

Anabela Cruz-Santos¹ 

Sónia Susana da Silva Costa¹ 

Raquel Maria Silva Fernandes¹ 

Sara Pereira Sapage¹ 

Keywords

Language
Language Disorders
Teaching
Remedial Teaching
Quantitative Analysis

Descritores

Linguagem
Transtornos da Linguagem
Ensino
Apoio Educativo
Análise Quantitativa

Correspondence address:

Anabela Cruz-Santos
Centro de Investigação em Educação
– CIEd, Instituto de Educação,
Universidade do Minho – UMinho
Campus de Gualtar, 4715, Braga,
Portugal.
E-mail: anabelacruz@gmail.com

Received: April 28, 2018

Accepted: February 07, 2019

Perspectives of remedial teaching for students with language disorders in Portugal

Perspectivas e práticas de apoio educativo aos alunos com transtornos da linguagem em Portugal

ABSTRACT

Purpose: To analyze how students with Language Disorders receive remedial teaching in inclusive settings in Portugal. **Methods:** We developed a questionnaire based on the literature review, and applied it to 123 elementary teachers in Portugal. We performed a descriptive and inferential statistical analysis of the dependent variables using parametric tests. **Results:** Descriptive analysis revealed that most teachers know the concept of language disorders and consider it important to the development of language when supporting students with this problem. However, over half of the respondents answered that they have no training and enough information about the acquisition and development of language, and don't consider having sufficient knowledge to contribute to the identification of students with language disorders. Results for inferential statistics showed statistically significant differences regarding gender; length of service and district, as well as a good internal consistency in relation to the questionnaire. **Conclusion:** Results highlight the need for training and information about acquisition and development of language, and more specifically in relation to language disorders. It also showed that elementary teachers may find difficulties in intervention with students with language disorders, and particularly, to adequate strategies to their needs, particularly when developing Individualized Educational Programs for their students in a team.

RESUMO

Objetivo: Contribuir para o conhecimento das perspectivas e práticas de apoio educativo aos alunos com transtornos da linguagem em contextos inclusivos em Portugal. **Método:** Após revisão da bibliografia sobre o tema, foi elaborado um questionário, posteriormente aplicado a 123 professores do ensino regular. Para a análise dos dados recolhidos, foi realizada uma análise estatística descritiva e inferencial das variáveis dependentes, utilizando testes paramétricos. **Resultados:** A análise descritiva revela que a maioria dos professores conhece o conceito de transtornos da linguagem e considera importante compreender o desenvolvimento da linguagem ao lidar com alunos com essa problemática. No entanto, mais da metade dos inquiridos acha que não possui formação nem informações suficientes acerca da aquisição e do desenvolvimento da linguagem e também não concorda que possua competências suficientes para contribuir para a identificação de alunos com transtornos da linguagem. Os resultados relativos à análise inferencial revelam diferenças estatisticamente significativas no que diz respeito ao gênero, ao tempo de serviço e ao distrito. Os resultados obtidos demonstram boas qualidades métricas no que se refere à consistência interna. **Conclusão:** Os resultados evidenciam a necessidade de formação e informação dos professores acerca da aquisição e do desenvolvimento da linguagem e, mais especificamente, dos transtornos da linguagem. Demonstram também que os professores do ensino regular poder-se-ão deparar com dificuldades no apoio educativo aos alunos com transtornos da linguagem e, particularmente, em delinear estratégias adequadas às suas necessidades, nomeadamente na elaboração de programas educativos individualizados.

Study conducted at Instituto de Educação, Universidade do Minho – UMinho - Braga, Portugal.

¹ Centro de Investigação em Educação – CIEd, Instituto de Educação, Universidade do Minho – UMinho - Braga, Portugal.

Financial support: This research was financed by CIEd - *Centro de Investigação em Educação*, project no. UID/CED/01661/2019, *Instituto de Educação, Universidade do Minho*, through national funds of FCT/MCTES-PT.

Conflict of interests: nothing to declare.



This is an Open Access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

This study aimed to address the perspectives and practices of educational support to students with language disorders (LD) in inclusive contexts of Portuguese regular schools. Thus, the need to define language and its components, the prospects for educational support for students with LD in an inclusive school, the importance of early and effective identification and support regarding language difficulties are emphasized as a way to prevent oral language problems that arise in school age children. We will also describe and analyze the perspectives of Portuguese teachers regarding the concept of TL and the type of support provided in Portuguese schools to these students.

