



The perception of kindergarten teachers about the speech therapist work at school

A percepção de professores de educação infantil sobre a atuação fonoaudiológica na escola

La percepción de los maestros de preescolar acerca de actuación fonoaudiológica en la escuela

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Abstract

Purpose: To analyze the perception of kindergarten teachers on the performance of the speech therapist professional in the school. **Method:** Transversal study using qualitative analysis. Six teachers of child education and one teacher of special education participated in the study. Semi structured interviews have been carried through and all the collected data were transcribed and analyzed using for the Analysis of Content. **Results:** Our findings suggest that this group of teachers presents a restricted knowledge on who is the speech therapist professional and which is his/her area of performance. The speech therapist is still seen as a specialist, a professional of the health area that can assist the work of the teacher, who should proceed with the pupils who have some speech difficulties. The teachers see the speech therapist performance as beneficial with positive consequences for the pupil development. **Conclusion:** It has been observed that the speech therapist performance in the school has much to contribute and the search for a partnership with the teachers is the way to reach qualitative changes in the school team as in the children.

Keywords: Speech Language and Hearing Sciences; Child Rearing; Faculty.

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Authors' contributions: DMZF- Elaboration and outlining of the study; collection, analysis, interpretation of data and final writing; IRS- Design and study design, analysis, interpretation of data and final writing. MCMPL- Analysis; interpretation of data; and final writing.

Paper orally presented at the XIV Interdisciplinary Conference "Desenvolvimento e competência: atuação interdisciplinar" [Development and competence: interdisciplinary action], on June 3, 2016 in the city of Poços de Caldas, MG.

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Received: 02/09/2016

Accepted: 17/01/2017



Resumo

Objetivo: Analisar a percepção de professores de educação infantil sobre a atuação do fonoaudiólogo na escola. **Método:** Pesquisa do tipo transversal com análise qualitativa. Foram realizadas entrevistas semiestruturadas com seis professoras de educação infantil e uma pedagoga de educação especial. Todo material coletado foi transcrito na íntegra e analisado, utilizando-se para isso a Análise de Conteúdo. **Resultados:** Nossos achados sugerem que este grupo de professoras apresenta um conhecimento restrito sobre quem é o profissional fonoaudiólogo e sobre sua atuação. O fonoaudiólogo ainda é visto como um especialista, um profissional da área da saúde que em ambiente escolar vai auxiliar o trabalho do professor, dizer como este deve proceder com os alunos que tenham alguma dificuldade na fala, ou que irá sanar tais dificuldades. As professoras veem a atuação fonoaudiológica como algo benéfico, com reflexos positivos, tanto para suas ações pedagógicas, como para seus alunos. **Conclusão:** Foi possível observar que a atuação fonoaudiológica na escola tem muito com o que contribuir e que a busca pelo trabalho em parceria é o caminho para se alcançar mudanças qualitativas tanto na equipe escolar como nos próprios alunos.

Palavras-chave: Fonoaudiologia; Educação infantil; Professores.

Resumen

Objetivo: Analizar la percepción de profesores de educación infantil sobre la actuación del fonoaudiólogo en la escuela. **Método:** Investigación de tipo transversal con análisis cualitativo. Se realizaron entrevistas semiestructuradas con 6 profesoras de educación infantil y una pedagoga de educación especial. Todo el material fue transcrito integralmente y analizado utilizando el Análisis del Contenido. **Resultados:** Nuestros hallazgos sugieren que este grupo de profesoras presenta un conocimiento limitado sobre quién es el profesional fonoaudiólogo y su actuación. El fonoaudiólogo todavía es visto como un especialista, un profesional del área de la salud que en el ambiente escolar va a auxiliar el trabajo del profesor, decir como este debe proceder con los alumnos que tengan alguna dificultad en el habla, o irá a sanar tales dificultades. Las profesoras ven la actuación fonoaudiológica como algo benéfico, con reflejos positivos, tanto para sus acciones pedagógicas, como para sus alumnos. **Conclusión:** Se ha podido observar que la actuación fonoaudiológica en la escuela tiene mucho con lo que contribuir y que la búsqueda del trabajo en conjunto es el camino para alcanzar cambios cualitativos tanto en el equipo escolar como en los propios alumnos.

