

Postgraduate Diploma

Medical Approach to Dyslexia and SLI





Postgraduate Diploma Medical Approach to Dyslexia and SLI

- » Modality: online
- » Duration: 6 months
- » Certificate: TECH Global University
- » Accreditation: 18 ECTS
- » Schedule: at your own pace
- » Exams: online

Website: www.techtute.com/us/medicine/postgraduate-diploma/postgraduate-diploma-medical-approach-dyslexia-sli

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01

Introduction

Recent research in language disorders has led to advances and changes, both conceptual and procedural, in speech therapy practice. There is an increasing amount of scientific evidence, from both genetics and neurolinguistics, regarding the markers that define these disorders. This program offers you the essential knowledge to intervene in this area efficiently.



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This Postgraduate Diploma in Medical Approach to Dyslexia and SLI will generate a sense of confidence in the performance of your profession, helping you grow both personally and professionally”

The neuroanatomical and neuropsychological foundations of language provide evidence of atypical or deviated functioning in the process of language acquisition and development. Speech therapy specialists are responsible for coordinating actions with other educational agents to address these speech disorders and intervene in both clinical and educational contexts.

Speech therapy is a healthcare discipline that deals with the study, prevention, assessment, and intervention of speech, language, and communication disorders, as well as other associated pathologies. The speech therapist, in their daily work, needs ample and updated resources to make his intervention profitable and to normalize communicative patterns that interfere with learning and normal development.

This program is designed for professionals with extensive knowledge and experience in their respective fields, specifically in the psycholinguistic dimension accompanying these disorders. The goal of this program is that, once completed, you will be able to identify and treat the language disorders presented here. Since these difficulties impact both the teaching and learning processes of students, it will be crucial to involve all educational agents and collaborate in a multidisciplinary way, including professionals from other healthcare disciplines.

This **Postgraduate Diploma in Medical Approach to Dyslexia and SLI** contains the most complete and up-to-date scientific program on the market.

- ♦ Development of practical cases presented by experts in dyslexia and SLI
Its graphic, schematic, and eminently practical contents are designed to provide scientific and practical information on the essential disciplines for professional practice
- ♦ Latest advancements in the detection and intervention of dyslexia and SLI
- ♦ It contains practical exercises where the self-assessment process can be carried out to improve learning
- ♦ Algorithm-based interactive learning system for decision making in the situations that are presented to the student
- ♦ With a special emphasis on evidence-based methodologies in dyslexia and SLI
- ♦ All of this will be complemented by theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments
- ♦ Content that is accessible from any fixed or portable device with an internet connection



*Update your knowledge through the
Postgraduate Diploma in Medical
Approach to Dyslexia and SLI"*

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With a teaching approach based on solving real-life situations, you will train quickly and efficiently, applying each learning immediately in your work with complete confidence”

The program includes faculty members from the field of Medical Approach to Dyslexia and SLI, who bring their professional experience into this training, as well as recognized specialists from leading scientific societies.

Thanks to its multimedia content, developed with the latest educational technology, professionals will benefit from situated and contextual learning—simulated environments designed to provide immersive learning experiences that prepare them for real-life situations.

This program is designed around Problem-Based Learning, whereby the physician must try to solve the different professional practice situations that arise during the course. To support this, you will have access to an innovative interactive video system created by renowned experts in the field of giftedness, with extensive teaching experience.

To support this, you will have access to an innovative interactive video system created by renowned experts in the field of giftedness, with extensive teaching experience.

Join the pioneers in this area of work with competitive training in terms of quality and prestige: a unique opportunity to distinguish yourself as a professional.



02 Objectives

The Postgraduate Diploma in Medical Approach to Dyslexia and SLI will provide you with the tools and competencies necessary for understanding the voice in all its facets, giving you a boost in the practice of your profession.





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This Postgraduate Diploma is designed to help you update your knowledge in vocal therapy and apply it in the practice of your profession with complete confidence”

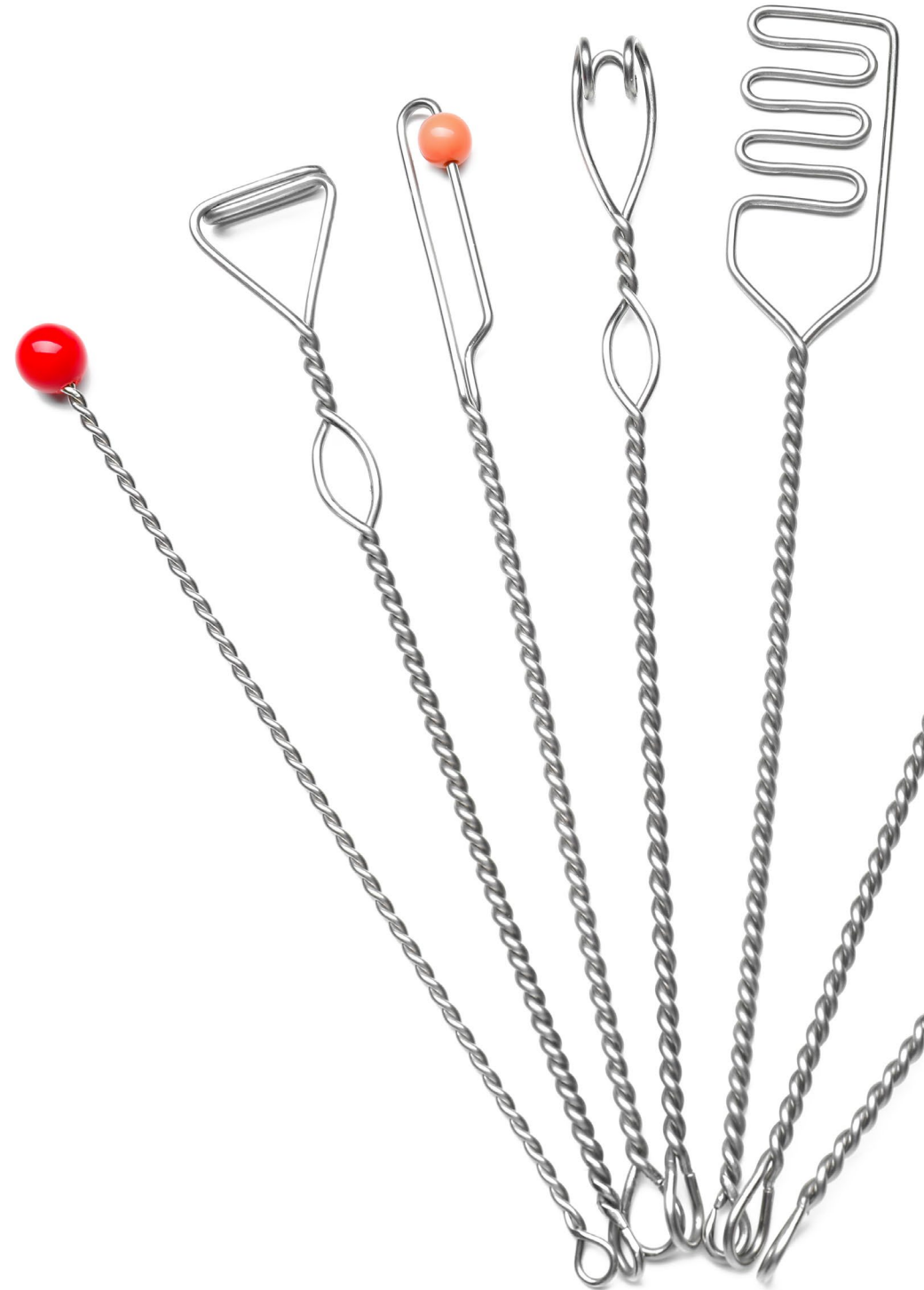


General Objectives

- Provide both theoretical and practical specialization that allows for a comprehensive and integrated approach to treating dyslexia and SLI
- Provide basic knowledge of the neuropsychological processes involved in communication and how to apply them in personalized and group work
- Improve academic performance and prevent school failure for students with educational needs arising from these disorders, addressing associated motivational and emotional variables
- Promote the foundations of typical development and study communicative profiles so that the school integration of these students is both referenced and real
- Learn about updated tools based on competencies and technology that aid in the speech therapy re-education process for language disorders



Take advantage of the opportunity and take the step to update yourself on the latest advancements in the Medical Approach to Dyslexia and SLI"





Specific Objectives

- Delve into the concept of Speech Therapy and in the areas of action of the professionals of this discipline
- Acquire knowledge about the concept of Language and the different aspects that compose it
- Delve into the typical development of language, knowing its stages, as well as being able to identify the warning signs of language development.
- Understand and be able to classify the different Language pathologies, from the different approaches currently existing
- Learn about the different batteries and tests available in the discipline of Speech Therapy, to be able to carry out a correct evaluation of the different areas of Language
- Be able to develop a Speech Therapy report in a clear and precise way, both for the families and for the different professionals
- Understand the importance and effectiveness of working with an interdisciplinary team, whenever necessary and favorable for the child's rehabilitation
- Delve into the knowledge of dyslalia and the different types of classifications and subtypes that exist
- Know everything involved in the evaluation process, in order to be able to carry out the most effective Speech Therapy intervention possible
- Understand and be able to apply the processes involved in the intervention, at the same time, to acquire knowledge to be able to intervene and to make own and effective material for the different Dyslalias that can be presented
- Be aware and be able to involve the family in the child's intervention, so that they are a part of the process, and that this collaboration is as effective as possible
- Know the concept of Dysphemia, including its symptoms and classification
- Be able to differentiate between Normal Dysfluency and Verbal Fluency impairment, such as Dysphemia
- Acquire sufficient knowledge to be able to assess a Verbal Fluency Disorder
- Delve into in the marking of objectives and in the depth of the intervention of a Dysphemic child, in order to be able to carry out the most efficient and effective work possible
- Understand and be aware of the need to keep a record of all the sessions and everything that happens in them
- Understand the need for an Intervention supported and supported by both the family and the team of teachers at the child's School

03

Course Management

The program includes leading experts in Medical Approach to Dyslexia and SLI, who bring their professional experience into this training. In addition, other experts of renowned prestige participate in its design and planning completing the program in an interdisciplinary manner.