In the inclusive education context, the knowledge and study of normal development of oral language, effective and appropriate interventions help to reduce children's difficulties and improve their academic outcomes. The earlier the process is implemented, the more effective. Thus, the whole education community should understand and use the terminology of the LD in the same way to enable the identification/early diagnosis of these children⁽¹⁾. Professionals and parents need to understand that the disorder identification can provide appropriate and timely intervention to these children.

The current intervention strategies aim to follow an inclusive school perspective, bringing services to children by the school where they are inserted with their peers. Therefore, inclusive education will lead language interventionists, speech therapists, teachers and educators to work with children's peers and family members in collaborative teams in the school contexts. These professionals increasingly play a key role in supporting children with LD in school settings. Since these professionals play a key role in the education of children with LD, they must be adequately trained in language and communication and special educational needs (SEN)^(2,3). The identification of children who may have language delay or problems has become a fundamental issue in their evaluation to identify those at risk of developing academic, social and behavioral problems⁽⁴⁾. Therefore, it is evident that children with speech disorders and language disorders generally reveal early indications of the need for special education services. Thus, schools should invest time and resources in these aspects to build foundations for the development of literacy and academic success^(4,5).

The inclusion philosophy has contributed to changes in the organization of support services for children with communication disorders (language and/or speech disorders). The implementation of the so-called traditional care models translates into the isolated intervention of teachers with one group of children, the isolated intervention of language interventionists or speech therapists with another group of children and the support given by parents to the child at home. Adequate support services for school settings enable professionals and parents to collaborate, to share experiences and knowledge, so professionals take responsibility for maximizing support for language and communication skills in the classroom.

Such support services include the needs, capacities and life style of all children, considering the diversity in the classroom,

with the implementation of educational programs and the articulation between educational programs and projects^(5,6).

Today, the intervention procedures for these children are based on strategies and methods implemented in environments where the child is inserted with their peers^(5,6).

The effective inclusion of children with communication disorders (language and/or speech disorders) depends not only on the severity of the problem, but also on the appropriate support. The way how the professionals (language interventionists, speech therapists, teachers, educators, etc.) implement activities in teaching-learning environments to recognize, support and develop all of the child's abilities is fundamental, in which adequate collaborative practices enable the acquisitions for the child^(3,7). Developing practical guidelines for collaboratively organizing the intervention to meet the needs of all children in regular classes should be a requirement of the procedures to ensure that they receive adequate services at school^(6,7).

The difficulties of the children with LD in the comprehension of oral language, the auditory perception, the memory, and the word-finding and retrieval seem to translate into difficulties in reading, writing and spelling skills, considered as strong evidence in the relationship between the difficulties of oral language and literacy^(4,8,9).

Support models have undergone many modifications, becoming collaborative models since there is an increasingly determined objective to provide intervention in the child's language, in the regular classroom or other usual contexts and to implement intervention strategies that are more appropriate to the children's needs with LD.

Recent guidelines intend that language specialists participate in the planning, coordination, and monitoring decisions of the child's language development, besides providing direct support and teaching as a team. These professionals share the responsibility of teaching for the whole class, together with the regular school teacher^(3,7). In addition to sharing teaching responsibilities, this multidisciplinary team also shares problem-solving and decision making for all children (with and without LD).

Understanding the children's language development from birth and during the first years of life is essential for a better understanding of the communication process between themselves and those close to them, considering that language development follows a sequential and universal process⁽¹⁰⁾.

Language is a socially shared code that represents ideas through the use of arbitrary symbols and rules that guide their combinations⁽¹¹⁾. It allows the user to represent an object, event, or relationship through a symbol or set of symbols. Thus, the language has complex rules that guide sounds, words, phrases, meaning, and its production. Such rules can understand, know and produce language.

Language development involves the apprehension of system-specific rules related to form (language structure), content (language meaning), and use (application of the language in a context). The form has three components: phonology, morphology, and syntax. The content is the semantics, and the use is the pragmatics. Each of these five components

composes the language system, and they are governed by a set of language-specific rules for effective communication⁽¹⁰⁾.