Palabras clave: Fonoaudiología; Crianza del Niño; Docentes.

Introduction

Speech-Language Pathology was regulated as a profession on December 9, 1981, by law 6,965 and decree 87,218, dated May 31, 1982¹. At the beginning, speech language pathologists were called orthophonists, a word of French origin which means “to say correctly” or “well speak”². The duty of these professionals was to standardize the official language of the country.

Up to the end of the 1970s, the work of speech-language pathology in education followed the clinical-medical model and sought to rehabilitate language disorders. It was focused on the detection of communication disorders aiming to contribute to

the educator so that he or she could concern more with identifying the problem students presented than with the real nature of such disorder³.

On the first of April, 2005, in order to standardize speech-language pathology in education, raise awareness about the work of speech-language pathologists as well as value their work within the school community, the Federal Speech-Language Pathology Council¹ published Resolution 309, which allows the speech-language pathologist to carry out actions with educators, such as: training and counseling; developing speech-language pathology programs; guiding on language use, oral motor skills, and hearing and voice; speech-language pathology observations and screenings; fostering

the teaching and learning process; contributing on pedagogical planning and practice within the educational institution².

Since then, the speech-language pathologist is allowed to work within the school environment, carrying out prevention and health promotion activities aimed at creating favorable conditions for the development of the students' potential³.

In order to carry out prevention and health promotion actions, it is essential to be aware of the needs of such population and its context. For this, it is necessary not only to control etiological factors, but also to elaborate action strategies towards this group. Thus, the purpose is not to make the population dependent on the professional, but to provide autonomy so that health can be promoted on its own⁴. Speech-language pathology intervention in the school must, then, prioritize the exchange of knowledge among the professionals that compose the team as well as it must provide subsidies for child development to its maximum. In this way, it is necessary for the speech-language pathologist to rethink his or her performance within the school context. He or she is not merely an examiner or a guide, but it is someone who takes communication and language as political actions so as to access and produce social and cultural goods. Therefore, such professional plays the role of a transforming agent^{5,6}.

The practices that have been currently successful in school are those that include the teacher in the discussions and in the action itself. The purpose is not only to teach him or her about how to detect problems³.

Teaching is meaning, and the process of meaning takes place only by means of language, which is considered both a mediating instrument of thought and an element that supports development of all higher functions. Language designs and organizes thought as well as it provides concepts and structures to enable the subject to organize his or her reality. Thus, both teaching and meaning are concept and form; they play the mediation between the subject and the object of knowledge⁷.

A symbolic system of great importance for the mediation among men, and for mediating men and the world around them, language is an essential factor for the mental development of the child, since it participates in the organization and in the planning of his or her thought, language also performs both social and communicative functions.⁸

During the first years of life, the child starts to include other children in its social world⁹ and this takes place because, at early ages, the child goes to the kindergarten and to pre-school, which play an important role by means of the teacher who, as mediator of the teaching-learning process that acts in the zone of proximal development of his student, enables the child to turn all his or her potential into real. That is why it is important that the teacher may have solid knowledge about language development, so that he or she is able to come up with strategies that foster the learning of students¹⁰. Schools should encourage and foster physical, motor, cognitive, emotional and socio-environmental development¹¹.

In addition, the speech-language pathologist plays an important role in the development of children, as it contributes to the creation of rich environments for the development of communicative skills¹². Thus, the speech-language pathologist who is in school has much to contribute in the school team, not only as a professional in the area of health proceeding with screening, referrals and guiding, but, as someone who works with language and acts as a mediator of social relations. However, in order to establish a partnership between teachers and speech therapists, it is necessary for educators to understand the role of the speech-language pathologist and, more than that, it is essential to understand the importance of language in the fundamental role of the subject and of how they can be propellants of the development of the language in the child.