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Learn from leading professionals the latest advancements in procedures in the field of Medical Approach to Dyslexia and SLI”

Management



Ms. Vázquez Pérez, Mª Asunción

- ♦ Diploma in Speech Therapy with training and experience in hearing disabilities, Autism Spectrum Disorders (ASD), and augmentative communication systems
- ♦ Additionally, a forensic speech therapist with teaching experience in Attention Deficit Hyperactivity Disorder (ADHD)

Faculty

Ms. Fernández, Ester Cerezo

- ♦ Graduated in Speech Therapy, Master's Degree in Clinical Neuropsychology, Expert in Orofacial Therapy and Early Intervention
- ♦ With training and experience in neurological speech therapy practice.

Ms. Mata Ares, Sandra Mª

- ♦ Graduated Speech Therapist
- ♦ Specialized in speech therapy intervention in childhood and adolescence
- ♦ Master's Degree in "Speech Therapy Intervention in Childhood and Adolescence"
- ♦ Has specific training in speech and language disorders in childhood and adulthood

Ms. Rico Sánchez, Rosana

- ♦ Speech Therapist No. 09/032, Professional Association of Speech Therapists of Castilla y León
- ♦ Extensive training and experience in clinical and educational speech therapy
- ♦ Speech Therapist at the "Palabras Y Más" Speech Therapy and Pedagogy Center

Ms. Vázquez Pérez, Mª Asunción

- ♦ Diploma in Speech Therapy with training and experience in hearing disabilities, Autism Spectrum Disorders (ASD), and augmentative communication systems
- ♦ Additionally, a forensic speech therapist with teaching experience in Attention Deficit Hyperactivity Disorder (ADHD)



04

Structure and Content

The content structure has been designed by a team of professionals from the best education centers and universities in the country, who are aware of the relevance of current training and who are committed to quality teaching through new educational technologies.





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This Postgraduate Diploma in Medical Approach to Dyslexia and SLI contains the most complete and up-to-date scientific program on the market”

Module 1. Basis of Speech and Language Therapy

- 1.1. Introduction to the Program and the Modules
 - 1.1.1. Introduction to the Program
 - 1.1.2. Introduction to the Module
 - 1.1.3. Previous Aspects of the Language
 - 1.1.4. History of the Study of Language
 - 1.1.5. Basic Theories of Language
 - 1.1.6. Research in Language Acquisition
 - 1.1.7. Neurological Foundations in Language Development
 - 1.1.8. Perceptual Foundations in Language Development
 - 1.1.9. Social and Cognitive Foundations of Language
 - 1.1.9.1. Introduction
 - 1.1.9.2. The Importance of Imitation
 - 1.1.10. Final Conclusions
- 1.2. What is Speech Therapy?
 - 1.2.1. Speech Therapy
 - 1.2.1.1. Concept of Speech Therapy
 - 1.2.1.2. Concept of Speech Therapist
 - 1.2.2. History of Speech Therapy
 - 1.2.3. Speech Therapy Worldwide
 - 1.2.3.1. Importance of the Speech Therapy Professional Worldwide
 - 1.2.3.2. What Are Speech Therapists Called in Other Countries?
 - 1.2.3.3. Is the Speech Therapist Valued in Other Countries?
 - 1.2.4. Functions of the Speech Therapy Professional
 - 1.2.4.1. The Reality of Speech Therapy
 - 1.2.5. Areas of Intervention for Speech Therapists
 - 1.2.5.1. The Reality of Speech Therapy Intervention Areas
 - 1.2.6. Forensic Speech Therapy
 - 1.2.6.1. Initial Considerations
 - 1.2.6.2. Concept of Forensic Speech Therapy
 - 1.2.6.3. The Importance of Forensic Speech Therapists



- 1.2.8. The Teacher of Hearing and Language
 - 1.2.8.1. Concept of Teacher of Hearing and Language
 - 1.2.8.2. Areas of Work for the Teacher of Hearing and Language
 - 1.2.8.3. Differences Between Speech Therapist and Teacher of Hearing and Language
- 1.2.9. Final Conclusions
- 1.3. Language, Speech, and Communication
 - 1.3.1. Preliminary Considerations
 - 1.3.2. Language, Speech, and Communication
 - 1.3.2.1. Concept of Language
 - 1.3.2.2. Concept of Speech
 - 1.3.2.3. Communication Concept
 - 1.3.2.4. How Do They Differ?
 - 1.3.3. Dimensions of Language
 - 1.3.3.1. Formal or Structural Dimension
 - 1.3.3.2. Functional Dimension
 - 1.3.3.3. Behavioral Dimension
 - 1.3.4. Theories Explaining Language Development
 - 1.3.4.1. Preliminary Considerations
 - 1.3.4.2. Theory of Determinism: Whorf
 - 1.3.4.3. Theory of Behaviorism: Skinner
 - 1.3.4.4. Theory of Innatism: Chomsky
 - 1.3.4.5. Interactionist Positions
 - 1.3.5. Cognitive Theories Explaining Language Development
 - 1.3.5.1. Piaget
 - 1.3.5.2. Vigotsky
 - 1.3.5.3. Luria
 - 1.3.5.4. Bruner
 - 1.3.6. Influence of the Environment on Language Acquisition
 - 1.3.7. Components of Language
 - 1.3.7.1. Phonetics and Phonology
 - 1.3.7.2. Semantics and Lexicon
 - 1.3.7.3. Morphosyntax
 - 1.3.7.4. Pragmatics
- 1.3.8. Stages of Language Development
 - 1.3.8.1. Prelinguistic Stage
 - 1.3.8.2. Linguistic Stage
- 1.3.9. Summary Table of Typical Language Development
- 1.3.10. Final Conclusions
- 1.4. Communication, Speech, and Language Disorders
 - 1.4.1. Introduction to the Unit
 - 1.4.2. Communication, Speech, and Language Disorders
 - 1.4.2.1. Concept of Communication Disorder
 - 1.4.2.2. Concept of Speech Disorder
 - 1.4.2.3. Concept of Language Disorder
 - 1.4.2.4. How Do They Differ?
 - 1.4.3. Communication Disorders
 - 1.4.3.1. Preliminary Considerations
 - 1.4.3.2. Comorbidity with Other Disorders
 - 1.4.3.3. Types of Communication Disorders
 - 1.4.3.3.1. Social Communication Disorder
 - 1.4.3.3.2. Unspecified Communication Disorder
 - 1.4.4. Speech Disorders
 - 1.4.4.1. Preliminary Considerations
 - 1.4.4.2. Origin of Speech Disorders
 - 1.4.4.3. Symptoms of a Speech Disorder
 - 1.4.4.3.1. Mild Delay
 - 1.4.4.3.2. Moderate Delay
 - 1.4.4.3.3. Severe Delay
 - 1.4.4.4. Warning Signs in Speech Disorders
 - 1.4.5. Classification of Speech Disorders
 - 1.4.5.1. Phonological Disorder or Dyslalia
 - 1.4.5.2. Dysphemia
 - 1.4.5.3. Dysglossia
 - 1.4.5.4. Dysarthria
 - 1.4.5.5. Tachyphemia
 - 1.4.5.6. Other Methods