Language can be compromised at the phonological level when the student has problems with phonological awareness. This occurs when the student cannot divide the words into their minimum units, the phonemes, or when he cannot perform the reverse process, in which separate phonemes are given, and he has to join them to form a word. Another problem is the expressive aspect of phonology when producing a word with omission or substitution of phonemes⁽¹²⁾. There may also be problems in the recession of phonemes - auditory discrimination (ability to distinguish differences between sounds)⁽¹³⁾.

Students who have morphological disorders show many difficulties in using morphological rules as their peers use them⁽¹⁴⁾. The greatest difficulties the students may have are when constructing the irregular plural that the end of the word does not follow the rule; when they have to apply the third person singular; and when they have to form an adjective from a word^(14,15).

Students with syntax problems may find it difficult to repeat sentences in declarative or other forms. They may also have difficulty choosing an image to fit a sentence and describing an image through a sentence. Although the complexity of sentences increases throughout the school years, such students continue to use very simple sentences^(16,17). These morphosyntactic difficulties may lead to limitations in their oral expression⁽¹⁸⁾.

In the semantic area, students with LD have a reduced vocabulary, naming and evocation difficulties, especially when the words used rarely appear, as well as the understanding of words with ambiguous meanings. In general, they also make more mistakes than their colleagues when asked for the antonym or definition of simple words⁽¹⁶⁾.

Students have difficulties in pragmatics when using more complicated communication patterns to explain something to a younger child, such as a game, than to explain the same game to a child of their age. They are also less effective at describing objects than their unproblematic peers. Although difficulties at the level of syntax and semantics have more negative impact, such as the use of pragmatics in the use of language in social context, mistakes in their use can lead to social problems for them⁽¹⁹⁾.

Scientific evidence also shows that some children with language and learning difficulties may have limitations in the memory and attention level or produce naming errors due to incomplete representations of the semantic or phonological scheme of the target words⁽²⁰⁻²²⁾. Other children may show similar naming errors, but they have underlying difficulties in retrieving stored semantic and phonological specifications^(8,23). Such difficulties are significant and can be characterized by difficulties in naming, producing appropriate concepts at the right time, describing, and narrating stories⁽⁹⁾.

The prevalence of children with these difficulties is high among students with communication disorders and comorbidities with specific learning disabilities⁽²⁴⁾. Professionals agree that naming difficulties can lead to serious expressive language

problems profoundly affecting their lives, impeding learning, and interfering with interpersonal communication.

Students with dysnomia can have problems in both the storage and access to lexical representations⁽⁸⁾. There are different types of naming difficulties, such as repetitions, reformulations, substitutions, insertions, empty words, time-filling, and delays, as well as corresponding assessments, interventions, and accommodations for each of these difficulties.

International studies have revealed a high incidence of dysnomia in students with SEN, which may be a permanent source of reading, learning, and expression difficulties. The universal character of dysnomia is an important aspect of language learning^(8,25). Thus, oral language analysis in the school context can be used as a tool for monitoring possible language difficulties. This identification is important as language difficulties can have an emotional impact on students and repercussions on their academic learning^(20,26,27).

Considering the different types of diagnoses in language difficulties in school-age and that teacher referral is a predictor of eligibility for special education services⁽²⁸⁾, this study aims to contribute to the knowledge of the perspectives of support for students with LD in inclusive schools in Portugal. In this way, effective school response to the needs of students with LD will be analyzed, knowing the perspectives of Portuguese teachers regarding the concept of LD and the type of support provided in schools to these students. Its importance is related to the awareness of all participants in the educational process of students with LD for the need of training and specialization in this area, responding effectively to the needs of these students and minimizing the impact on their school career.

The study also aims to warn of the need to create educational policies for the full development of these students' capacities/skills, for example, by structuring legal instruments to identify, evaluate and design appropriate programs for students with LD. Scientific investment around this area is also one of the essential focuses to recognize the importance of this problem and, consequently, to overcome the knowledge and training gaps of education professionals.

METHODS

Participants

In this study, there were 123 teachers of regular education, of both genders, and aged between 20 and 65 years old. All individuals involved signed an informed consent form. The sample of this study was mostly female teachers (86.2%). The most prevalent age group was 31 to 40 years old (51.2%), 22.8% between 41 and 50 years old, 13.8% for the youngest age group (20 to 30 years old) and remaining 12.2% for the 51 to 65 age group.