Thus, the present research had the aim to analyze the perception of teachers of children education on the performance of the speech-language pathologist inside the school and on the work realized in partnership between speech-language pathology and pedagogy.

Method

The present study is a cross-sectional research with qualitative analysis approved by CEP - Comitê de Ética em Pesquisa [Committee of Ethics in Research] of Universidade Estadual de Campinas under the opinion number 736,939 on July 22, 2014.

Semi-structured interviews were carried out with professors of the Instituto Educacional Professora Maria do Carmo Arruda Toledo - Dona Carminha, a child education institution located in the city of Campinas, in the state of São Paulo. The criterion adopted to select participants was

that the teachers should be teaching in the children education program of the Institute during the development of the research.

This Educational Institution was founded in 1976 with the purpose of assisting deaf children and adolescents both from the city where the research took place and from nearby regions. In addition to the assistance provided by the special education program, since 2011, this institution also assists deaf and hearing children aged 2 to 5 years in a kindergarten program. Together with the educational system, users of the institute are offered the assistance of speech-language pathology carried out by three speech-language pathologists, who perform both clinical assistance for deaf children and adolescents in the public school system and interventions aimed at health promotion in early childhood education.

Child educativos is composed of about 320 children grouped in 10 classrooms and, in this program, six nursery school teachers and a specialist teacher teach. They are aged between 27 and 46 years, with 3 to 26 years of classroom activity.

Before beginning the data collection, a script for the semi-structured interview was elaborated in an effort to specify what the researchers would like to collect. Afterwards, in order to verify if the research script was adequate to the project objectives, two pre-test interviews were carried out with a population similar to that studied. The teachers were invited to participate in the research and, after a brief explanation about the research objectives, they signed the Informed Consent statement [Termo de Consentimento Livre e Esclarecido – TCLE]. Two open questions were used, one on what the teachers knew about the performance of the speech-language pathologist and the other on how teachers saw the partnership between speech-language pathology and pedagogy.

After teachers' acceptance, the interviews were scheduled according to the availability of each one and were held in one of the rooms in the speech-language pathology area of the Institution. The interviews lasted approximately one hour each.

Six interviews were performed during the period from October to December 2014 and one in May 2015. All the interviews were recorded in audio from a recorder in a laptop brand Samsung, model RV411. Later on, the interviews were transcribed in full; this way, they composed the corpus of the work. For the treatment of the data

collected, content analysis was used. This type of analysis is a method widely used for the treatment of qualitative data and comprises a set of research techniques whose objective is the search for meaning or meanings of a document¹³.

As the aim of this study was to understand the perception of teachers of early childhood education on the role of speech-language pathology at school, after the interviews the data were analyzed and compiled to the findings in the literature.

Results and discussion

Focusing on the narratives of pre-school teachers and their reports on how they conceive the work of speech-language pathology in the school environment, one can notice their positioning in relation to speech-language work, possible partnerships and also how they see the development of language in the age group from two to five years old. We listed two categories for analysis: 1 - Who is the speech language pathologist and 2 - Possibility of a partnership between speech-language pathology and pedagogy.

Who is the professional speech-language pathologist

Seeking to understand the space held by the speech-language pathologist in the discourses of these professionals, we present below some record clippings that have caught our attention throughout the transcription.

"Never heard of"
(Teacher 1)

"I knew it worked on the speech! Because my sister stammered every now and then, she was a child and someone recommended, they asked my mother to take her."
(Teacher 2)

"[...]I always imagined the professional related to the area of deafness."
(Teacher 3)

"Well, at first I thought it strange, as I already said, but then "com o andar da carruagem" [as time went on], I realized it was a job with the professionals too." (Teacher 4)

"[...]at the first visit, the speech-language pathologist gave instructions on the use of the device."
(Specialist Teacher)

"[...]if there weren't [a speech language pathologist at school] I would be lost [...] even with those implanted [children with cochlear implants] it is always good to have the guidance on how we teach, what to do, how to talk, then, it is very important."
(Teacher 5)

"...works in the area of hearing and speech, more than that, I don't know. No, I don't"
(Teacher 6)

It can be seen in the speeches of all the teachers mentioned above that the speech language pathologist is either an unknown professional, or one who works with hearing and speech, or someone who will assist in working with the deaf student, but who can also accomplish their role with the school professionals, not only with the students who present some difficulty.

