



# Contributions of the institutional diagnosis for speech language pathology and audiology practice in schools

## Contribuições da realização do diagnóstico institucional para a atuação fonoaudiológica em escolas

## Contribuciones de la realización del diagnóstico institucional para la actuación fonoaudiológica en escuelas

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### Abstract

**Introduction:** A speech language pathology practice in educational context currently assumed that it is important that the speech therapist develops a process of institutional diagnosis, aiming a performance directed to the incorporation of new cycles inherent in the socio-pedagogical dynamics. **Objectives:** To carry out the process of the institutional assessment and to discuss its contributions to the development of speech language pathology actions in a school. **Method:** This research was conducted in a public school in João Pessoa/PB, Brazil by the active observation of the researchers using some field diaries, and conversations with people involved into the institution dynamics as well. Data were analyzed qualitatively. **Results:** The analyzed school faces many structural problems. As difficulties, there were related problems with regard to the training and health of teachers, and the influence of social determinants were reported, since the school serves a community in a vulnerable situation. As potentialities, there were observed

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some aspects of the educational community necessary for speech language therapy practice: adherence to work developed, team integration, and especially the desire to transform their reality. **Conclusion:** The accomplishment of institutional diagnosis contributed to know the structure and functioning of the school studied, the difficulties presented and the speech therapist's view of the subjects inserted in the educational context, and it allowed the strengthening of ties between the team of speech-language pathologist and the institution.

**Keywords:** Speech, Language and Hearing Sciences; education; assessment; qualitative research.

## Resumo

**Introdução:** A prática fonoaudiológica no contexto educacional, atualmente, pressupõe que é importante que o fonoaudiólogo desenvolva um processo de diagnóstico institucional, objetivando uma atuação voltada à incorporação de novos ciclos inerentes à dinâmica sócio-pedagógica. **Objetivos:** realizar o processo de diagnóstico institucional e discutir suas contribuições para o desenvolvimento de ações fonoaudiológicas em uma comunidade escolar. **Método:** Esta pesquisa foi desenvolvida em uma escola da rede pública de João Pessoa/PB, a partir da observação participante dos pesquisadores, com registro em diários de campo, e conversas com sujeitos inseridos na dinâmica da instituição. Os dados foram analisados qualitativamente. **Resultados:** A escola analisada enfrenta diversos problemas estruturais. Como dificuldades, foram relatados problemas no que se refere à formação e saúde dos professores, e à influência de determinantes sociais, já que a escola atende uma comunidade em situação de vulnerabilidade. Enquanto potencialidades, observaram-se aspectos da comunidade educacional necessários à atuação fonoaudiológica, como: a adesão ao trabalho desenvolvido, a integração da equipe e, principalmente, a vontade de transformar sua realidade. **Conclusão:** A realização do diagnóstico institucional contribuiu para conhecer a estrutura e funcionamento da escola pesquisada, as dificuldades apresentadas e a visão do fonoaudiólogo dos sujeitos inseridos no contexto educacional, e permitiu o fortalecimento de vínculos entre a equipe da Fonoaudiologia e a instituição.

**Palavras chave:** Fonoaudiologia; educação; avaliação; pesquisa qualitativa..

## Resumen

**Introducción:** La práctica fonoaudiológica en el contexto educativo, presupone actualmente que es importante que el fonoaudiólogo desarrolle un proceso de diagnóstico institucional, con vistas a una actuación dirigida a la incorporación de nuevos ciclos inherentes en la dinámica socio-pedagógica. **Objetivos:** llevar a cabo el proceso de evaluación institucional y discutir sus contribuciones al desarrollo de acciones fonoaudiológica en una comunidad escolar. **Método:** Esta investigación se realizó en una escuela pública en João Pessoa/PB desde la observación participante de los investigadores, con registro en diarios de campo, y conversaciones con sujetos involucrados en la dinámica de la institución. Los datos se analizaron cualitativamente. **Resultados:** La escuela analizada se enfrenta a muchos problemas estructurales. Como dificultades se reportaron problemas con respecto a la formación y la salud de los profesores, y la influencia de determinantes sociales, ya que la escuela sirve a una comunidad en una situación vulnerable. Como potencialidades, se observaron aspectos de la comunidad educativa necesarios a la actuación fonoaudiológica, tales como: la adhesión al trabajo desarrollado, la integración del equipo, y sobre todo el deseo de transformar su realidad. **Conclusión:** La finalización del diagnóstico institucional contribuyó a conocer la estructura y el funcionamiento de la escuela investigada, las dificultades presentadas y la visión del fonoaudiólogo sobre los sujetos insertos en el contexto educativo, y permitió que el fortalecimiento de los lazos entre el equipo de fonoaudiología y la institución.