All 18 districts of Portugal and the autonomous regions of Madeira and the Azores, except Beja and Castelo Branco, were represented in the sample, with Braga (44.7%) and Porto (21.1%) as the most represented. For the remaining districts, 8.9% for Viana do Castelo, 6.5%, Lisbon, 2.4% for both Leiria

and Viseu, and with the same percentage of 1.6% the districts of Aveiro, Coimbra, Faro, Setúbal and the Autonomous Region of Madeira. The lowest percentage (0.8%) were the districts of Bragança, Évora, Guarda, Portalegre, Santarém, Vila Real and the Autonomous Region of the Azores.

It is important to highlight that 0.8% of the teachers had bachelor degrees, and most of them (43.9%) were graduates: 27.6% had postgraduate, 25.2% had a master's degree, and 2.4% had doctorate.

Most teachers had between 5 and 15 years of service (51.2%). The remaining percentage is distributed by 23.6% of teachers with more than 20 years of service, 15.4% of teachers with less than five years of service and 9.8% who worked between 15 and 20 years.

Regarding the current teaching role, most of them were elementary school teachers (51.2%), 17.9% were special education teachers, 3.3% were educational support teachers and the same percentage had the role of teacher/advisor. There were also psychologists (2.4%) and speech therapists (4.1%). The remaining 17.8% of respondents performed other educational roles.

Regarding training in special education, 24.4% of the teachers had no special education training, 30.9% had postgraduate or specialization in the area, 18.7% participated in the training, 17.9% attended curricular units in special education in their initial formation, 7.3% had master's degree, and 0.8% had a doctorate.

Regarding the performance of some training in the area of LD, 67.5% said they had never attended any training in this area, but 32.5% said they had already attended training in this area.

Data collection instrument

This study followed the rules of the University of Minho Ethics Committee Code and had the authorization of the Scientific Council of the University of Minho after all the aspects of data confidentiality and anonymity was ensured.

The questionnaire "Perspectives and practices of educational support for students with language disorders in the 1st cycle of basic education" – was used for data collection, having two parts. The first part shows the characterization of the socio-demographic data of the teachers surveyed and includes eight multiple-choice questions: sex, age, district, academic qualifications, and length of service, current position, special education training and attendance at some training activity in the area of the LD. The second part of the questionnaire had specific questions on the literature consulted through years of teaching and professional experience in the area by the third author of this study, based on the educational support model for LD and other types of disorders development, widely used and published by US authors. These questions were inserted into the questionnaire in the form of items, always with a positive view, aiming to analyze the perspectives of respondents about students with LD in the 1st cycle.

Thus, the second part of the questionnaire had 32 items distributed over three dimensions: the first dimension had the operationalization of the concepts (questions 1 to 10), the

second dimension had the strategies, method, and organization of educational support (questions 11 to 20; and the third dimension had evaluation and planning (questions 21 to 32). These 32 items are classified according to the Likert scale into four levels: 1 - I totally disagree; 2 - I disagree; 3 - I agree; 4 - I totally agree.

This questionnaire was created in Google Drive to complete it online, and it was sent to primary school teachers nationwide.

Data collection procedures

After online insertion and consequent dissemination to social networks by e-mail, through the contact network of the authors of this study and dissemination to several teachers associations, the answers were obtained within the time initially stipulated for this phase (one month).

RESULTS

The analysis was performed using the *software* SPSS version 21. A descriptive and inferential analysis of the dependent variables was performed using two parametric tests (Student T-Test and One Way ANOVA) to study the influence of the independent variables on the results and to verify the existence of statistically significant differences between the sex, the time and the teachers' district (Tables 1 and 2). A significance level $\alpha = 0.05$ (95%) was considered.

The reliability of a test showed the degree of confidence in the information collected. Cronbach's alpha was used to verify if the items of this questionnaire have a consistent test, whose value obtained for the entire questionnaire was 0.802, considered as very good, verifying the internal consistency (homogeneity) of the items.

The descriptive analysis of the results (Table 3) showed the percentage of answers for each level in each item, indicating average values between 2.28 and 3.46.

The descriptive analysis showed that most teachers valued the knowledge of language development in support to students with LP, as a category considered in support of SEN. However, more than half of respondents feel that they do not have sufficient training or information about language acquisition and development and do not agree that they have sufficient skills to identify a student with LD. The values obtained show that most respondents consider that they know the concept of LD.

