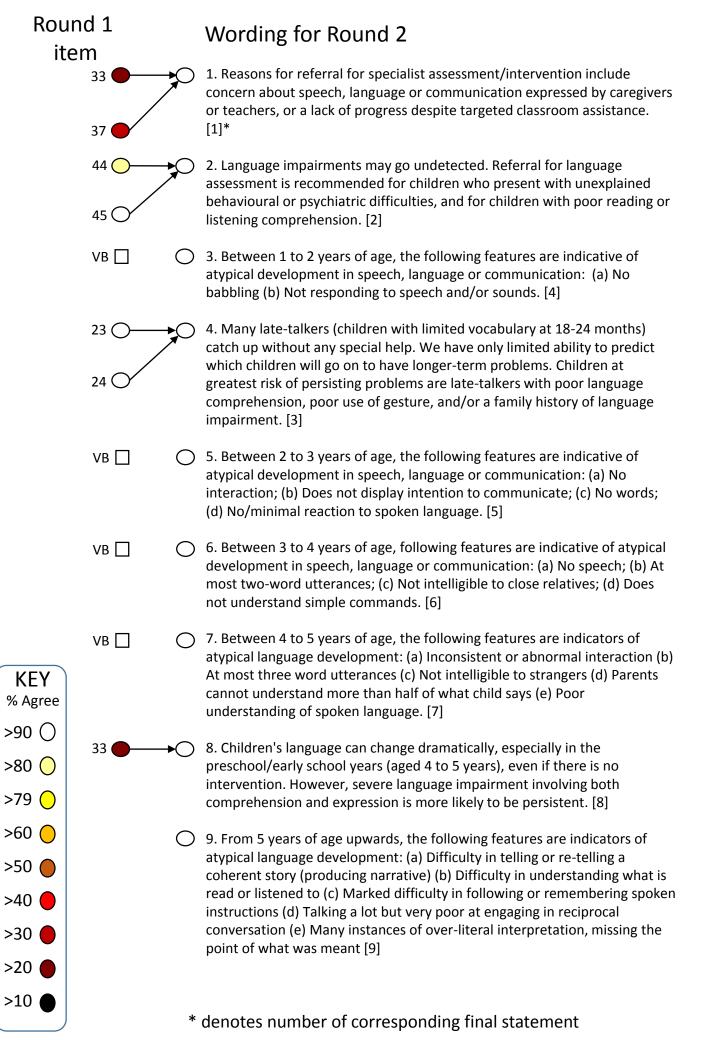


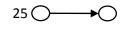
Title	CATALISE: A multinational and multidisciplinary Delphi consensus study. Identifying language impairments in children
Authors	Bishop, Dorothy V. M.;Snowling, Margaret J.;Thompson, Paul A.;Greenhalgh, Trisha;Catalise consortium
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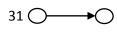


Round 1 item

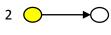
Wording for Round 2



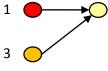
10. A staged approach to language assessment is efficient, with an initial omnibus test that taxes both receptive and expressive language (e.g. tests involving narrative retelling and/or sentence repetition), to establish severity of impairment, followed by more specific assessments as necessary. [14]



11. A well-standardized test that has good reliability, validity and sensitivity can quantify severity of impairment relative to a peer group in a relatively objective manner, but other types of assessment can provide complementary information. [10]



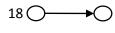
12. A low score on a language test is not the same as a need for intervention; the functional impact needs to be taken into account. [11]



13. There is no clear cut-off that distinguishes between language impairment (regardless of its cause) from the lower end of normal variation of language ability. [12]



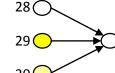
14. Currently available assessments do not show clear language profile associated with social disadvantage. [15]



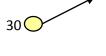
15. If a child with English as an Additional Language (EAL) learns English more slowly than their peers from the same language background, an assessment in the home language should be conducted to clarify whether additional support from a Speech and Language Therapist/Pathologist is needed. [18]



16. 'Markers' for language impairment which give good agreement with clinical diagnosis are nonword repetition, sentence repetition, and production of verb inflections. [16]



17. Dynamic assessment that explores how children learn seems a promising approach. In principle it might help distinguish children whose difficulties are simply due to lack of exposure from those whose learning is impaired. However, more research is needed to develop approaches to dynamic assessment that could be recommended for this purpose. [17]



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18. For comparing rates of language impairment over time, or in different places, it would be useful to have a standard assessment process, e.g. a test battery which used a statistical definition. [13]

% Agree >90 ()

KEY

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Round 1 item

Wording for Round 2

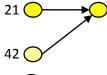


19. Speech and language therapists/pathologists have the skills to assess and plan intervention for children who have pragmatic difficulties (including those diagnosed with social communication disorder). [19]

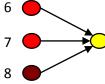
- 39(
- 20. Speech and language therapists/pathologists have specialist expertise in the assessment of problems with production of speech sounds, many of which are linguistic rather than motor/structural in origin. Speech difficulties can occur separately from or together with other language difficulties, and have different prognosis and intervention needs. [20]



21. Language impairment frequently co-occurs with other neurodevelopmental difficulties, including attentional problems, motor impairments, reading difficulties, social impairment and behaviour problems. [21]



22. If research is restricted to those with 'pure' language impairments, it will have little relevance for clinical practice since most language impaired children have a range of other problems. [22]



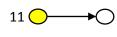
23. Where a child's nonverbal functioning is more than two standard deviations below average, the primary diagnosis should be intellectual disability. For children who function above that level, language impairment should be identified regardless of whether there is a mismatch with nonverbal ability. [23]



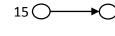
24. The language difficulties of children with autism spectrum disorder (ASD) normally require a different approach to intervention to those of nonautistic children. [24]



25. Children with known syndromes (e.g. Down syndrome, Klinefelter syndrome) often have accompanying language problems that resemble those seen in children with no known aetiology. [25]



26. Children with acquired language impairment (e.g. caused by traumatic brain injury) are likely to have a different prognosis from those with developmental problems with no acquired aetiology. [26]



27. Hearing impairment and language impairment can co-occur, as demonstrated by cases of children whose language abilities – in either spoken or signed language - are well below those of their hearing-impaired peer group. [27]

KEY % Agree

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