- 1.4.6. Language Disorders
 - 1.4.6.1. Preliminary Considerations
 - 1.4.6.2. Origin of Language Disorders
 - 1.4.6.3. Conditions Related to Language Disorders
 - 1.4.6.4. Warning Signs in Language Development
- 1.4.7. Types of Language Disorders
 - 1.4.7.1. Receptive Language Difficulties
 - 1.4.7.2. Expressive Language Difficulties
 - 1.4.7.3. Receptive-Expressive Language Difficulties
- 1.4.8. Classification of Language Disorders
 - 1.4.8.1. Clinical Approach
 - 1.4.8.2. Educational Approach
 - 1.4.8.3. Psycholinguistic Approach
 - 1.4.8.4. Axiological Perspective
- 1.4.9. Affected Skills in a Language Disorder
 - 1.4.9.1. Social Skills
 - 1.4.9.2. Academic Problems
 - 1.4.9.3. Other Affected Skills
- 1.4.10 Types of Language Disorders
 - 1.4.10.1. Specific Language Impairment (SLI)
 - 1.4.10.2. Aphasia
 - 1.4.10.3. Dyslexia
 - 1.4.10.4. Attention Deficit Hyperactivity Disorder (ADHD)
 - 1.4.10.5. Other Methods
- 1.4.11 Comparative Table of Typical Development and Developmental Disorders
- 1.5. Speech Therapy Assessment Tools
 - 1.5.1. Introduction to the Unit
 - 1.5.2. Key Aspects to Highlight During Speech Therapy Assessment
 - 1.5.2.1. Fundamental Considerations
 - 1.5.3. Orofacial Motricity Assessment: The Stomatognathic System
 - 1.5.4. Speech Therapy Assessment Areas, Regarding Language, Speech, and Communication
 - 1.5.4.1. Anamnesis (Family Interview)
 - 1.5.4.2. Pre-verbal Stage Assessment
 - 1.5.4.3. Phonetics and Phonology Assessment
 - 1.5.4.4. Morphology Assessment
 - 1.5.4.5. Syntax Assessment
 - 1.5.4.6. Semantics Assessment
 - 1.5.4.7. Pragmatics Assessment
 - 1.5.5. General Classification of the Most Commonly Used Speech Therapy Evaluation Tests
 - 1.5.5.1. Development Scales: Introduction
 - 1.5.5.2. Tests for Oral Language Assessment: Introduction
 - 1.5.5.3. Tests for Reading and Writing Assessment: Introduction
 - 1.5.6. Developmental Scales
 - 1.5.6.1. Brunet-Lézine Developmental Scale
 - 1.5.6.2. Battelle Developmental Inventory
 - 1.5.6.3. Portage Guide
 - 1.5.6.4. Haizea-Llevant
 - 1.5.6.5. Brayley Infant Development Scale
 - 1.5.6.6. McCarthy Scale (Aptitudes and Psychomotor Skills for Children)
 - 1.5.7. Tests for Oral Language Assessment
 - 1.5.7.1. BLOC
 - 1.5.7.2. Monfort-Induced Phonological Record
 - 1.5.7.3. ITPA
 - 1.5.7.4. PLON-R
 - 1.5.7.5. PEABODY
 - 1.5.7.6. RFI
 - 1.5.7.7. ELA-R
 - 1.5.7.8. EDAF
 - 1.5.7.9. CELF 4
 - 1.5.7.10. BOEHM
 - 1.5.7.11. TSA
 - 1.5.7.12. CEG
 - 1.5.7.13. ELCE

- 1.5.8. Tests for Reading and Writing Assessment
 - 1.5.8.1. PROLEC- R
 - 1.5.8.2. PROLEC-SE
 - 1.5.8.3. PROESC
 - 1.5.8.4. TALE
- 1.5.9. Summary Table of the Different Tests
- 1.5.10. Final Conclusions
- 1.6. Components of a Speech Therapy Report
 - 1.6.1. Introduction to the Unit
 - 1.6.2. Reason for the Assessment
 - 1.6.2.1. Request or Referral by the Family
 - 1.6.2.2. Request or Referral by School or External Center
 - 1.6.3. Anamnesis
 - 1.6.3.1. Anamnesis with the Family
 - 1.6.3.2. Meeting with the Educational Center
 - 1.6.3.3. Meeting with Other Professionals
 - 1.6.4. The Patient's Clinical and Academic History
 - 1.6.4.1. Medical History
 - 1.6.4.1.1. Developmental History
 - 1.6.4.2. Academic History
 - 1.6.5. Context of the Different Environments
 - 1.6.5.1. Family Context
 - 1.6.5.2. Social Context
 - 1.6.5.3. Educational Context
 - 1.6.6. Professional Assessments
 - 1.6.6.1. Assessment by the Speech Therapist
 - 1.6.6.2. Assessments by Other Professionals
 - 1.6.6.2.1. Assessment by the Occupational Therapist
 - 1.6.6.2.2. Assessment by the Teacher
 - 1.6.6.2.3. Assessment by the Psychologist
 - 1.6.6.2.4. Other Assessments
 - 1.6.7. Assessment Results
 - 1.6.7.1. Results of the Speech Therapy Evaluation
 - 1.6.7.2. Results of Other Evaluations
 - 1.6.8. Clinical Judgment and/or Conclusions
 - 1.6.8.1. Judgment by the Speech Therapist
 - 1.6.8.2. Judgment by Other Professionals
 - 1.6.8.3. Joint Judgment with Other Professionals
 - 1.6.9. Speech Therapy Intervention Plan
 - 1.6.9.1. Objectives to Address
 - 1.6.9.2. Intervention Programs
 - 1.6.9.3. Guidelines and/or Recommendations for the Family
 - 1.6.10. Why is the Speech Therapy Report So Important?
 - 1.6.10.1. Preliminary Considerations
 - 1.6.10.2. Contexts Where a Speech Therapy Report Can Be Key
- 1.7. Speech Therapy Intervention Program
 - 1.7.1. Introduction
 - 1.7.1.1. The Need to Develop a Speech Therapy Intervention Program
 - 1.7.2. What is a Speech Therapy Intervention Program?
 - 1.7.2.1. Concept of the Intervention Program
 - 1.7.2.2. Foundations of the Intervention Program
 - 1.7.2.3. Considerations for the Speech Therapy Intervention Program
 - 1.7.3. Fundamental Aspects for Developing a Speech Therapy Intervention Program
 - 1.7.3.1. Characteristics of the Child
 - 1.7.4. Planning the Speech Therapy Intervention
 - 1.7.4.1. Methodology for Intervention to Be Implemented
 - 1.7.4.2. Factors to Consider in Planning the Intervention
 - 1.7.4.2.1. Extracurricular Activities
 - 1.7.4.2.2. Child's Chronological and Corrected Age
 - 1.7.4.2.3. Number of Sessions per Week
 - 1.7.4.2.4. Family Collaboration
 - 1.7.4.2.5. Family's Economic Situation
 - 1.7.5. Objectives of the Speech Therapy Intervention Program
 - 1.7.5.1. General Objectives of the Speech Therapy Intervention Program
 - 1.7.5.2. Specific Objectives of the Speech Therapy Intervention Program

- 1.7.6. Speech Therapy Intervention Areas and Techniques for Their Intervention
 - 1.7.6.1. Voice
 - 1.7.6.2. Speech
 - 1.7.6.3. Prosody
 - 1.7.6.4. Language
 - 1.7.6.5. Reading
 - 1.7.6.6. Writing
 - 1.7.6.7. Orofacial
 - 1.7.6.8. Communication
 - 1.7.6.9. Hearing
 - 1.7.6.10. Breathing
- 1.7.7. Materials and Resources for Speech Therapy Intervention
 - 1.7.7.1. Proposal for Custom-Made Materials Essential in a Speech Therapy Room
 - 1.7.7.2. Proposal for Essential Market Materials for a Speech Therapy Room
 - 1.7.7.3. Essential Technological Resources for Speech Therapy Intervention
- 1.7.8. Methods of Speech Therapy Intervention
 - 1.7.8.1. Introduction
 - 1.7.8.2. Types of Intervention Methods
 - 1.7.8.2.1. Phonological Methods
 - 1.7.8.2.2. Clinical Intervention Methods
 - 1.7.8.2.3. Semantic Methods
 - 1.7.8.2.4. Behavioral-Speech Therapy Methods
 - 1.7.8.2.5. Pragmatic Methods
 - 1.7.8.2.6. Medical Methods
 - 1.7.8.2.7. Other Methods
 - 1.7.8.3. Choosing the Most Appropriate Intervention Method for Each Individual
- 1.7.9. The Interdisciplinary Team
 - 1.7.9.1. Introduction