Some studies^{14,15} also report the lack of knowledge of education professionals about the speech language pathologist's work and its possible areas of action. To understand the distance between the clinic and the school, it is stated that in order to be able to achieve speech-language practice within the school environment, it is necessary to have a better understanding of the speech-language pathologist's work by the school staff, especially the teacher, thus ensuring an integrated action in search of health promotion and student learning³.

Keeping on the same subject, in another moment of the interview, the specialist teacher says that the speech language pathologist works in the area of language and that, often, teachers, since they focus only on the pedagogical part, forget their own language and how to work in the classroom, as the participant herself refers.

Regarding this, some authors¹⁶ report that children's language development often does not perform satisfactorily due to poor appreciation of parents and teachers, who do not actively act in the child's language acquisition process, which results in few moments of interaction and dialogue between them in daily lives. For the participation of parents and teachers to be effective in this process, it is necessary for them to get to know more about the process of language development, including dialogic situations that occur in the child's daily

life. The specialist teacher mentions that, from her point of view, the other teachers of the Institution understand the speech-language work as something clinical, focused on health.

"[The speech-language pathologist can work] with the area of language itself. Up to this point, in early childhood education, [...] check the language issue. [...] Because it is not only the area of oral or writing [...] I think it's fundamental, especially here, in kindergarten, which is what they [teachers] do not, either; they are so pedagogical, so focused, they forget that they have language, how to work with that language, which I think is something fundamental so that they can 'get off the ground', I think this area of language is fundamental... how they work [...] I think they understand [that the role of speech language pathology in school] is more clinical. [...] or some specific project or it is very focused on hearing."
(Special Education Pedagogue)

On that account, a study¹⁷ carried out with preschool children in a municipality in the interior of São Paulo highlight that, working in educational institutions, the speech-language pathologist should pay more attention to prevention and promotion activities, aiming to fully develop his or her role in the institution and contribute to modify teacher's perception concerning the speech-language pathologist's role mostly restricted just to screenings and referrals. This study shows the representation on speech-language work as being one that is focused only on the identification and treatment of disorders and not on the promotion of health, on children's development not on students' quality of life.

Throughout the interviews the speech language pathologist's work was also related to taking the pacifier away and raising people's awareness of the harmful effects caused by deleterious habits such as pacifier or digital sucking and bottle feeding, as observed in the excerpts below:

"It was a fundamental thing to have this support to be able to wean the pacifier off. So, on this matter of learning relating to speech, this object, which is the pacifier, disturbs, [so] it already helps with the speech pathologist, being with the family. [...] I found it very worthy, the work here at school, having that partnership, because it really disturbs the child to talk when the appropriate age is exceeded, and when I had the parents' meeting I already had this support." (Teacher 1)

“The notion I had is that the pacifier tips teeth forward, that’s it, not that it would harm the speech, any of that. To work preventively - that even I had no idea that a pacifier, for someone who worked with a pacifier, with a bottle - that I could work telling stories, got it?” I thought the speech pathologist only worked with speech itself. [...] important the help of the speech pathologist with children, and I am sure that for the families also, it helps families a lot to get rid of the pacifier, to get rid of the bottle. (Teacher 4)

Teacher 1 related speech and learning writing because, at the beginning of the literacy process, the child can find self support in orality. In case the child has a deleterious habit, such as the pacifier and/or the bottle, this can lead to several changes in the dental arch and the tongue posture, which will also lead to child’s speech changes. The interviewee places the speech-language pathologist’s role as an endorsement of her work, as if the presence of the speech-language pathologist in the school qualifies her arguments on the subject when talking to parents, empowering her when dealing with the child’s to the family.