Most participants considered that students with LD should be supported in a regular school, where they are included full time under Portuguese law, but also feel that they should be supported by non-school centers/institutes. More than 90% of respondents feel that students with LD need some additional education beyond their class teacher.

These are the most relevant results of the study, showing an ineffective response to the education system in the proper training of teachers in this area, reflecting on student support and performance. The potential of the student with LD can be maximized as the effectiveness of answers to their needs increases.

Table 1. Inferential analysis regarding the sex

Variables/Items	Mean		SD		t	p-value*
	F	M	F	M		
8. LDs are a category of SEN	2.79	3.29	.643	.686	t(20.766)=-2.823	p=0.010
19. I often meet with other professionals to identify students with LD	2.80	2.24	.774	.903	t(19.4942)=2.446	p=0.024
22. I use scales, batteries and/or other instruments to evaluate students with LD	2.56	2.12	.731	1.054	t(121)=2.150	p=0.034
27. I check if the student with LD has achieved the defined goals	3.30	2.94	.481	.748	t(121)=2.633	p=0.010
32. When I create the Individualized educational Program (IEP) for the student with LD, information sharing/collaboration with their parents.	3.41	2.82	.614	.883	t(18.560)=2.619	p=0.017

t = Student T-Test; *Significant values (p < 0.05)

Caption: F = female; M = male; SD = standard deviation; SEN = special educational needs

Table 2. Inferential analysis of variables length of service and district

Variables/Items	F	p-value*
Length of service		
25. I give more time for the child with LD to perform the tasks	F(3.122)=3.071	p=0.030
District		
4. All children can develop language problems	F(2.122)=4.085	p=0.019
18. I have enough skills to identify a student with LD	F(2.122)=3.617	p=0.030
22. I use scales, batteries and/or other instruments to evaluate students with LD	F(2.122)=3.617	p=0.002

F = Teste One Way ANOVA; *Significant Values (p < 0.05)

Table 3. Descriptive analysis of questionnaire items

Questions	Levels			
	1. I totally disagree	2. I disagree	3. I agree	4. I totally agree
1. LD may have difficulties in developing understanding and/or producing a spoken and/or written system.	0.0%	0.8%	52.0%	47.2%
2. LD may involve communication difficulties.	0.0%	1.6%	56.1%	42.3%
3. LD can have difficulties that compromise the form of language (phonology, morphology, and syntax), the content of language (semantics), or the function of language in communication (pragmatic) in any of the combinations.	0.0%	1.6%	50.4%	48.0%
4. All children may develop language problems.	4.1%	30.1%	56.9%	8.9%
5. Children who do not follow normal language development may have LD.	2.4%	20.3%	64.2%	13.0%
6. It is important to know the language development when dealing with students with LD.	0.0%	1.6%	48.0%	50.4%
7. Students with LD have academic problems (reading, writing, math, and/or problem solving) during the school years.	0.8%	16.3%	53.7%	29.3%
8. LDs are a category of SEN.	1.6%	25.2%	58.5%	14.6%
9. I have enough training and information about language acquisition and development.	12.2%	51.2%	32.5%	4.1%
10. Dysnomia is a type of problem included in SEN.	1.6%	35.0%	56.1%	7.3%
11. Students with LD must have an individualized educational program (IEP) designed by a multidisciplinary team.	0.8%	18.7%	61.8%	18.7%
12. Students with LD should be supported by special education.	0.0%	22.0%	56.9%	21.1%
13. Students with LD should be supported by educational supports.	3.3%	19.5%	56.1%	21.1%

Caption: LD = language disorders; IEP = Individualized Educational Program; SEN = special educational needs

Table 3. Continued...