- 1.7.9.2. Professionals Who Collaborate Directly with the Speech Therapist
 - 1.7.9.2.1. Psychologists
 - 1.7.9.2.2. Occupational Therapists
 - 1.7.9.2.3. Teachers
 - 1.7.9.2.4. Teachers of Hearing and Language
 - 1.7.9.2.5. Other Methods
 - 1.7.9.3. The Role of These Professionals in Speech Therapy Intervention
- 1.7.10. Final Conclusions
- 1.8. Augmentative and Alternative Communication Systems (AAC)
 - 1.8.1. Introduction to the Unit
 - 1.8.2. What Are AAC Systems?
 - 1.8.2.1. Concept of Augmentative Communication Systems
 - 1.8.2.2. Concept of Alternative Communication Systems
 - 1.8.2.3. Similarities and Differences
 - 1.8.2.4. Advantages of AAC Systems
 - 1.8.2.5. Disadvantages of AAC Systems
 - 1.8.2.6. How Did AAC Systems Emerge?
 - 1.8.3. Principles of AAC Systems
 - 1.8.3.1. General Principles
 - 1.8.3.2. Common Myths about AAC Systems
 - 1.8.4. How to Determine the Most Suitable AAC System
 - 1.8.5. Communication Support Products
 - 1.8.5.1. Basic Support Products
 - 1.8.5.2. Technological Support Products
 - 1.8.6. Strategies and Support Products for Access
 - 1.8.6.1. Direct Selection
 - 1.8.6.2. Mouse Selection
 - 1.8.6.3. Dependent Scanning or Exploration
 - 1.8.6.4. Encoded Selection
 - 1.8.7. Types of AAC Systems
 - 1.8.7.1. Sign Language
 - 1.8.7.2. Complemented Speech
 - 1.8.7.3. PECS
 - 1.8.7.4. Bimodal Communication



- 1.8.7.5. Bliss Symbolics
 - 1.8.7.6. Communicators
 - 1.8.7.7. Minspeak
 - 1.8.7.8. Schaeffer System
 - 1.8.8. How to Foster the Success of Intervention with AAC
 - 1.8.9. Assistive Technologies Adapted to Each Person
 - 1.8.9.1. Communicators
 - 1.8.9.2. Switches
 - 1.8.9.3. Virtual Keyboards
 - 1.8.9.4. Adapted Mouse
 - 1.8.9.5. Information Input Devices
 - 1.8.10 AAC Resources and Technologies
 - 1.8.10.1. Arboard Constructor
 - 1.8.10.2. Talk up!
 - 1.8.10.3. #IamVisual
 - 1.8.10.4. SPQR
 - 1.8.10.5. Dictapicto
 - 1.8.10.6. AraWord
 - 1.8.10.7. PictoSelector
 - 1.9. The Family as Part of the Intervention and Support for the Child
 - 1.9.1. Introduction
 - 1.9.1.1. The Importance of the Family in the Proper Development of the Child
 - 1.9.2. Consequences in the Family Context of a Child with Atypical Development
 - 1.9.2.1. Difficulties Present in the Closest Environment
 - 1.9.3. Communication Problems in the Child's Closest Environment
 - 1.9.3.1. Communication Barriers the Child Encounters at Home
 - 1.9.4. Speech Therapy Intervention Focused on the Family-Centered Model
 - 1.9.4.1. Concept of Family-Centered Intervention
 - 1.9.4.2. How to Carry Out Family-Centered Intervention
 - 1.9.4.3. The Importance of the Family-Centered Model
 - 1.9.5. Family Integration into Speech Therapy Intervention
 - 1.9.5.1. How to Integrate the Family into the Intervention
 - 1.9.5.2. Guidelines for the Professional

- 1.9.6. Advantages of Family Integration in All Contexts of the Child
 - 1.9.6.1. Advantages of Coordination with Educational Professionals
 - 1.9.6.2. Advantages of Coordination with Healthcare Professionals
- 1.9.7. Recommendations for the Family Environment
 - 1.9.7.1. Recommendations for Facilitating Oral Communication
 - 1.9.7.2. Recommendations for a Healthy Relationship in the Family Environment
- 1.9.8. The Family as a Key Component in the Generalization of Established Goals
 - 1.9.8.1. The Importance of the Family in Generalization
 - 1.9.8.2. Recommendations for Facilitating Generalization
- 1.9.9. How Do I Communicate with My Child?
 - 1.9.9.1. Modifications in the Family Environment of the Child
 - 1.9.9.2. Tips and Recommendations for the Child
 - 1.9.9.3. The Importance of Keeping a Record Sheet
- 1.9.10. Final Conclusions
- 1.10. The Child's Development in the Educational Context
 - 1.10.1. Introduction to the Unit
 - 1.10.2. The Role of the Educational Center in Speech Therapy Intervention
 - 1.10.2.1. The Influence of the Educational Center on the Child's Development
 - 1.10.2.2. The Importance of the Educational Center in Speech Therapy Intervention
 - 1.10.3. Educational Support
 - 1.10.3.1. Concept of Educational Support
 - 1.10.3.2. Who Provides Educational Support in the Center?
 - 1.10.3.2.1. Teacher of Hearing and Language
 - 1.10.3.2.2. Special Education Teacher (PT)
 - 1.10.3.2.3. Guidance Counselor
 - 1.10.4. Coordination with Educational Professionals
 - 1.10.4.1. Educational Professionals with Whom the Speech Therapist Coordinates
 - 1.10.4.2. Bases for Coordination
 - 1.10.4.3. The Importance of Coordination in the Child's Development

- 1.10.5. Consequences of a Child with Special Educational Needs in the Classroom
 - 1.10.5.1. How the Child Communicates with Teachers and Peers
 - 1.10.5.2. Psychological Consequences
- 1.10.6. Educational Needs of the Child
 - 1.10.6.1. Considering Educational Needs in the Intervention
 - 1.10.6.2. Who Sets the Educational Needs of the Child?
 - 1.10.6.3. How Are They Established?
- 1.10.7. Methodological Bases for Intervention in the Classroom
 - 1.10.7.1. Strategies to Promote the Integration of the Child
- 1.10.8. Curricular Adaptation
 - 1.10.8.1. Concept of Curricular Adaptation
 - 1.10.8.2. Professionals Who Apply It
 - 1.10.8.3. How It Benefits the Child with Special Educational Needs
- 1.10.9. Final Conclusions

Module 2. Dyslexia: Assessment, Diagnosis, and Intervention

- 2.1. Basic Fundamentals of Reading and Writing
 - 2.1.1. Introduction
 - 2.1.2. The Brain
 - 2.1.2.1. Anatomy of the Brain
 - 2.1.2.2. Brain Function
 - 2.1.3. Methods of Brain Scanning
 - 2.1.3.1. Structural Imaging
 - 2.1.3.2. Functional Imaging
 - 2.1.3.3. Stimulation Imaging
 - 2.1.4. Neurobiological Basis of Reading and Writing
 - 2.1.4.1. Sensory Processes
 - 2.1.4.1.1. The Visual Component
 - 2.1.4.1.2. The Auditory Component
 - 2.1.4.2. Reading Processes
 - 2.1.4.2.1. Reading Decoding
 - 2.1.4.2.2. Reading Comprehension

- 2.1.4.3. Writing Processes
 - 2.1.4.3.1. Written Coding
 - 2.1.4.3.2. Syntactic Construction
 - 2.1.4.3.3. Planning
 - 2.1.4.3.4. The Act of Writing
- 2.1.5. Psycholinguistic Processing of Reading and Writing
 - 2.1.5.1. Sensory Processes
 - 2.1.5.1.1. The Visual Component
 - 2.1.5.1.2. The Auditory Component
 - 2.1.5.2. Reading Process
 - 2.1.5.2.1. Reading Decoding
 - 2.1.5.2.2. Reading Comprehension
 - 2.1.5.3. Writing Processes
 - 2.1.5.3.1. Written Coding
 - 2.1.5.3.2. Syntactic Construction
 - 2.1.5.3.3. Planning
 - 2.1.5.3.4. The Act of Writing
- 2.1.6. The Dyslexic Brain in Light of Neuroscience
- 2.1.7. Laterality and Reading
 - 2.1.7.1. Reading with the Hands
 - 2.1.7.2. Handedness and Language
- 2.1.8. Integration of the Outside World and Reading
 - 2.1.8.1. Attention
 - 2.1.8.2. Memory
 - 2.1.8.3. Emotions
- 2.1.9. Chemical Mechanisms Involved in Reading
 - 2.1.9.1. Neurotransmitters
 - 2.1.9.2. Limbic System
- 2.1.10. Conclusions and Appendices

- 2.2. Talking and Organizing Time and Space for Reading
 - 2.2.1. Introduction
 - 2.2.2. Communication
 - 2.2.2.1. Oral Language
 - 2.2.2.2. Written Language
 - 2.2.3. Relations between Oral Language and Written Language
 - 2.2.3.1. Syntactic Aspects
 - 2.2.3.2. Semantic Aspects
 - 2.2.3.3. Phonological Aspects
 - 2.2.4. Recognize Language Forms and Structures
 - 2.2.4.1. Language, Speech, and Writing
 - 2.2.5. Develop Speech
 - 2.2.5.1. Oral Language
 - 2.2.5.2. Linguistic Prerequisites for Reading
 - 2.2.6. Recognize the Structures of Written Language
 - 2.2.6.1. Recognize the Word
 - 2.2.6.2. Recognize the Sequential Organization of the Sentence
 - 2.2.6.3. Recognize the Meaning of Written Language
 - 2.2.7. Structuring Time
 - 2.2.7.1. The Temporal Organization
 - 2.2.8. Structuring Space
 - 2.2.8.1. Spatial Perception and Organization
 - 2.2.9. Reading Strategies and their Learning
 - 2.2.9.1. Logographic Stage and Global Method
 - 2.2.9.2. Alphabetic Stage
 - 2.2.9.3. Orthographic Stage and Learning to Write
 - 2.2.9.4. Understanding to be able to Read
 - 2.2.10. Conclusions and Appendices