In the literature^{18,19}, it is found that the empowerment of individuals and communities includes promotion of awareness and provision of relevant information regarding the field of health, this allows individual autonomy to make choices.

Professor 4 was unaware of the damage to the dental arches and tongue posture of the child due to exaggerated use of pacifiers and baby bottles, for example. When questioned about the speech-language pathologist’s work in school, she places the work of such professional as something preventive that helps, not only the children, but also their families. She even mentions that, before following the work done in the classroom, she had no idea that the speech-language professional would be able to work on the awareness of giving up deleterious habits, but thought that the work would only aim at speech disorders.

“I think it has always been beneficial and very productive, we can see that the child had habits and quit them, so it worked very well. We have examples of children sucking a pacifier and because of a storytelling, or because of a guiding activity, they quit those habits, there are reports of parents who said it went super right. [...] then, I think that the speech pathologist is working well, that she is with that concern she has done the work of prevention.” (Teacher 6)

The above teacher highlights that after the work in the classroom, a partnership between the speech-language pathologist and the teacher, students’ habits were modified, and some managed to stop using the pacifier. Another point raised by the interviewee was about the use of pacifiers and masticatory function. The teacher sees positively the fact that such topics are raised in the school environment not only by the dentist but also by the speech language pathologist, which contributes to the students’ awareness and is able to prevent problems.

The occurrence of harmful habits is common in kids attending child education. Along with the habits, occlusal alterations occur most of the time, with the anterior open bite being observed more often. These alterations can lead to impairments in speech, as they change the posture of the tongue and teeth, damage chewing, besides, favoring oral breathing.

The prevalence of malocclusion in children using pacifiers is 5.46 times higher than in those who do not use it²⁰. Therefore, it is important to create and apply educational and preventive measures that aim to inform and make parents, children, caregivers and health professionals aware of the harm caused by such habits, and of the need to avoid them. The implementation of health education strategies involving parents, schoolchildren and teachers is beneficial, since, in addition to providing smaller expenditures, they are essential for the permanent change of unwanted habits²¹.

In a study²² carried out in a state of the southern region of the country, the authors aimed to evaluate a motivational strategy for weaning the pacifier sucking habit off in preschool children enrolled in nursery schools. The study revealed that the proposed motivational strategy was effective in the studied population and that it can be used as a tool in the development of oral health education in school.

Besides the issues on deleterious habits in children’s education, the remaining of them as well as the damages caused by them, another aspect raised by the teachers was about the speech language pathologist’s work regarding deafness. This Institute has a history in the education of deaf in the state of São Paulo and it also assists deaf children and children with implants in early childhood education program. This fact is observed in the interview of Teacher 3:

"I always imagined the professional related to the area of deafness [...] When he [the deaf student] used the device correctly, he spoke very well and with the therapies, [he spoke] even more. I could talk with him normally, the lip reading, I realized very clear how important it is in the life of a deaf person. [...] the speech-pathologist shared several techniques, things that my supervisor and I could do in order to make it easier, so I always think what it would be done of me if I had these implanted ones [children with implants] in my room and had no one to guide me. [...] I worry a lot about those [children with] implants in other schools; they do not have this professional." (Teacher 3)

We can observe that Teacher 3 correlates the speech-language pathologist's work only with the area of deafness, focused only on auditory rehabilitation, the use of the hearing aid device – HA and the orofacial reading. This teacher also reports that she sought the speech-language pathologist to deal with cochlear devices and/or implant issues. She states that the presence of the professional in the school is important in order to give guidance regarding the work inside the classroom with children with implanted devices.

In this case, the speech-language pathologist holds a position of knowledge, since, during training, he or she acquired knowledge on hearing and its affections, and the technological resources that can help in the process of (re)habilitation of the deaf subject. Thus, the speech-language pathologist represents the role of a specialist whereas the teacher plays the role of spectator of this work, requiring guidance and direction also in the classroom. This was noticed in the teacher's speech when she said that the speech-language pathologist's work with deaf students makes perfect sense, since she has already experienced this work in her practice.