**Palabras clave:** Fonoaudiología; educación; evaluación; investigación cualitativa.

## Introduction

Although the Educational Speech Language Therapy specialty have been regulated by the Federal Council of Speech, Language and Hearing Sciences - CFFa<sup>1</sup> only in 2010, speech language therapy practices related to education began to be developed in the early twentieth century, due to the need of a professional who could evaluate, diagnose and treat language deviations which are manifested mainly in school, and to account for children called “specials”. However, with the time and because of the profession consolidation, the speech therapist just moved away from the school environment and began to develop a clinical profile, based on procedures and fundamentals of Medicine for their training and practice<sup>2</sup>.

More recently, the relationship between Speech, Language and Hearing Sciences and Education is targeted for discussion that addressed the various concepts of subject, language and health, forming the basis for speech therapy at school, and the most varied possibilities of aims and actions in the school context<sup>3-5</sup>.

Among the main concepts and the speech language therapy action aims in school, there are: a) one that dichotomizes the relationship between health and education; generally considers the school as an entity responsible for writing language teaching, in its standard variant; and assumes, as the objective of the speech language therapist in the educational environment, the adoption of preventive practices, of identification of speech and writing impairments and implementation of legislation, or regulatory actions, including the training of teachers. And b) a perspective that sees school as a social agency responsible for schooling, instruction and literacy, which contributes to the integration and the child’s participation in a literate society; emphasizes a team working without segregation or hierarchy, of health and education, to promote access to language and literacy, and social leadership as well, cooperating to the development of the whole educational context<sup>3-5</sup>.

Thus, they can be highlighted the language and concepts of health that underlie these perspectives and underpin the work of the educational speech language therapist (Figure 1)

**Figure 1.** Conceptual framework, regarding the concepts of language and health in accordance with the professional performance prospects in schools.

Performance prospects of the educational speech language therapist	Language concepts	Health concepts
A – Dichotomy between health and education	Assumes the language as a standalone code, organized as a structured system and homogeneous, legacy and outside the individual <sup>6</sup> .	Biomedical model of health that emphasizes the etiology, diagnosis and treatment of disorders. Tends to ignore that factors, other than the biological/individual, can influence health <sup>7</sup> .
B – Integration between health and education	Design of dialogic and social language, constitutive activity of the subject, social discursive practice that does not exist outside of specific communication situations <sup>8</sup> .	Expanded health concept in which it is defined as quality of life and, therefore, dependent on the integration of various factors (social, economic, individual, etc.). Focus on health promotion, which aims to strengthen the control capacity of the subjects about their health <sup>7,9</sup> .

It is worth clarifying that the actions to be proposed and carried out in an institution will depend on the training and speech language therapist concepts, which will drive the goals, objectives and actions taken by the professional.

Therefore, many studies<sup>5,10-12</sup> continue to bring important discussions regarding this action, which reveals the need for constant reflection on

the subject. However, it is clear that very little is discussed about how to start the speech therapy action in the school context. And it is this fact that calls attention, generates anxiety and begins to justify making the evaluation.

How to start a job without knowing the reality of the environment where it will be developed? Does an action performed in an institution will



(always) serve to the other? The objectives of the proposed work would be the same for all institutions? All schools have conceptions, dynamic, professional staff, relationship with the community and similar needs?

Given these questions and considering the existing diversity and uniqueness in the daily life of each school also unique role it is deemed necessary that, before proposing or performing predefined actions, is worried about identifying the needs of each school specifically, so that it is possible to think of an effective, meaningful speech therapy work focused on the constitution of practices aimed at the social development of the educational context and promotion of attention and care to subjects inserted in this reality.

Thinking from this perspective, it is considered that ownership of information about the profile of the school community by speech language therapists can support planning, priority setting, development of proposals and the professional action in the educational environment, driving the transformation of the process teaching-learning and health promotion, expanding the range of possibilities of professional performance that, based on its essentially clinical training, many times<sup>5</sup> restricts their work to the identification of communication disorders for subsequent treatment in a clinical setting.