- 2.3. Dyslexia
 - 2.3.1. Introduction
 - 2.3.2. Brief History of the Term Dyslexia
 - 2.3.2.1. Chronology
 - 2.3.2.2. Different Terminological Meanings
 - 2.3.3. Conceptual Approach
 - 2.3.3.1. Dyslexia
 - 2.3.3.1.1. WHO Definition
 - 2.3.3.1.2. DSM-IV Definition
 - 2.3.3.1.3. DSM- V Definition
 - 2.3.4. Other Related Concepts
 - 2.3.4.1. Conceptualization of Dysgraphia
 - 2.3.4.2. Conceptualization of Dysorthographia
 - 2.3.5. Etiology
 - 2.3.5.1. Explanatory Theories of Dyslexia
 - 2.3.5.1.1. Genetic Theories
 - 2.3.5.1.2. Neurobiological Theories
 - 2.3.5.1.3. Linguistic Theories
 - 2.3.5.1.4. Phonological Theories
 - 2.3.5.1.5. Visual Theories
 - 2.3.6. Types of Dyslexia
 - 2.3.6.1. Phonological Dyslexia
 - 2.3.6.2. Lexical Dyslexia
 - 2.3.6.3. Mixed Dyslexia
 - 2.3.7. Comorbidities and Strengths
 - 2.3.7.1. ADD or ADHD
 - 2.3.7.2. Dyscalculia
 - 2.3.7.3. Dysgraphia
 - 2.3.7.4. Visual Stress Syndrome
 - 2.3.7.5. Cross Laterality
 - 2.3.7.6. High Abilities
 - 2.3.7.7. Strengths



- 2.3.8. The Person with Dyslexia
 - 2.3.8.1. The Child with Dyslexia
 - 2.3.8.2. The Adolescent with Dyslexia
 - 2.3.8.3. The Adult with Dyslexia
- 2.3.9. Psychological Repercussions
 - 2.3.9.1. The Feeling of Injustice
- 2.3.10. Conclusions and Appendices
- 2.4. How to Identify the Person with Dyslexia
 - 2.4.1. Introduction
 - 2.4.2. Warning Signs
 - 2.4.2.1. Warning Signs in Pre-School Education
 - 2.4.2.2. Warning Signs in Primary Education
 - 2.4.3. Frequent Symptomatology
 - 2.4.3.1. General Symptomatology
 - 2.4.3.2. Symptomatology by Stages
 - 2.4.3.2.1. Infant Stage
 - 2.4.3.2.2. School Stage
 - 2.4.3.2.3. Adolescent Stage
 - 2.4.3.2.4. Adult Stage
 - 2.4.4. Specific Symptomatology
 - 2.4.4.1. Dysfunctions in Reading
 - 2.4.4.1.1. Dysfunctions in the Visual Component
 - 2.4.4.1.2. Dysfunctions in the Decoding Processes
 - 2.4.4.1.3. Dysfunctions in Comprehension Processes
 - 2.4.4.2. Dysfunctions in Writing
 - 2.4.4.2.1. Dysfunctions in the Oral-Written Language Relationship
 - 2.4.4.2.2. Dysfunction in the Phonological Component
 - 2.4.4.2.3. Dysfunction in the Encoding Processes
 - 2.4.4.2.4. Dysfunction in Syntactic Construction Processes
 - 2.4.4.2.5. Dysfunction in Planning
- 2.4.4.3. Motor Processes
 - 2.4.4.3.1. Visuoceptive Dysfunctions
 - 2.4.4.3.2. Visuoconstructive Dysfunctions
 - 2.4.4.3.3. Visuospatial Dysfunctions
 - 2.4.4.3.4. Tonic Dysfunctions
- 2.4.5. Dyslexia Profiles
 - 2.4.5.1. Phonological Dyslexia Profile
 - 2.4.5.2. Lexical Dyslexia Profile
 - 2.4.5.3. Mixed Dyslexia Profile
- 2.4.6. Dysgraphia Profiles
 - 2.4.6.1. Visuoceptive Dyslexia Profile
 - 2.4.6.2. Visoconstructive Dyslexia Profile
 - 2.4.6.3. Visuospatial Dyslexia Profile
 - 2.4.6.4. Tonic Dyslexia Profile
- 2.4.7. Dysorthographic Profiles
 - 2.4.7.1. Phonological Dysorthography Profile
 - 2.4.7.2. Orthographic Dysorthographic Profile
 - 2.4.7.3. Syntactic Dysorthography Profile
 - 2.4.7.4. Cognitive Dysorthography Profile
- 2.4.8. Associated Disorders
 - 2.4.8.1. Secondary Pathologies
- 2.4.9. Dyslexia Versus other Disorders
 - 2.4.9.1. Differential Diagnosis
- 2.4.10. Conclusions and Appendices
- 2.5. Assessment and Diagnosis
 - 2.5.1. Introduction
 - 2.5.2. Evaluation of Tasks
 - 2.5.2.1. The Diagnostic Hypothesis

- 2.5.3. Evaluation of Processing Levels
 - 2.5.3.1. Sublexical Units
 - 2.5.3.2. Lexical Units
 - 2.5.3.3. Supralexical Units
- 2.5.4. Assessment of Reading Processes
 - 2.5.4.1. Visual Component
 - 2.5.4.2. Decoding Process
 - 2.5.4.3. Comprehension Process
- 2.5.5. Evaluation of Writing Processes
 - 2.5.5.1. Neurobiological Skills of the Auditory Component
 - 2.5.5.2. Encoding Process
 - 2.5.5.3. Syntactic Construction
 - 2.5.5.4. Planning
 - 2.5.5.5. The Act of Writing
- 2.5.6. Evaluation of the Oral-Written Language Relationship
 - 2.5.6.1. Lexical Awareness
 - 2.5.6.2. Representational Written Language
- 2.5.7. Other Aspects to be Assessed
 - 2.5.7.1. Chromosomal Assessments
 - 2.5.7.2. Neurological Assessments
 - 2.5.7.3. Cognitive Assessments
 - 2.5.7.4. Motor Assessments
 - 2.5.7.5. Visual Assessments
 - 2.5.7.6. Linguistic Assessments
 - 2.5.7.7. Emotional Assessments
 - 2.5.7.8. School Ratings
- 2.5.8. Standardized Tests and Evaluation Tests
 - 2.5.8.1. TALE
 - 2.5.8.2. Prolec
 - 2.5.8.3. DST-J Dyslexia
 - 2.5.8.4. Other Tests
- 2.5.9. The Dyctective Test
 - 2.5.9.1. Contents
 - 2.5.9.2. Experimental Methodology
 - 2.5.9.3. Summary of Results
- 2.5.10. Conclusions and Appendices
- 2.6. Intervention in Dyslexia
 - 2.6.1. General Aspects of Intervention
 - 2.6.2. Selection of Objectives Based on the Diagnosed Profile
 - 2.6.2.1. Analysis of Collected Samples
 - 2.6.3. Prioritization and Sequencing of Targets
 - 2.6.3.1. Neurobiological Processing
 - 2.6.3.2. Psycholinguistic Processing
 - 2.6.4. Adequacy of the Objectives to the Contents to be Worked On
 - 2.6.4.1. From the Specific Objective to the Content
 - 2.6.5. Proposal of Activities by Intervention Area
 - 2.6.5.1. Proposals based on the Visual Component
 - 2.6.5.2. Proposals Based on the Phonological Component
 - 2.6.5.3. Proposals Based on Reading Practice
 - 2.6.6. Programs and Tools for Intervention
 - 2.6.6.1. Orton-Gillingham Method
 - 2.6.6.2. A.C.O.S. Program