Speech-language pathology has been historically linked to work with deaf subjects, mainly with the oral approach. In this approach, speech is considered the legitimate and privileged language favored over other systems of meaning. The aim of the oralist approach is to "facilitate" the social integration of the deaf person, thus making the most of the auditory residue through sound amplification devices²³. Therefore, all children should have some type of auditory stimulation, since hearing, as a sensory channel, is of great importance for the development of oral communication. For this, the use of hearing aids is of great importance in the

process of habilitation and rehabilitation of the hearing impaired.

In addition to the use of individual hearing aid device (HA), another important type of technology that has been of notability is the cochlear implant, a highly complex electronic device introduced into the cochlea, which electrically stimulates the remaining nerve fibers, allowing the electrical signal to be transmitted to the auditory nerve in order to be encoded by the cerebral cortex.

We find authors²⁴ who claim that, in order to obtain benefits from the implant, whereas the difference between the linguistic and the chronological age should be minimized, auditory information should be introduced during critical periods of language development. Not only to perform the surgery for the placement of the cochlear implant is necessary, but the monitoring of this child by speech-language therapy, as well as the participation of the family and the school are important in this process, since the child must not only detect the sounds but also be able to understand them and make sense out of them.

Below are reports of teachers who have associated speech-language work with speech correction:

"I imagined that it was only in the matter of speech, helping the child to improve speech, not the hearing at all [on speech language pathology to work with children with cochlear implants] [...] I had a child with a cochlear implant. At the beginning I was a little desperate [...] The [speech language pathologist] explained to me properly, but I remember that the despair came, but I found peace when I remembered that I had you here at school, I thought: 'Thank God the speech pathologist will help me, they will guide me'." (Teacher 4)

"I think it would be a lot more complicated, [if the speech-language pathologist was not in the school] I'd feel I was missing something. 'What am I going to do with this child?', I would feel helpless. Because if we have doubts, we search [for answers], right? [...] Sometimes there is something you might know, but you cannot carry on alone as a teacher. You need a team of professionals to help you evaluate." (Teacher 6)

Teacher 4 showed that she knew that the speech-language pathology work aimed only at correcting speech disorders. At first, she was not aware that the speech-language pathologist could

also work with questions related to hearing.. When asked if she had a deaf student in the classroom and what feelings were involved, the teacher reports that she had a feeling of despair as she did not know how to deal with that child's need; however, the presence of the speech-language pathology department within the school represented security for her, because she had a professional with specific knowledge in the area that that would assist her in this in this process.

The view presented by Teacher 4 is also observed in the speech of Teacher 6, who demonstrates greater security in her performance with deaf students, for having the presence of the speech-language pathologist in school. We can also observe in the interviewee's speech that sometimes, despite having the knowledge for a certain subject, she does not feel safe to - as she herself says - "to carry on as a teacher", stating that having a health professional inside school would give more support to their work, besides, that would assist in the evaluation of students with some difficulty. In this regard, the speech-language pathologist is seen as the one who will detect some deviation, remnants still of such history.

"I thought it was only with the deaf. [...] I was not surprised, because I already knew that the school worked with the deaf, that's why. [About working with deaf student] I was very apprehensive [I thought] 'What am I going to do now?', because I had no knowledge, I had never worked, but afterwards on a day-to-day basis, with the help of the speech-pathologists here from the Institute, then I saw that it was not a seven-headed animal. [...] I had to find a lot of things, learn a few words in sign-language, work with him, but I reckoned it was very productive. And then [to work with children with implants] was a little easier. [...] if I had not [the speech-pathologist] I would be lost. [...] It is always good to have guidance on how we teach, what to do, how to speak, so it is very important." (Teacher 5)

Unlike Teacher 4, Teacher 5 highlights that she knew that the work of the speech-language pathologist was only done with deaf students and, since the Institute had a history of work in the education of them, she was not surprised at the presence of this professional in the school environment. Once again, speech-language pathology is associated with the area of deafness. When asked about the feelings she had when she learned that she would have a deaf student in the classroom, the teacher

said that she was apprehensive and that the help of speech-language pathologists was important in the direction of her work with this child, it was meaningful for her.