Questions	Levels			
	1. I totally disagree	2. I disagree	3. I agree	4. I totally agree
14. Students with LD should be supported in school.	0.0%	2.4%	67.5%	30.1%
15. Students with LD should be supported in non-school centers/institutes.	7.3%	36.6%	48.8%	7.3%
16. Students with LD do not need any additional education beyond the class teacher.	39.8%	54.5%	4.9%	0.8%
17. Students with LD should be supported by a multidisciplinary team.	0.0%	7.3%	62.6%	30.1%
18. I have enough skills to identify a student with LD.	6.5%	50.4%	33.3%	9.8%
19. I often meet with other professionals to identify students with LD.	8.1%	26.0%	51.2%	14.6%
20. I send students with LD to special education services.	4.1%	26.0%	57.7%	12.2%
21. I use classroom observations/records/recordings to evaluate students with LD.	4.9%	16.3%	69.9%	8.9%
22. I use scales, batteries, and/or other instruments to evaluate students with LD.	9.8%	39.8%	41.5%	8.9%
23. I adapt curriculums for students with LD.	4.9%	22.0%	63.4%	9.8%
24. I plan activities for the student with LD based on normal language development.	5.7%	32.5%	57.7%	4.1%
25. I give more time for the child with LD to perform the tasks.	0.8%	15.4%	63.4%	20.3%
26. I use visual support (photographs, pictures, games with images, etc.) in language development tasks for students with LD.	1.6%	11.4%	62.6%	24.4%
27. I check if the student with LD has achieved the defined goals.	0.8%	2.4%	67.5%	29.3%
28. I use the same materials for students with and without LD.	7.3%	53.7%	35.8%	3.3%
29. The tasks in the classroom are the same for students with and without LD.	8.1%	54.5%	34.1%	3.3%
30. I use peer teaching in the classroom.	1.6%	7.3%	74.0%	17.1%
31. Students with LD should not be included in group works.	51.2%	35.0%	6.5%	7.3%
32. When I create the individualized educational program (IEP) for the student with LD, information-sharing/collaboration with their parents.	2.4%	4.9%	50.4%	42.3%

Caption: LD = language disorders; IEP = Individualized Educational Program; SEN = special educational needs

DISCUSSION

According to the philosophy of inclusion, the school should include all students, preferably in the regular class. Thus, students' characteristics need to be known, identifying their needs, and using precise strategies and resources to lead them to educational success. This success does not have to be the same for everyone^(6,7).

With the commitment of schools to promote inclusion, based on accepting differences between students, supporting learning and meeting individual needs, teachers are expected to be able to mobilize a range of resources in terms of teaching methodologies and strategies, which enables quality responsiveness to the specific needs of all students in the classroom context⁽⁵⁾.

Advanced data by national and foreign authors and several studies carried out by educational institutions related to SEN show an estimate of the prevalence of the various problems⁽²⁴⁾. Correia⁽²⁴⁾ refers to communication disorders (22%) as the

second most prevalent. Thus, in the context of an inclusive school, investment in mobilizing collaborative practices with special education services is expected to develop a diverse set of options, methodologies, strategies, and services to ensure flexible and responsive responses to the needs of students with such disorders.

The classification of LD should be considered not only to find a diagnosis but to lead the selection and design of a program that is appropriate to each child's abilities and needs⁽¹⁾. Therefore, it is important to consider terms or concepts that allow the various professionals and family members that is, all process participants, to communicate clearly and objectively with each other, effectively selecting the relevant information for educational decision making⁽²⁾.

This different concept has limited the prevention and early identification of children who do not have immediate access to the services they need⁽¹⁾. Given the high prevalence of children with LD in the educational context, it is pertinent to identify those

with difficulties and at risk of evidencing language problems in their academic career, in the context of language performance as early as possible^(7,24).

Dysnomia is one of LD that since the early 1970s has become of interest to researchers in the field of adult aphasia, learning disorders, speech and language disorders. However, in the 1980s, Diane German⁽²⁵⁾ began her studies on dysnomia, and she is the researcher who has done the most studies on the evaluation of dysnomia, to program such students to succeed. German and his collaborators identified three subgroups on the level of naming difficulties: subgroup 1 - difficulties with recovery; subgroup 2 - difficulties in understanding; subgroup 3 - difficulties in recovery and comprehension, specifically researching issues of accuracy and speed in naming.

CONCLUSION

The teacher should understand the real skills and needs to of the students with LD, to identify and consequently intervene, and to act accordingly, promoting progression and educational success. This study verifies the perspectives and practices of educational support for students with LD in the 1st cycle of basic education, tries to understand the way teachers intervene in this level of education.