- 2.6.7. Standardized Materials for Intervention
 - 2.6.7.1. Printed Materials
 - 2.6.7.2. Other Materials
- 2.6.8. Space Organization
 - 2.6.8.1. Lateralization
 - 2.6.8.2. Sensory Modalities
 - 2.6.8.3. Eye Movements
 - 2.6.8.4. Visuoperceptual Skills
 - 2.6.8.5. Fine Motor Skills
- 2.6.9. Necessary Adaptations in the Classroom
 - 2.6.9.1. Curricular Adaptations
- 2.6.10. Conclusions and Appendices
- 2.7. From Traditional to Innovative. New Approach
 - 2.7.1. Introduction
 - 2.7.2. Traditional Education
 - 2.7.2.1. Brief Description of Traditional Education
 - 2.7.3. Current Education
 - 2.7.3.1. The Education of Our Days
 - 2.7.4. Process of Change
 - 2.7.4.1. Educational Change. From Challenge to Reality
 - 2.7.5. Teaching Methodology
 - 2.7.5.1. Gamification
 - 2.7.5.2. Project-Based Learning
 - 2.7.5.3. Others
 - 2.7.6. Changes in the Development of the Intervention Sessions
 - 2.7.6.1. Applying the New Changes in Speech Therapy Intervention
 - 2.7.7. Proposal of Innovative Activities
 - 2.7.7.1. "My Logbook"
 - 2.7.7.2. The Strengths of Each Student
- 2.7.8. Development of Materials
 - 2.7.8.1. General Tips and Guidelines
 - 2.7.8.2. Adaptation of Materials
 - 2.7.8.3. Creating our Own Intervention Material
- 2.7.9. The Use of Current Intervention Tools
 - 2.7.9.1. Android and iOS Operating System Applications
 - 2.7.9.2. The Use of Computers
 - 2.7.9.3. Digital Whiteboard
- 2.7.10. Conclusions and Appendices
- 2.8. Strategies and Personal Development of the Person with Dyslexia
 - 2.8.1. Introduction
 - 2.8.2. Study Strategies
 - 2.8.2.1. Study Techniques
 - 2.8.3. Organization and Productivity
 - 2.8.3.1. The Pomodoro Technique
 - 2.8.4. Tips on How to Face an Exam
 - 2.8.5. Language Learning Strategies
 - 2.8.5.1. First Language Assimilation
 - 2.8.5.2. Phonological and Morphological Awareness
 - 2.8.5.3. Visual Memory
 - 2.8.5.4. Comprehension and Vocabulary
 - 2.8.5.5. Linguistic Immersion
 - 2.8.5.6. Use of ICT
 - 2.8.5.7. Formal Methodologies
 - 2.8.6. Development of Strengths
 - 2.8.6.1. Beyond the Person with Dyslexia
 - 2.8.7. Improving Self-concept and Self-esteem
 - 2.8.7.1. Social Skills

- 2.8.8. Eliminating Myths
 - 2.8.8.1. Student with Dyslexia I am not lazy.
 - 2.8.8.2. Other Myths
- 2.8.9. Famous People with Dyslexia
 - 2.8.9.1. Well-known People with Dyslexia
 - 2.8.9.2. Real Testimonials
- 2.8.10. Conclusions and Appendices
- 2.9. Guidelines
 - 2.9.1. Introduction
 - 2.9.2. Guidelines for the Person with Dyslexia
 - 2.9.2.1. Coping with the Diagnosis
 - 2.9.2.2. Guidelines for Daily Living
 - 2.9.2.3. Guidelines for the Person with Dyslexia as a Learner
 - 2.9.3. Guidelines for the Family Environment
 - 2.9.3.1. Guidelines for Collaborating in the Intervention
 - 2.9.3.2. General Guidelines
 - 2.9.4. Guidelines for the Educational Context
 - 2.9.4.1. Adaptations
 - 2.9.4.2. Measures to be Taken to Facilitate the Acquisition of Content
 - 2.9.4.3. Guidelines to be Followed to Pass Exams
 - 2.9.5. Specific Guidelines for Foreign Language Teachers
 - 2.9.5.1. The Challenge of Language Learning
 - 2.9.6. Guidelines for Other Professionals
 - 2.9.7. Guidelines for the Form of Written Texts
 - 2.9.7.1. Typography
 - 2.9.7.2. Font Size
 - 2.9.7.3. Colors
 - 2.9.7.4. Character, Line, and Paragraph Spacing
 - 2.9.8. Guidelines for Text Content
 - 2.9.8.1. Frequency and Length of Words
 - 2.9.8.2. Syntactic Simplification
 - 2.9.8.3. Numerical Expressions
 - 2.9.8.4. The Use of Graphical Schemes
 - 2.9.9. Writing Technology
 - 2.9.10. Conclusions and Appendices
- 2.10. The Speech-Language Pathologist's Report on Dyslexia
 - 2.10.1. Introduction
 - 2.10.2. The Reason for the Evaluation
 - 2.10.2.1. Family Referral or Request
 - 2.10.3. The Interview
 - 2.10.3.1. Family Interview
 - 2.10.3.2. The School Interview
 - 2.10.4. The History
 - 2.10.4.1. Clinical History and Evolutionary Development
 - 2.10.4.2. Academic History
 - 2.10.5. The Context
 - 2.10.5.1. The Social Context
 - 2.10.5.2. The Family Context
 - 2.10.6. Assessments
 - 2.10.6.1. Psycho-Pedagogical Assessment
 - 2.10.6.2. Speech Therapy Assessment
 - 2.10.6.3. Other Assessments
 - 2.10.7. Results
 - 2.10.7.1. Results of the Speech Therapy Assessment
 - 2.10.7.2. Results of Other Assessments
 - 2.10.8. Conclusions
 - 2.10.8.1. Diagnosis
 - 2.10.9. Intervention Plan
 - 2.10.9.1. Needs
 - 2.10.9.2. The Speech Therapy Intervention Program
 - 2.10.10. Conclusions and Appendices



Module 3. Specific Language Impairment

- 3.1. Background Information
 - 3.1.1. Presentation of the Module
 - 3.1.2. Module Objectives
 - 3.1.3. Historical Evolution of SLI
 - 3.1.4. Late Language Onset vs SLI
 - 3.1.5. Differences between SLI and Language Delay
 - 3.1.6. Difference between ASD and SLI
 - 3.1.7. Specific Language Impairment vs Aphasia
 - 3.1.8. SLI as a predecessor of Literacy Disorders
 - 3.1.9. Intelligence and Specific Language Impairment
 - 3.1.10. Prevention of Specific Language Impairment
- 3.2. Approach to the Specific Language Impairment
 - 3.2.1. Definition of SLI1
 - 3.2.2. General characteristics of SLI
 - 3.2.3. Prevalence of SLI
 - 3.2.4. Prognosis of SLI
 - 3.2.5. Etiology of SLI
 - 3.2.6. Clinically Based Classification of SLI
 - 3.2.7. Empirically Based Classification of SLI
 - 3.2.8. Empirical-Clinical Based Classification of SLI
 - 3.2.9. SLI Comorbidities
 - 3.2.10. SLI, Not Only a Difficulty in the Acquisition and Development of Language
- 3.3. Linguistic Characteristics in Specific Language Impairment
 - 3.3.1. Concept of Linguistic Capabilities
 - 3.3.2. General Linguistic Characteristics
 - 3.3.3. Linguistic Studies in SLI in Different Languages
 - 3.3.4. General Alterations in Language Skills Presented by People with SLI
 - 3.3.5. Grammatical Characteristics in SLI
 - 3.3.6. Narrative Features in SLI
 - 3.3.7. Pragmatic Features in SLI
 - 3.3.8. Phonetic and Phonological Features in SLI
 - 3.3.9. Lexical Features in SLI
 - 3.3.10. Preserved Language Skills in SLI

- 3.4. Terminological Change
 - 3.4.1. Changes in the Terminology of SLI
 - 3.4.2. Classification According to DSM
 - 3.4.3. Changes Introduced in the DSM
 - 3.4.4. Consequences of Changes in Classification with the DSM
 - 3.4.5. New Nomenclature: Language Disorder
 - 3.4.6. Characteristics of Language Disorder
 - 3.4.7. Main Differences and Concordances between SLI and LD
 - 3.4.8. Altered Executive Functions in SLI
 - 3.4.9. Preserved Executive Functions in LD
 - 3.4.10. Detractors of Terminology Change
- 3.5. Assessment in Specific Language Impairment
 - 3.5.1. Speech-Language Assessment: Prior Information
 - 3.5.2. Early identification of SLI: Prelinguistic Predictors
 - 3.5.3. General Considerations to take into account in the Speech Therapy Assessment of SLI
 - 3.5.4. Principles of Assessment in Cases of SLI
 - 3.5.5. The Importance and Objectives of Speech-Language Pathology Assessment in SLI
 - 3.5.6. Assessment Process of SLI
 - 3.5.7. Assessment of Language, Communicative Skills and Executive Functions in SLI
 - 3.5.8. Assessment Instrument of SLI
 - 3.5.9. Interdisciplinary Assessment
 - 3.5.10. Diagnosis of SLI
- 3.6. Interventions in Specific Language Impairment
 - 3.6.1. The Speech Therapy Intervention
 - 3.6.2. Basic Principles of Speech Therapy Intervention
 - 3.6.3. Environments and Agents of intervention in SLI
 - 3.6.4. Intervention Model in Levels
 - 3.6.5. Early Intervention in SLI
 - 3.6.6. Importance of Intervention in SLI
 - 3.6.7. Music Therapy in the intervention of SLI
 - 3.6.8. Technological Resources in the Intervention of SLI
 - 3.6.9. Intervention in the Executive Functions in SLI
 - 3.6.10. Multidisciplinary Intervention in SLI
- 3.7. Elaboration of a Speech Therapy Intervention Program for Children with Specific Language Impairment
 - 3.7.1. Speech Therapy Intervention Program
 - 3.7.2. Approaches on SLI to Design an Intervention Program
 - 3.7.3. Objectives and Strategies of SLI Intervention Programs
 - 3.7.4. Indications to Follow in the Intervention of Children with SLI
 - 3.7.5. Comprehension Treatment
 - 3.7.6. Treatment of Expression in Cases of SLI
 - 3.7.7. Intervention in Reading and Writing
 - 3.7.8. Social Skills Training in SLI
 - 3.7.9. Agents and Timing of Intervention in Cases of SLI
 - 3.7.10. Augmentative and Alternative Communication (AAC) in the Intervention in Cases of SLI
- 3.8. The School in Cases of Specific Language Impairment
 - 3.8.1. The School in Child Development
 - 3.8.2. School Consequences in Children with SLI
 - 3.8.3. Schooling of children with SLI
 - 3.8.4. Aspects to Take into Account in School Intervention
 - 3.8.5. Objectives of School Intervention in Cases of SLI
 - 3.8.6. Guidelines and Strategies for Classroom Intervention with children with SLI
 - 3.8.7. Development and Intervention in Social Relationships within the School
 - 3.8.8. Dynamic Playground Program
 - 3.8.9. The School and the Relationship with other Intervention Agents
 - 3.8.10. Observation and Monitoring of School Intervention



