Second, the WLA, by design, is implemented with collaboration between the SLP and the classroom teacher to maximize functionality and carryover. Third, the WLA includes a computer instructional portion but is not completely reliant upon this modality. Jessica most likely would benefit from inclusion of visual cuing (e.g., graphic organizers) in addition to activities based on computer instruction. Finally, the foundational skills on which the program is based (e.g., the continuity between oral and literate language learning) are accepted as viable instructional principles (Nelson & Van Meter, 2006a).

Course of Treatment

The clinician was asked to work with the school in determining the treatment program to be implemented. After careful consideration, a consensus was reached on the WLA. According to Nelson and Van Meter (2006b), implementation of the WLA requires that the SLP be involved in the daily, hourlong intervention sessions conducted in the classroom two to three times per week. Consistent with the district's Response to Intervention (RTI) plan, it was decided that the seven children in the fourth grade who were in similar need of language-learning instruction/writing instruction would be assigned to meet as a group for 1 hour daily. The resource room teacher was designated as the expert who would be trained in the WLA model and would meet with the children. For these group sessions, one of the three fourth-grade classroom teachers was always present, rotating through the program on a weekly basis. The school SLP also participated three times a week. The professionals on the team met weekly to discuss goals, lesson plans, and the students' progress. Because the WLA approach was as new to the school personnel as it was to the fourth-grade students, the team experienced a period of adjustment. Fortunately, the elementary school had a strong history of administrative support for both continuing education and preparation time for its faculty, and thus the personnel involved had ample time to prepare to implement this new service delivery model. The plan was to begin the program by November 1 and to informally assess the students' classroom performance 6 weeks prior to the beginning of the December break. Because the activities that were employed as part of the WLA could be very useful for enhancing the writing competencies for all fourth-grade students, the teachers decided that after December, they would expand the program with every fourth-grade student participating at least once weekly. The role of the SLP was to provide additional assistance with feedback to Jessica and her cohort and in analyzing the individual lessons to maximize the learning benefits for the children with IEPs. Jessica thrived in this environment.

Analysis of the Client's Response to Intervention

According to her mother and the classroom teachers, Jessica enjoyed the activities planned for her and her group. Because of the care taken by the school personnel to individualize the program for each of the students with IEPs, Jessica was provided with sufficient support to be successful most of the time. She appeared to gain confidence in her ability to complete the assigned writing tasks. Jessica also became more willing to offer information in class. When the typical language learners were included in the WLA approach, the teachers began to develop writing projects that fostered collaboration between Jessica and her classmates who were not having difficulty with language learning. The SLP facilitated these group endeavors to be certain that Jessica was not left out of the decision-making process. At the end of the school year, standardized testing revealed that Jessica had gained approximately 1.5 grade levels in her reading and writing performance. There was also a notable change in the maturity of the sentences she produced in conversation. It appeared that the use of frequent orthographic cuing had made the presence of obligatory morphemes more salient to Jessica. She was now consistently including regular plurals, past-tense verb forms, and third-person singular verb forms, among other grammatical morphemes. The WLA had also had a positive effect on Jessica's vocabulary. It was noted by her classroom teacher that her use of nonspecific words had also noticeably diminished.

Further Recommendations

As hoped, the WLA intervention made an appreciable difference in providing Jessica the support she needed to learn the foundational skills for achieving grade-level reading and writing competencies. Her progress in the WLA program substantiated the belief that Jessica's difficulty with the oral language modality was inextricably tied to her difficulties with reading and writing. At the next IEP meeting, the SLP suggested that Jessica receive an additional session per week of SLP ser-

vices to specifically address some of her remaining problems with expressive grammar (Smith-Lock et al., 2013) and, specifically, the formulation of complex sentence structures (e.g., adverbial clauses, noun + post modification).

Authors' Note

Jessica's case study is not based on an actual client. Rather, her case represents a composite of several hundred school-age clients the authors have worked with in more than 30 years as SLPs.

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