After analyzing the data obtained, most teachers stated that they do not have the skills to identify students with LD or sufficient training and information about language acquisition and development, conditions verified in other countries^(29,30). Thus, professionals may find difficulties to intervene with these students and, more specifically, to devise strategies that are appropriate to their real needs. The characteristics, abilities, and learning needs of each child may require very diverse support modalities, which will only be effective if a comprehensive and expert assessment is undertaken⁽²⁴⁾. By learning and studying typical language development, teachers will be able to evaluate language skills to properly intervene with the students' educational process, teaming with other professionals (language interventionists, speech therapists, etc.) and effectively meeting and solving their individual needs.

REFERENCES

1. Bishop DV, Snowling MJ, Thompson PA, Greenhalgh T. Phase 2 of CATALISE: a multinational and multidisciplinary Delphi consensus study of problems with language development: terminology. *J Child Psychol Psychiatry*. 2017;58(10):1068-80. <http://dx.doi.org/10.1111/jcpp.12721>. PMID:28369935.
2. Santos LM, Friche AA, Lemos SM. Conhecimento e instrumentalização de professores sobre desenvolvimento de fala: ações de promoção de saúde. *Rev CEFAC*. 2011;13(4):645-56. <http://dx.doi.org/10.1590/S1516-18462011005000011>.
3. Wilson L, McNeill B, Gillon GT. Inter-professional education of prospective speech-language therapists and primary school teachers through shared professional practice placements. *Int J Lang Commun Disord*. 2017;52(4):426-39. <http://dx.doi.org/10.1111/1460-6984.12281>. PMID:27624388.
4. Fricke S, Millard G. A setting-based oral Language Intervention for nursery-aged children with english as an additional language. In: Murphy VA, Evangelou M, editores. *Early childhood education in english for speakers of other languages*. London: British Council; 2016. p. 171-86.

5. Oliveira RB, Bidarra MG, Vaz-Rebello M. Práticas de colaboração para inclusão de alunos com necessidades educativas especiais nas escolas portuguesas: percepções de professores e equipa técnico-pedagógica. *Saber & Educar*. 2017;(23):70-9. <http://dx.doi.org/10.17346/se.vol23.288>.
6. Vieira-Rodrigues MMM, Sanches-Ferreira MMP. A inclusão de crianças com necessidades educativas especiais no ensino regular em Portugal: a opinião de educadores de infância e de professores do 1º ciclo do ensino público e privado. *Rev Bras Educ Espec*. 2017;23(1):37-55. <http://dx.doi.org/10.1590/s1413-65382317000100004>.
7. Martins R, Freitas P, Carvalho O, Pascoinho J. Intervenção precoce: práticas e representações. *Revista Educação Especial*. 2018;31(62):495-512. <http://dx.doi.org/10.5902/1984686X28819>.
8. Messer D, Dockrell J. Children's naming and word-finding difficulties: descriptions and explanations. *J Speech Lang Hear Res*. 2006;49(2):309-24. [http://dx.doi.org/10.1044/1092-4388\(2006\)025](http://dx.doi.org/10.1044/1092-4388(2006)025). PMID:16671846.
9. Molina FP, Robertson XA. Didactics strategies to develop the narrative discourse in preschool children with specific language impairment. *Rev Signos*. 2018;51:410-29.
10. Owens R. *Language development: an introduction*. 9th ed. Boston: Pearson Education; 2016.
11. Pullen PC, Justice LM. Enhancing phonological awareness, print awareness and oral language skills in preschool children. *Intervention Sch Clin*. 2003;39(2):87-98. <http://dx.doi.org/10.1177/10534512030390020401>.
12. Hage SRV, Nicolielo AP, Guerreiro MM. Deficit in phonological working memory: a psycholinguistic marker in portuguese speaking children with specific language impairment. *Psychology*. 2014;5(5):380-8. <http://dx.doi.org/10.4236/psych.2014.55049>.
13. Nicolielo AP, Hage SRV. Phonological processing in subjects with specific language impairment. *Rev CEFAC*. 2014;16(6):1820-6. <http://dx.doi.org/10.1590/1982-0216201416813>.
14. Leonard LB. Reciprocal relations between syntax and tense/agreement morphology in children's interpretation of input: A look at children with specific language impairment. *First Lang*. 2019;39(1):96-110. <http://dx.doi.org/10.1177/0142723717729094>.
15. Verhoeven L, Steenge J, van Balkom H. Verb morphology as clinical marker of specific language impairment: evidence from first and second language learners. *Res Dev Disabil*. 2011;32(3):1186-93. <http://dx.doi.org/10.1016/j.ridd.2011.01.001>. PMID:21333487.
16. Befi-Lopes DM, Gândara JP, Felisbino FS. Categorização semântica e aquisição lexical: desempenho de crianças com alterações do desenvolvimento da linguagem. *Rev CEFAC*. 2006;8(2):155-61.
17. Befi-Lopes DM, Nuñez CO, Cáceres AM. Correlação entre vocabulário expressivo e extensão média do enunciado em crianças com alteração específica de linguagem. *Rev CEFAC*. 2013;15(1):51-7. <http://dx.doi.org/10.1590/S1516-18462012005000017>.
18. Hernandez GD, Rodriguez VMA. The grammatical production in the narrative discourse of pupils with Specific Language Impairment (SLI). *Rev Signos*. 2018;51:264-84.
19. Davies C, Andrés-Roqueta C, Norbury CF. Referring expressions and structural language abilities in children with specific language impairment: a pragmatic tolerance account. *J Exp Child Psychol*. 2016;144:98-113. <http://dx.doi.org/10.1016/j.jecp.2015.11.011>. PMID:26716575.
20. Cleave PL, Girolametto L, Chen X, Johnson C. Narrative abilities in monolingual and dual language learning children with specific language impairment. *J Commun Disord*. 2010;43(6):511-22. <http://dx.doi.org/10.1016/j.jcomdis.2010.05.005>. PMID:20579660.
21. Boerma T, Leseman P, Wijnen F, Blom E. Language proficiency and sustained attention in monolingual and bilingual children with and without language impairment. *Front Psychol*. 2017;8:1241-52. <http://dx.doi.org/10.3389/fpsyg.2017.01241>. PMID:28785235.
22. Desmottes L, Maillart C, Meulemans T. Memory consolidation in children with specific language impairment: delayed gains and susceptibility to interference in implicit sequence learning. *J Clin Exp Neuropsychol*. 2017;39(3):265-85. <http://dx.doi.org/10.1080/13803395.2016.1223279>. PMID:27615432.