- 3.9. The Family and its Intervention in Cases of Children with Specific Language Impairment
 - 3.9.1. Consequences of SLI in the Family Environment
 - 3.9.2. Family Intervention Models
 - 3.9.3. General Considerations to be Taken into Account
 - 3.9.4. The importance of Family Intervention in SLI
 - 3.9.5. Family Orientations
 - 3.9.6. Communication Strategies for the Family
 - 3.9.7. Needs of Families of Children with SLI
 - 3.9.8. The Speech Therapist in the Family Intervention
 - 3.9.9. Objectives of the Family Speech Therapy Intervention in the SLI
 - 3.9.10. Follow-up and Timing of the Family Intervention in SLI
- 3.10. Associations and Support Guides for Families and Schools of Children with SLI
 - 3.10.1. Parent Associations
 - 3.10.2. Information Guides
 - 3.10.3. AVATEL
 - 3.10.4. ATELMA
 - 3.10.5. ATELAS
 - 3.10.6. ATELCA
 - 3.10.7. ATEL CLM
 - 3.10.8. Other Associations
 - 3.10.9. SLI Guides Aimed at the Educational Field
 - 3.10.10. SLI Guides and Manuals Aimed at the Family Environment

05 Study Methodology

TECH is the world's first university to combine the **case study** methodology with **Relearning**, a 100% online learning system based on guided repetition.

This disruptive pedagogical strategy has been conceived to offer professionals the opportunity to update their knowledge and develop their skills in an intensive and rigorous way. A learning model that places students at the center of the educational process giving them the leading role, adapting to their needs and leaving aside more conventional methodologies.



“

TECH will prepare you to face new challenges in uncertain environments and achieve success in your career”

The student: the priority of all TECH programs

In TECH's study methodology, the student is the main protagonist.

The teaching tools of each program have been selected taking into account the demands of time, availability and academic rigor that, today, not only students demand but also the most competitive positions in the market.

With TECH's asynchronous educational model, it is students who choose the time they dedicate to study, how they decide to establish their routines, and all this from the comfort of the electronic device of their choice. The student will not have to participate in live classes, which in many cases they will not be able to attend. The learning activities will be done when it is convenient for them. They can always decide when and from where they want to study.

“

*At TECH you will NOT have live classes
(which you might not be able to attend)”*



The most comprehensive study plans at the international level

TECH is distinguished by offering the most complete academic itineraries on the university scene. This comprehensiveness is achieved through the creation of syllabi that not only cover the essential knowledge, but also the most recent innovations in each area.

By being constantly up to date, these programs allow students to keep up with market changes and acquire the skills most valued by employers. In this way, those who complete their studies at TECH receive a comprehensive education that provides them with a notable competitive advantage to further their careers.

And what's more, they will be able to do so from any device, pc, tablet or smartphone.

“

TECH's model is asynchronous, so it allows you to study with your pc, tablet or your smartphone wherever you want, whenever you want and for as long as you want”

Case Studies and Case Method

The case method has been the learning system most used by the world's best business schools. Developed in 1912 so that law students would not only learn the law based on theoretical content, its function was also to present them with real complex situations. In this way, they could make informed decisions and value judgments about how to resolve them. In 1924, Harvard adopted it as a standard teaching method.

With this teaching model, it is students themselves who build their professional competence through strategies such as Learning by Doing or Design Thinking, used by other renowned institutions such as Yale or Stanford.

This action-oriented method will be applied throughout the entire academic itinerary that the student undertakes with TECH. Students will be confronted with multiple real-life situations and will have to integrate knowledge, research, discuss and defend their ideas and decisions. All this with the premise of answering the question of how they would act when facing specific events of complexity in their daily work.



Relearning Methodology

At TECH, case studies are enhanced with the best 100% online teaching method: Relearning.

This method breaks with traditional teaching techniques to put the student at the center of the equation, providing the best content in different formats. In this way, it manages to review and reiterate the key concepts of each subject and learn to apply them in a real context.

In the same line, and according to multiple scientific researches, reiteration is the best way to learn. For this reason, TECH offers between 8 and 16 repetitions of each key concept within the same lesson, presented in a different way, with the objective of ensuring that the knowledge is completely consolidated during the study process.

Relearning will allow you to learn with less effort and better performance, involving you more in your specialization, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation to success.



A 100% online Virtual Campus with the best teaching resources

In order to apply its methodology effectively, TECH focuses on providing graduates with teaching materials in different formats: texts, interactive videos, illustrations and knowledge maps, among others. All of them are designed by qualified teachers who focus their work on combining real cases with the resolution of complex situations through simulation, the study of contexts applied to each professional career and learning based on repetition, through audios, presentations, animations, images, etc.

The latest scientific evidence in the field of Neuroscience points to the importance of taking into account the place and context where the content is accessed before starting a new learning process. Being able to adjust these variables in a personalized way helps people to remember and store knowledge in the hippocampus to retain it in the long term. This is a model called Neurocognitive context-dependent e-learning that is consciously applied in this university qualification.

In order to facilitate tutor-student contact as much as possible, you will have a wide range of communication possibilities, both in real time and delayed (internal messaging, telephone answering service, email contact with the technical secretary, chat and videoconferences).

Likewise, this very complete Virtual Campus will allow TECH students to organize their study schedules according to their personal availability or work obligations. In this way, they will have global control of the academic content and teaching tools, based on their fast-paced professional update.



The online study mode of this program will allow you to organize your time and learning pace, adapting it to your schedule"

The effectiveness of the method is justified by four fundamental achievements:

1. Students who follow this method not only achieve the assimilation of concepts, but also a development of their mental capacity, through exercises that assess real situations and the application of knowledge.
2. Learning is solidly translated into practical skills that allow the student to better integrate into the real world.
3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
4. Students like to feel that the effort they put into their studies is worthwhile. This then translates into a greater interest in learning and more time dedicated to working on the course.

The university methodology top-rated by its students

The results of this innovative teaching model can be seen in the overall satisfaction levels of TECH graduates.

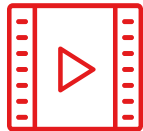
The students' assessment of the teaching quality, the quality of the materials, the structure of the program and its objectives is excellent. Not surprisingly, the institution became the top-rated university by its students according to the global score index, obtaining a 4.9 out of 5.

Access the study contents from any device with an Internet connection (computer, tablet, smartphone) thanks to the fact that TECH is at the forefront of technology and teaching.

You will be able to learn with the advantages that come with having access to simulated learning environments and the learning by observation approach, that is, Learning from an expert.



As such, the best educational materials, thoroughly prepared, will be available in this program:



Study Material

All teaching material is produced by the specialists who teach the course, specifically for the course, so that the teaching content is highly specific and precise.

This content is then adapted in an audiovisual format that will create our way of working online, with the latest techniques that allow us to offer you high quality in all of the material that we provide you with.



Practicing Skills and Abilities

You will carry out activities to develop specific competencies and skills in each thematic field. Exercises and activities to acquire and develop the skills and abilities that a specialist needs to develop within the framework of the globalization we live in.