In this direction, it is important to note that one of the principles governing the performance of the speech language therapist along to education is lifting the institutional<sup>13</sup> diagnosis. This diagnosis relates to a process of research and interpretation of forms of organization and functioning of the institution and dynamics of subjects inserted in this context, understanding the relationship of these aspects to economic, socio-cultural-historical, educational, environmental and epidemiological conditions of the community<sup>13</sup>.

With regard to this practice, the resolution No. 387 of CFFa indicates that the speech language therapist is able to “act in the educational field, making school staff in order to perform evaluation and institutional diagnosis of teaching-learning situations related to their area of knowledge”<sup>21</sup>. The resolution also points out that the professional should increase its role and his studies in situations involving “participating in the institutional diagnosis to identify and characterize the problems of learning aimed at the construction of pedagogical

strategies of overcoming and improvements in the teaching process -learning”<sup>41</sup>.

Moreover, analyzing a literature review about the Speech, Language and Hearing Sciences insertion in collective health promotion<sup>14</sup>, it was found that the development of an institutional diagnosis for the development of a proper design that meets the demand of services in teaching-learning institutions is fundamental and clarifies the aims of the professional which works in every environment.

Thus, it is seen that the performance of the institutional diagnosis is regulated and encouraged, however, it seems that there are few discussions on this topic and it is not common while a speech-language therapy practice, but, many times, the performance of the professional in schools happens intuitively and/or based on pre-determined actions determined by the professional when he presents his project or action plan to the school.

It is believed, before this scenario, that the execution of such analysis can provide the professional a better understanding of the reality of the institution, basing the operations and assisting in the definition of objectives and goals for their work in the educational field.

Therefore, it was proposed to carry out this study aiming to analyze the institutional assessment process and to discuss the contributions to the development of speech-language therapy actions in a school located in the city of João Pessoa.

## Methods

This is a qualitative, descriptive and cross-sectional study. It was approved by the Ethics Committee on Research with human beings from the home institution, under the No 0245/13 protocol.

The research was linked to the course Educational Speech-Language Therapy (offered in the sixth period of the course of Speech, Language Pathology and Audiology from the home institution) and it was held in a public school of the city of João Pessoa/PB, Brazil, during the practical component of the course period. To analyze the contributions of institutional diagnosis for speech language therapy in this context, methodological strategies of ethnographic studies have been selected, as the active participant observation (with record of every experience in field diaries) and interviews.

It is noteworthy to mention that the researchers intended not to broadcast that there is a generalization of the procedures used to perform the analysis of all the institutions. These should be selected according to each context, with the subjects involved in it and the availability offered by the school. It is proposed, therefore, that the best way to know the reality of an institution is participating in its dynamic and routine, listening to and living with all the actors involved, considering the subject assets, essential to the functioning of the institution.

The word diagnosis is widely used in the medical field - and even in the common sense - in the sense of identifying diseases. However, in this study, the institutional diagnosis expression used, far from adopting a definition that refers to biologizing practices, starts from the principle that the term refers to a process of understanding the reality, the potential and the needs of an institution that allows the construction of strategies to optimize the development<sup>15-17</sup> in the case of schools.

Here, although we understand and we agree about the fragility of the term “institutional assessment” to describe and to represent what is actually being proposed, it will be the term used, since these are the words used by the legislation which provides this practice<sup>1</sup>.

Before starting the study, the school was visited, in order to know the location and to contact the supervisor and director for the pedagogical presentation of this research, requesting authorization to do so, and the definition of the available time to participate in activities of the institution.

After this step, the researchers began to attend weekly to the educational environment, according to the pact signed with the direction of the institution - totaling about 5 hours per week, divided between shifts in the morning and afternoon -, aiming the realization of the institutional diagnosis process, through conversations with subjects inserted in the community, field observation, and performing actions with the teaching staff.

The researchers participated in various activities at the institution, sometimes being adapted to school schedule, sometimes proposing actions together with teachers and the teaching staff, allowing interaction as members in the practices of groups, allowing them a greater understanding of the institutional dynamics.

After each meeting, there were made some field diaries, of what had been experienced, the

information collected about the school context, and the reflections and discussions that would enable a better understanding of the community and to substantiate the construction of strategies to optimize the operation of the institution.