23. Bishop DVM. What causes specific language impairment in children? *Curr Dir Psychol Sci.* 2006;15(5):217-21. <http://dx.doi.org/10.1111/j.1467-8721.2006.00439.x>. PMID:19009045.
24. Correia LM. *Inclusão e necessidades educativas especiais: um guia para educadores e professores.* 2. ed. Porto: Porto Editora; 2013.
25. German D. Child word finding: student voices enlighten us. *ASHA Lead.* 2009;14(2):10-3. <http://dx.doi.org/10.1044/leader.FTR2.14022009.10>.
26. Conti-Ramsden G, Botting N. Emotional health in adolescents with and without a history of specific language impairment (SLI). *J Child Psychol Psychiatry.* 2008;49(5):516-25. <http://dx.doi.org/10.1111/j.1469-7610.2007.01858.x>. PMID:18221347.
27. Gray S, Kvalsvig A, O'Connor M, O'Connor E, Incedon E, Tarasuik J, et al. Can a teacher-reported indicator be used for population monitoring of oral language skills at school entry? *Int J Speech Lang Pathol.* 2018;20(4):447-57. <http://dx.doi.org/10.1080/17549507.2017.1294200>. PMID:28290724.
28. Gregory KD, Oetting JB. Classification accuracy of teacher ratings when screening nonmainstream english-speaking kindergartners for language impairment in the rural south. *Lang Speech Hear Serv Sch.* 2018;49(2):218-31. http://dx.doi.org/10.1044/2017_LSHSS-17-0045. PMID:29621802.
29. Eloi ME, Santos JN, Martins-Reis VO. Disorders in oral and written language in elementary teachers' perception. *Rev CEFAC.* 2015;17(5):1420-31. <http://dx.doi.org/10.1590/1982-021620151754115>.
30. Silva LK, Labanca L, Melo EMC, Costa-Guarisco LP. Identification of language disorders in the school setting. *Rev CEFAC.* 2014;16(6):1972-9. <http://dx.doi.org/10.1590/1982-0216201415813>.

Author contributions

ACS was responsible for guiding and preparing the project and writing the article; SSSC contributed to the literature review, revision of the statistical analysis, interpreting the results and writing the article; RMSF was responsible for data collection, tabulation and analysis; SPS collaborated with the elaboration of the project, reviewing, updating and approving the final version of the article.