Interactive Summaries

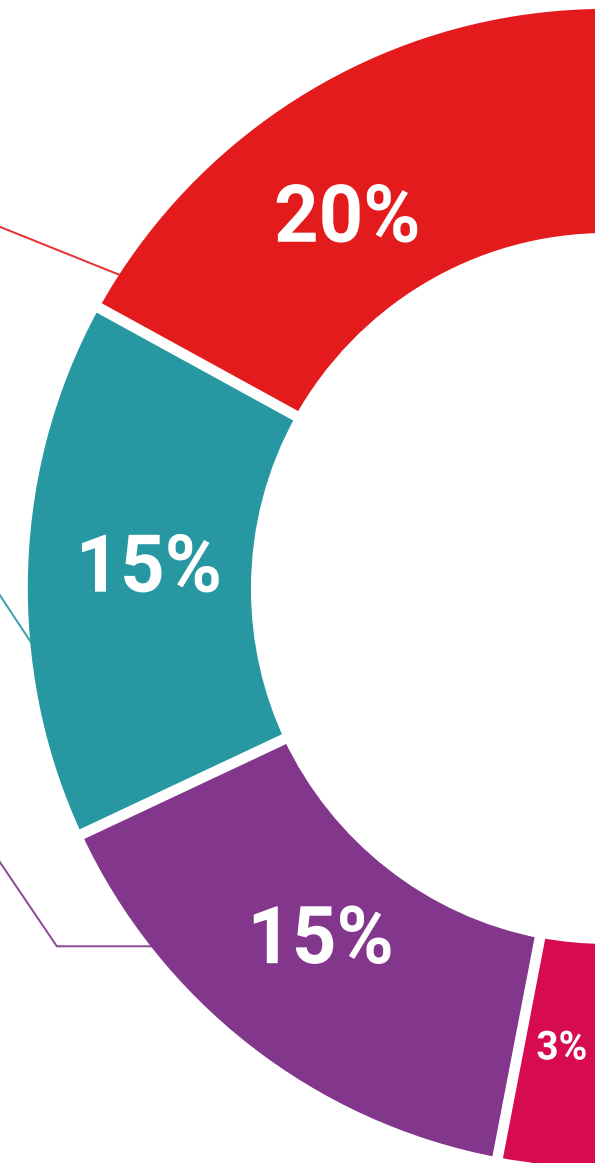
We present the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

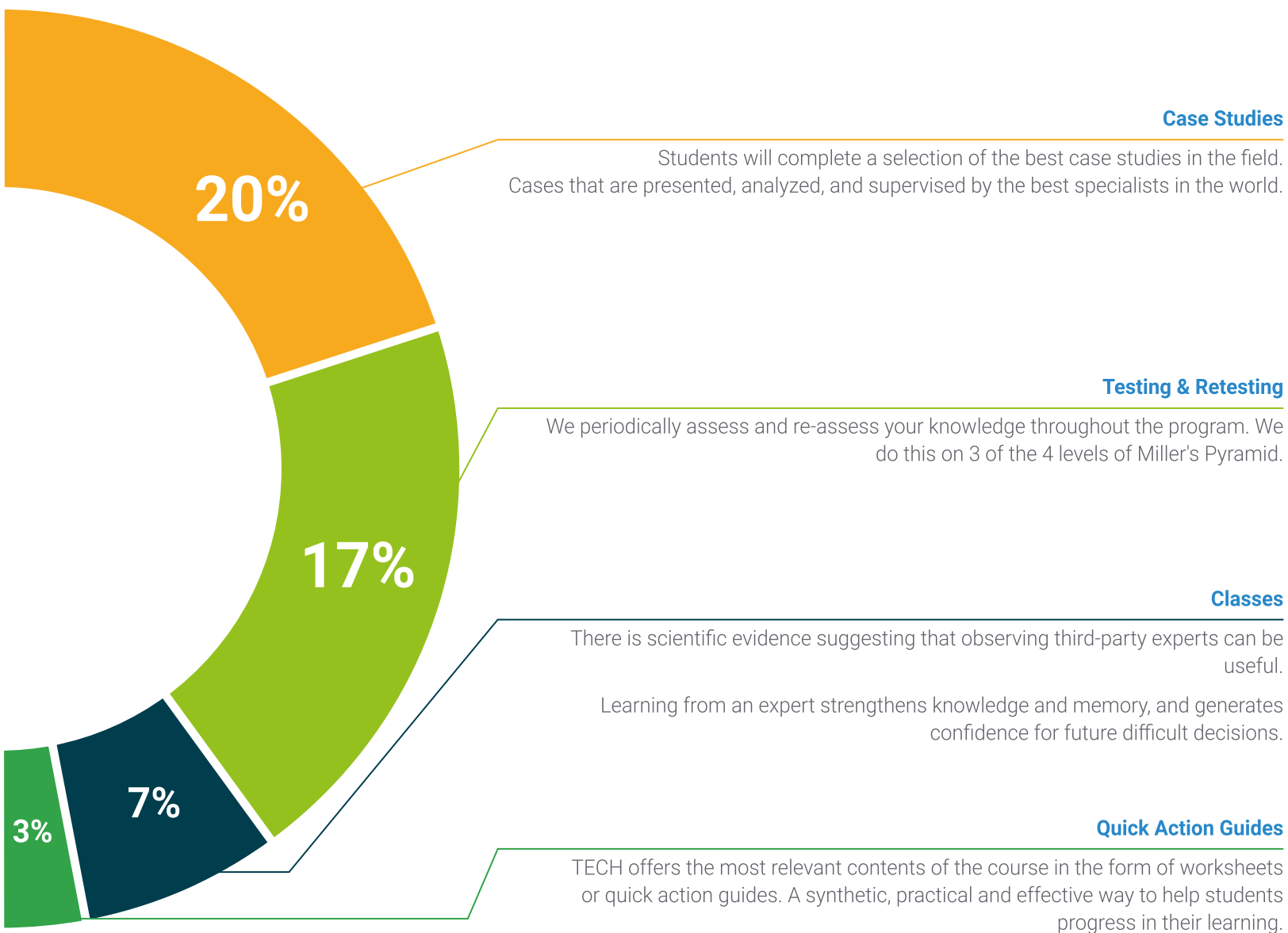
This exclusive educational system for presenting multimedia content was awarded by Microsoft as a "European Success Story".



Additional Reading

Recent articles, consensus documents, international guides... In our virtual library you will have access to everything you need to complete your education.





06 Certificate

The Postgraduate Diploma in Medical Approach to Dyslexia and SLI guarantees students, in addition to the most rigorous and up-to-date education, access to a diploma for the Postgraduate Diploma issued by TECH Global University.



“

Successfully complete this program and receive your university qualification without having to travel or fill out laborious paperwork"

This private qualification will allow you to obtain a **Postgraduate Diploma in Medical Approach to Dyslexia and SLI** endorsed by **TECH Global University**, the world's largest online university.

TECH Global University is an official European University publicly recognized by the Government of Andorra ([official bulletin](#)). Andorra is part of the European Higher Education Area (EHEA) since 2003. The EHEA is an initiative promoted by the European Union that aims to organize the international training framework and harmonize the higher education systems of the member countries of this space. The project promotes common values, the implementation of collaborative tools and strengthening its quality assurance mechanisms to enhance collaboration and mobility among students, researchers and academics.

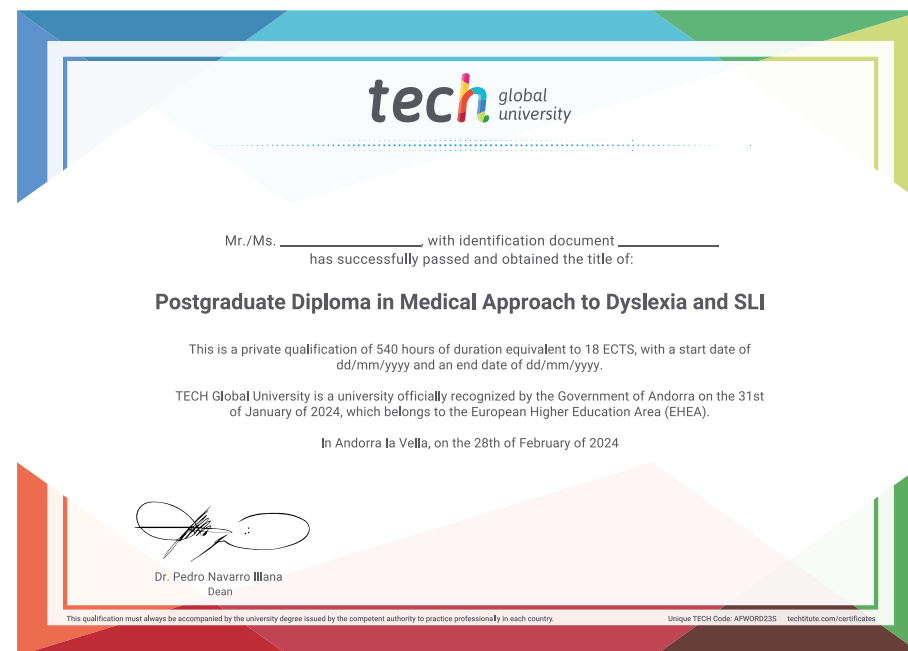
This **TECH Global University** private qualification is a European program of continuing education and professional updating that guarantees the acquisition of competencies in its area of knowledge, providing a high curricular value to the student who completes the program.

Title: **Postgraduate Diploma in Medical Approach to Dyslexia and SLI**

Modality: **online**

Duration: **6 months**

Accreditation: **18 ECTS**





Postgraduate Diploma
Medical Approach to
Dyslexia and SLI

- » Modality: online
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- » Schedule: at your own pace
- » Exams: online

Postgraduate Diploma

Medical Approach to Dyslexia and SLI