Partnership between Speech-Language Pathology and Pedagogy

The school environment has been seen as a facilitating scenario for health promotion and disease prevention. Therefore, the teacher plays the role of facilitator of such actions, developing teaching and learning strategies in the classroom.

A study¹⁵ that highlights the importance of speech-language pathology in school emphasizes that, although speech-language pathology belongs to the area of health, specific knowledge of speech-language pathologist training is directly articulated with questions and demands that emerge in the education system.

Thus considered, speech-language practice is of great importance in the school context and the work carried out in partnership between speech language pathology and pedagogy is of great importance, as it results in positive contributions to the students' development. When assuming an intervention of health promotion in the school, speech-language pathology must build educational processes that facilitate contextual, social, subjective and cultural aspects that influence perceptions on health care²⁵

Below are excerpts from the interviews with participants, they depict the partnership developed between speech-language pathology and classroom pedagogy.

"It was great. [...] the group shouted a lot and spoke very loudly. [When] we focused on the ear, relating that what comes out of the mouth hurts the ear, they lowered the voice, not a hundred percent, but it was an effect of our partnership: not harming the ear; the voice being controlled. This work contributed and they lowered [the voice]. Even the tip on the dining hall, which increases the noise [echo] I keep an eye on them [when they are] getting in there [so that they do] not scream, [they do] not ask for anything shouting, [they] raise the hand [to ask for things] or be quiet, because otherwise, it will hurt the ear of everybody. And I did not have this knowledge, so it did help to take care of the ear [while] controlling the voice." (Teacher 1)

Teacher 1 establishes a partnership relationship linked to hearing and is able to put into practice small actions in their daily life, preserving the students' auditory health and her own.

"I think we work in a nice partnership, one strengthens the other; when we worked on the body schema it was very cool: on the little mouth, on hygiene. Some still keep [producing] the mouth to this day, so I thought it's very important. In the end, it's strengthening the work of each other, so I think it's very important. I've really enjoyed it. I think this new intervention of the speech language pathologist within the classroom... I think the teachers, and the children even more, have gained a lot. [...] I see a partnership between us, a joint work, we walk together, you guys, guiding us." (Teacher 3)

Teacher 3 has experienced the partnership between speech-language pathology and pedagogy with deaf children and adolescents. And because of that, she is able to see a new focus on the work carried out by speech-language pathology in the school environment. She reports that some classroom interventions, such as building a noise measurer with students, have resulted in positive effects in the classroom. She also reports that the two areas go together, however, when she says: "you guiding us" the speech-language pathologist plays the role of guiding the work of the teacher. Thus, it is noticed that the speech-language pathologist plays the role of a specialist, one that occupies a place of knowledge, which is above the teacher.

"It's like what happened to us at the very beginning, the children wanted to know about the device [Cochlear Implant], they were curious and you gave a lecture. You took that teddy bear with the device. That helped me and, [There's] nothing better than [listening to] someone who knows about the subject [and is able to] explain [it] to the child. Then, of course that we went on working in the classroom, I think it is very important, it really broadens the pedagogical work at school, very much". (Teacher 4)

"For me it was quite enriching because I think children have to understand how things work and, since the work started, several effects have been seen. With the vocal health project, they got aware of the way that the voice takes, what might happen if they scream too loudly; the calluses, in such a way that they tell the whole story right up until today. [...] Apart from the other contents that we have been working together, I work in the classroom

and you come with suggestions, [with] the inclusion [process you] worked with sounds, they got to know the strong and the weak sounds, so I think it has been helping a lot. [...] everything we work together has a better effect: family, school, partnerships; it contributes to effective work." (Teacher 5)

The above teachers provide examples of the joint approach with the speech-language pathologist in the classroom and how such actions were beneficial. Teacher 6, brings examples of working in partnership in the classroom, however, she also reinforces she waited for the guidance provided by the speech-language pathologist on how to proceed with some students who have speaking difficulties. In this regard, literature²⁶ shows that, even if teachers have knowledge about health promotion, skills and support are needed so that they can act as health promoters.