In parallel to the observations, the researchers interviewed, following a predefined script, multiple subjects included in the educational context researched (director, coordinator, teacher and staff) - on time availability of the subjects - about their concepts, practices and their needs regarding the difficulties and potential of the institution. In the interview, the participants were informed verbally and in writing about the procedures and, if they agreed to participate, they signed the term.

The results obtained in this study were interpreted with reference to the school community, from the experiences and the look of the subjects involved in this context.

Data analysis was didactically divided into three steps: 1) Reading and analysis of field diaries; 2) Creation of categories of analysis, according to reality, the difficulties and needs of the school context; 3) Realization of interpretations, relating the data obtained in the study of perceptions, registered in field diaries, with the issues and the theoretical framework underlying the research.

From the observed data, there were created the following categories of analysis: 1) structural aspects of the institution; 2) social aspects of the educational community; 3) teacher's perception about the speech language therapy action at school; 4) Institutional diagnosis process.

We highlight that the theoretical concepts adopted in this research are based on a broad concept of health that refers to the individual and collective welfare<sup>7</sup>, and on a socio-historical perspective that considers language as a social discursive practice, which constitutes and is constituted by subjects, which permeates and is permeated by the activities and human relations<sup>18</sup>.

## Results

### *Structural aspects of the institution*

The school analyzed consists of five classes of Primary Education I, five teachers and 20 staff, responsible for school maintenance, library operation, feeding and teaching staff.



Regarding to the physical structure, it can be seen that the school is old. It has five classrooms, two bathrooms, a kitchen, an office, a library and a small cafe. There is a land in the background used as patio, an open space and unpaved, and the playground; and as an attachment, in which they are developed the activities of the program “More Education”, an initiative of the Ministry of Education (MEC) that seeks to promote an Integral Education to students from the dialogue between educational and social strategies<sup>19</sup>.

In addition to this program, it is also developed in the school the program “First Knowledges of the Childhood”, which provides for the organization of the school curriculum, establishing an order for the exhibition of academic content. Teachers do not have rooms for meetings and/or planning, and so they develop their activities in the cafe tables. This does not attend to the school’s needs, considering that in the morning they have classes from the second and fifth grades - with 26 and 17 students, respectively, totaling 43 students - and in the afternoon they have the groups of the first, third and fourth grades - with 18, 23 and 27 students, respectively, totaling 68 students in this period - and in the cafe or snack bar there are only three tables available, with eight seats each.

However, the operation has been going through “arrangements” daily, as in several other areas of the school, and this, specifically, is not a big problem. Similarly, the library is a small place, with only one table with eight seats, to meet all students. In addition, it has not a variety of titles and genres. It should be noted also that until the last moment of the study, the children had not received uniforms and school kits for the school year, yet.

#### *Social aspects of the educational community*

In all the conversations with the teachers and staff, there were highlighted difficulties in the learning process, relating them mainly to social aspects.

Therefore they have been proposed and developed, with the help of teachers, reading and writing activities for students of all classes. It was observed that most students of all ages and grades, had difficulty performing the activities, some even created strategies to not do them, portraying problems in literacy process, confirming the previous speech teachers, by claiming that the vast majority of those

children are not appropriated from reading, writing and from general content, satisfactorily.

Children who attend to this school live in a situation of social vulnerability, exposed to risks of personal, social or environmental nature which assist or increase the need as they live, not only of material goods, but quality of life, education, leisure, respect, expectations<sup>20</sup>.

They daily experience a harsh reality in which most of their parents cannot keep up with their school life, for several reasons. According to respondents, the children see the school not only as an educational environment, but as a refuge from his reality. Have been reported, for example, episodes in which children went to the institution to simply eat and/or sleep on the spot, since they could not do it in their homes.

Family participation - in this case the lack of it - in the education of children was emphasized, according to the teachers.

The teachers also reported some aspects of the educational context that could be improved, such as an improvement in the institution’s structure and acquisition of materials; greater and more effective community participation in the school routine; the change in behavior of some students which discourages the teacher’s work; greater investment in teacher training and planning of their practices; more pedagogical and psychological support for educators; and better interaction between the classroom actions with those of other school programs such as the program “More Education” and the program “First Knowledges of the Childhood”.

At school, the More Education Program works with the offer of six workshops (literacy, Judo, Dance, Recreation, Soccer and Theatre) for children. In conversation with the director of the institution, it was explained that most students participate and that membership has increased since the implementation of the “More Education” program at school. However, some teachers indicated they would need better planning of program actions and it would be interesting, even the association, in certain contexts, between them and the content taught in the classroom.

