

TO THE TEACHER

IF YOUR PUPIL HAS A CLEFT PALATE

Prepared by

The Staff

Lancaster Cleft Palate Clinic,
Lancaster, Pennsylvania.

It is the professional responsibility of every teacher to know the general health status of every child in the classroom, just as she assumes knowledge of the various school achievement levels of these children. This does not mean that a teacher necessarily needs to be conversant with the medical details of any given condition but only how this condition limits, colors or effects the general growth and behavior pattern of this pupil. In the case of a pupil with a cleft palate the acceptance of this responsibility is particularly important.

1. The teacher must realize that, even though the child may appear to be "slow" in school, this behavior is often a result of poor speech and appearance. There is no evidence to substantiate a belief that mental retardation is to be found any more frequently among these children than among any other children.

2. Participation in classroom activities may be found to be difficult in competition with children who are normal in speech and appearance. A cleft palate child may choose to remain silent in a recitation, even when he knows the answer, rather than call attention to his deformity. It is here that the teacher can be particularly helpful. Instead of allowing the pupil to refrain from recitation, he should be given every oppor-

(OVER)

tunity to enter into classroom activity. He should have successful participation in some speech situation every day. Effort should be made to develop special interests and abilities.

If the teacher approaches the problem tactfully, there will be no embarrassment either on the part of the cleft palate pupil or of his classmates.

Except in rare cases, the cleft palate person (with adequate attention to his particular speech pattern) is understandable. It will be noticed that the nasal sounds of M, N, and NG are present in the speech of the cleft palate individual and that most of the other speech sounds assume this nasal quality.

3. The teacher should realize the variability in home treatment of these children from pampering and over-protection, to complete or partial rejection as if he were a skeleton in the closet. Where an unfortunate type of home training exists, the teacher, by understanding the problem, mitigates some of the harm by attempting re-education of the child and the family. The teacher can be instrumental in changing either of these home situations to one in which the child is allowed to assume the same self-confident and independent question and answer situation which the teacher provides in the classroom.

4. If, upon investigation, it is discovered that a pupil has never been referred to the proper person or persons, or agencies in the school system or community, it is the teacher's responsibility to find these sources so that proper guidance may be established.

If the teacher, along with the pupil and parent, can accept a cleft palate condition as one that can be helped to a great extent, the teacher is then free to think and teach this pupil in terms of his particular interests, abilities and aptitudes.