"I think it has always been beneficial and very productive, because we can do it [...] habits that the child had and left; then, it went on with very good results with several children. We have examples of children who sucked pacifiers and, because of a story, or a directed activity, they quit the habits. There are parents who report it went super right [...] even the noise measurer [built inside the classroom in the shape of an elephant to signal when the noise is too loud], in the cafeteria it has already worked very well. We have improved a great deal in our little room [...] I work explaining: 'Look, we're going to the cafeteria, there's no noise, so they can get by. It has worked. [...] if I could, what I expect - after our conversations and observations - is that the child who makes a kind of exchange, [I expect I can] get some guiding on how to proceed with that child in the classroom." (Teacher 6)

Some studies^{27,28} discuss the importance of teachers' instrumentation, as well as the speech language pathologist's participation in planning health promotion and prevention actions, aiming to facilitate the referral of children with communication disorders.

The specialist teacher worked for some years in an institution that assists deaf children and adolescents, on account of that, the speech-language pathologist appears as a professional who participates in this process of rehabilitation. Her view of the partnership between the two areas differs from that presented by the other interviewees. What the teacher calls a partnership refers to actions guiding them provided that these actions take place together

to teachers of regular schools, both Municipal and State. In addition, once again, the speech-language pathologist is seen only as the professional who will guide the work of the teacher in the classroom.

“I assisted these deaf students individually, they attended regular Municipal and State schools and, once a week, we would visit the school. We went to school to guide the teacher on how he would have to work, on what pedagogic level they were. Then, pedagogy and speech-language pathology would always go [...] always a partnership.” (Specialist Teacher)

Through the excerpts above it was possible to observe that the speech language pathologist is a professional still little known and that inside the school this professional causes, at first, a certain weirdness among the school staff, as Teacher 3 stated it: “[as] if a doctor would be here in our environment.” This and other beliefs reinforce the view that the speech-language pathologist is a health professional and that his or her work within the educational area is still of little knowledge. This is due to the fact that the historical path of speech-language pathology is still much attached to its current history, that is, the profession rose within the education system for clinical purposes.

Another common aspect identified in the teachers’ speech was about the speech-language pathologist’s work with the voice; he or she is the one who conveys knowledge about vocal health and the one who will treat teachers’ vocal complaints. This work is viewed as important within the school context.

Teachers also represent the speech-language pathologist as the one who has the knowledge in a specific area, in this case, the area of hearing and oral language. Having this knowledge makes out of him or her specialist within the school, someone who is responsible for coping with possible difficulties and “problems” found with students. Yet, someone who will guide the teacher’s work in the classroom or the one whose presence in the school is able to empower and qualify the teacher’s performance with the parents.

Even though participants in the study have little knowledge about the speech language pathologist’s performance, the work carried out in partnership was seen as positive and shows good results both for the students and for the teachers themselves. This expresses that such interventions must be

intensified in order to search for a cohesive work and a greater exchange between these two areas of knowledge, reaching, therefore, an interdisciplinary work.

Conclusion

The actions performed within the school environment seeking health promotion are seen by the professionals interviewed as being positive. It shows that health and education can go hand in hand, favoring the whole school community.

It could be observed that the interviewed group has little knowledge and understanding about the role played by the speech-language pathologist within the school, even while following the intervention of this professional in the same work environment.

Nevertheless, despite the little knowledge concerning speech-language therapy, the teachers see this intervention as beneficial, with positive effects both for their pedagogical practices and for the development of their students. Thus, the speech-language pathologist within school environment has much to contribute, in this way, seeking for work partnership is the way to accomplish qualitative changes both with the school staff and with the students themselves.

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