In relation to the “First Knowledges of the Childhood”, the main complaint made by the teachers is that, in most cases, there is no relation between the prepared content to the school day, there is not a continuity of the issues during the month. In the opinion of the teachers, it is difficult



to apply the rules of this program to the school reality, as it develops from decontextualized and practices that do not respect the differences, individual uniqueness, which is an aspect often pointed out in the speech of educators.

It was found also that some educators are tired and even discouraged with their work, because it is difficult to develop an effective action with little family support and because of the great social vulnerability of children. In addition, according to reports obtained in the interviews, the teachers had to deal with bad behaviors and lacks of respect; sometimes suffered mistreatment of some students; had to work two periods and taking care of their houses; they did not have a proper environment in the school; they had to face many other difficulties and teach their classes.

According to a teacher, the school faces difficulties because it has been marginalized by the managers, since its inception - about 30 years - by meeting the population of a poor community and presenting a high level of violence in the city of João Pessoa.

Teachers even reported that the school construction goal was to create an environment where children who were in a state of oppression and vulnerability could be included, but they were not offered subsidies for the proper functioning of the educational space; on the contrary, what we see is the lack of educational and teaching resources for teachers and students.

#### *Teachers vision for speech language therapy practice at school*

In the first meeting with the teaching staff, to talk about our inclusion in the educational context, we could begin to grasp the concepts of professional institution regarding speech language therapy job opportunities in school. It was observed that, according to the teachers, the role of the speech therapist in school would have the following objectives: preventing voice disorders in teachers and language impairments in children, and conduct lectures for family members and teachers.

However, it was noted that with the establishment of the institutional diagnostic process, most teachers supported and helped to complete actions, supported a concept of health promotion. However, one of the teachers at the end of compiling the data for this study reported that she did not consider

the activities consistent with the speech therapy practice because there was not the identification and treatment of children with difficulties in speech and writing.

#### *Institutional diagnosis process*

Regarding the weaknesses of this process, at first, it can be considered that the speech language therapy practice probably generated some discomfort in the school team because the idealized proposals did not meet initial expectations of teachers. But with the development of an active evaluation process and the planning and construction of the joint actions to be taken at school, the researchers could transmit attention and care to the education community, which could meet some teachers' expectations and assisted in the integration of speech therapist in the pedagogical team, favoring the job later.

With regard to the potential of the institutional diagnosis, it can be said that through this it was possible to know and actually experience the school environment, which contributed to the speech language therapist participation in the teaching staff. It might also been seen, heard and felt the love, the desire to see the continuity of work and the respect of the subjects involved in the school community. In addition, teachers and staff have shown great willingness, desire to change the school environment in which they found and believed in the power of social transformation of education.

## **Discussion**

With regard to structural aspects, it is reflected: School structure influences the teaching-learning process and/or health of students?

In the educational context analyzed in this study, only some classrooms have fans; when it rains, the rooms are wet, and students, barefoot (for not having received the school uniforms and for not being able to buy shoes) must attend classes stepping in wet and moldy environments; the school has a bad acoustics, which leads teachers and students to speak up and makes it difficult to hear; it is not offered to children adequate space for physical activity; teachers have no room to rest, hold meetings or planning; no concern for safety, accessibility or appearance.

Given this reality, we ask: what this structure means for those children and teachers? What is the image that this school is? As such aspects relate to the educational process and the behavior of children?

Some teachers reported that children expressed desire to study in other schools that are painted, cared for, receiving school supplies and that have sports fields.

In this sense, it is believed that the school structure is the care and attention offered to her subjects, and therefore portrays the negligence that - and all who participate in it - have been suffering. This situation reflects the historical process of marginalization under which the school community comes through. So what to require or to expect from children and professionals who receive health care and experience a process of education/teaching without the necessary quality for a good development and that have historically been oppressed in all contexts in which they participate?

One of the basic precepts of the Child and Adolescent Statute is offering Education and Health of quality to this audience, and conditions not only to access but to stay in school, and to provide an integral development<sup>19</sup>. And when the supply of these factors occurs irregularly, it is the responsibility of the responsible authorities<sup>21</sup>.

In order to ensure real change in these aspects, which are notoriously influencing the teaching-learning process and in the building of values such as respect and care, essential to the formation of any citizen, it is responsibility of the speech therapist, in partnership with representatives of the teaching staff, to search solutions with the responsible authorities. So, this is now also one of the roles to be played by the speech language therapist that seeks in its make, beyond the limits of its essentially clinical training.

With regard to the social aspects, it was observed that the main complaints of the pedagogical team are related to the lack of attention to their health and the little family participation in the routine of students, which reflects the bad behavior of some children.

It is worth mentioning that the social aspects seem to be a major cause of learning problems in school children. And, because of the number of students according to teachers, with learning difficulties, the school joined programs like More Education, which aims to reduce these difficulties.

Should the school become solely responsible for the education of children? If it does, is it possible an effective education? Also, how does a child feel if she does not receive attention from the family? Can these feelings affect their behavior and school performance?

Believing that the family is an essential part in a child's education process, it should be considered that students who do not have contact with parents and who experience daily violence, lack of affection, attention, may, for these reasons, have behavioral aspects that will end up affecting their learning and health. These aspects should not be seen as justification for not learning, but also cannot be neglected in this process.

Thinking thus, it is not strange the number of children with learning difficulties, health problems and/or behavior found in this particular school. Such children would probably not produce any evidence of physical problems, emotional or intellectual inherent in them that can significantly impair their learning, but it is clear that the problems experienced in school are, in this context, reflections of the social situation experienced, as explained above. So these are children who need rather special attention and care, both by not learning, as for the suffering living<sup>22</sup>.

Therefore, the awareness of the families is necessary, as well as building, next to the school, moments and experiences with/family community to promote dialogue, sharing experiences and bringing the family to the educational situation of children. Thus, also happens to be part of the speech language therapist in this context to assist the institution in promoting care practices and responsibility with/for children.

With the implementation of these actions, teachers become less overwhelmed and start caring for their own well-being, their health, which is still a peripheral issue in the Education<sup>23-24</sup> industry.

Following the logic that the difficulties of life faced by students undertake their performance, what to expect from teachers tired, unmotivated and sick? Finally, it is believed that to transform the social reality of this and any other community there are needed partnership, involvement and role of all actors engaged in this context, in order to discuss the needs of the educational community and find solutions to resolve them. And it is up to the speech therapist, as well as others involved in school, to enter up these discussions and act, rather than just





disseminate scientific knowledge and behaviors considered corrects<sup>25</sup>.

According to the vision of teachers regarding the speech language therapy practice at school, a priori, it could be seen that most educators believed it should be developed only clinical and preventive practices.

This record reflects, first, the history of the development and integration of the speech language therapist in the school, which was restricted to the image of medical professionals, scientific knowledge holders, inserting themselves in schools to only identify and treat learning disabilities places.

An analysis of scientific production about the relationship between Speech, Language Pathology and Audiology, and Education showed a prevalence of guided study and work in the clinical perspective, facing the concepts focused on disease and its prevention, rather than the contributions of speech language therapy action to pedagogic practices<sup>26</sup>.

Regarding this aspect, at the beginning of the practices in the school surveyed there were frequent requests from teachers to evaluate some specific student. The expectations of the school in relation to speech language therapy practices were based in a clinical-centered model. However, with the time and by the development of activities in school, the school staff came to see the educational speech language therapy service as part of its context.

After a while, we could notice changes in the behavior of children in general; there were no longer observed frequent exits of the classroom, and there was greater participation of students in activities. Some teachers report such changes, however, physical and verbal violence were still part of the school routine, even with a slight reduction.

Anyway, aimed at improving the teaching-learning process, it is necessary to think about solutions that are based on dialogue and collective construction, to consider and recognize the history of this community, valuing it, so that, in the long term, significant changes are perceived. It is therefore necessary to propose actions that allow both the student and the teachers to see themselves as able to change the reality in the institution.

Therefore, it is believed that the performance of the speech language therapist in the educational context focused exclusively on prevention, they restrict the professional practice opportunities with the education and contributes to a clinical view installed in school, contributing to the pathological

education to the increasing demand of children mistakenly considered to have learning difficulties and has little to contribute to a change in the educational reality of the institutions.

It is also considered that the acceptance and participation of teachers in the activities proposed by the speech language therapy team demonstrated the will and arrangement thereof to participate in a differentiated performance, with different goals of the expected and the need for support and reflection on their own practices. These factors indicate the change of the teacher's position in the speech language therapist action, taking it out of the spectator condition and making it participant of all work<sup>27</sup>, establishing a partnership between them, which contributes to the realization of performances more effective and meaningful. In addition, returns to enlarge the speech-language therapist possibilities of action.

In the context studied, there were built, together with the community, actions that turned the expanded health of all actors involved in the school, not only to children with learning difficulties. In this sense, the actions were designed: the formation of a care group with teachers and staff to address, for example, aspects related to the health of workers, the identification of negative factors that may interfere with their daily work, as well as creating strategies to eliminate them; reading projects, writing and arts, aimed at students; teacher training and workshops about literacy; creating community garden, among others.

Given the foregoing discussion, it is reflected the need for changes in the training of speech language therapists to rebuild their possibilities for action in the educational field in order to develop a new type of insertion of action and relationship with the school<sup>27-28</sup>.

Thus, it is necessary to break with the hegemonic model of health education, which focuses only on the biological aspects of the health-disease, in a fragmented care, and deconstructs the comprehensive care in the care of health<sup>29</sup>, that unfortunately has permeated speech language therapist practices in the educational environment. With another formation, the speech therapist will have more information about their possibilities for action in school and avoid the repetition of historical misconceptions, such as individualization and medicalization of children with difficulties in writing; work overlap that it is for teachers; and/or presumption



that has more knowledge than educators about the process of literacy<sup>30</sup>.

Regarding the institutional diagnosis process, it could be seen the weaknesses and strengths of the actions taken in school. And it is emphasized that the completion of this process is a fundamental part in planning effective, contextualized and meaningful action, because the characteristics will be considered, the peculiarities and needs of the institution, providing a better relationship between the subjects inserted in the educational community and the educational speech-language therapist.

In this sense, the publication of Educational Speech Language Therapy of the Regional Council of Speech, Language and Hearing Sciences- 2nd Região 10 states that the speech language therapist can and should: a) appropriate demographic information, health, socio-cultural, environmental and epidemiological the school community in order to understand the educational reality; b) seek solutions to the difficulties encountered in partnership with the subjects of the analyzed context; c) evaluate the impact and the quality of the actions.

Another study<sup>4</sup>, that presented the stage of the operation supervised in Educational Speech-language Therapy in an undergraduate course, stated that the first stage of step is the observation of reality school where it will be developed. In this step, students are asked to observe and record the reality of the institution, identifying difficulties and contradictions which will be transformed later into trouble and for speech therapists proposals.

It is, then, that as the speech-language therapist experiences the educational situation that will work, it can legitimize their actions and realize that other factors such as biological factors, can interfere with the dynamics, health and the school context learning.

Finally, it is suggested, as a continuation of this study, to analyze the development of actions designed with the community during the institutional diagnosis process and to assess the contributions of speech therapy to the reality of the studied context.

## Final Considerations

Although the speech language therapy practice in school is old, there are still many controversies about the aims and work opportunities in the school community. Therefore, we need more discussions to strengthen and support the relationship between

the Speech, Language and Hearing Sciences and the Education.

As a result of these discussions, it becomes necessary reflections on the formation of the speech language therapist to work in this context, allowing the professional a broader and different look, and not just the appropriation of techniques for application of tests to identify disorders in school, for creating stimulation programs of language [mechanically, segmented and decontextualized] and the lectures for teachers [vertically, without considering the history and the reality experienced in everyday life by these subjects].

The institutional diagnosis is a practice that legitimates and makes it significant speech language therapy care. This action helps the professional to analyze the school, to build natural and specific aims and proposals, together with the school team, for his work in educational settings, which generally occurs intuitively or pre-established.

It is a practice that does not end, it should be considered a constant activity of dynamics, a necessary process, also, to evaluate the performance of the speech therapist and the development of new practices, new cycles.

Practices focused at the health promotion, which should comprise a continuous work of social transformation through the leadership of the subjects involved in the community, enabling individuals to achieve real health, which includes social, educational, cultural, economic, and environmental, between others.

The evaluation process conducted in this study allowed researchers to know more property the reality of the educational context analyzed, since its structure, functioning, some social aspects present in dynamics as well as their potential and needs. It also permitted the construction of about links and care for students and teaching staff, and the reflection of actions that can be negotiated and developed by the school community.

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