Expressable

2025 Outcomes Report

Transforming speech-language therapy through telepractice and family engagement

Expressable

Table of contents

Welcome from our President & Chief Clinical Officer **2**

Introduction **3**

Expressable's care model: The power of family-centered teletherapy **7**

Who we serve **11**

Clinical outcomes **14**

- Measuring goal progress across patient populations 14
- Quantifying improvement through standardized assessments 15
- Patient satisfaction insights 22

Innovating in technology to enhance care delivery **23**

Continuing forward **24**

Conclusion **26**

References **27**

Letter from Leanne Sherred, M.S., CCC-SLP

President, Chief Clinical Officer, & Cofounder

As a practicing speech-language pathologist, I witnessed firsthand how profoundly communication challenges can affect a person's life, and how inconsistently our healthcare system supports them. Children sat on waitlists for months, clinicians were stretched thin with overwhelming caseloads, and evidence-based practices of caregiver involvement and home carryover were lacking.

Again and again, the same truth was clear: When access and quality suffer, so do outcomes.

Every single year, 25 million Americans need speech therapy services, including over 6 million children. Yet half of those individuals are left untreated. It's a devastating statistic given how integral communication is to social, educational, professional, and personal success.

When my cofounders and I began building Expressable in 2019, we set out to tackle these challenges with a novel care delivery model. Our mission was, and remains, to help children and adults realize the full extent of their communication capabilities, fundamentally shifting how they engage with the world around them.

Since then, we've had the privilege of supporting thousands of families through an innovative, family-centered care model—one rooted in exceptional clinicians and amplified through thoughtfully designed technology that enhances both the patient and provider experience. **With a team of more than 200 speech-language pathologists and a presence in all 50 states,** we've provided high-quality care to more than 20,000 people across the lifespan.

Bridging the access gap through virtual care has allowed us to **meet families where they are and involve caregivers in ways that research shows drive meaningful, functional outcomes.** Our mission, vision, and values are grounded in empowerment. When we support caregivers alongside patients, progress radiates outward—into the home, classroom, workplace, and community.

With our first Outcomes Report, we're proud to share how our care model and clinical team have helped families achieve outcomes that matter. **Today, 96% of our patients make progress toward their care plan goals within their first five sessions.** And this is only the beginning. We remain committed to continuous improvement and innovation—helping people of all ages achieve their communication goals as effectively and efficiently as possible.

Communication is more than words. It's how we connect, participate, advocate, and express who we are.

With appreciation and pride,

Leanne Sherred

Leanne Sherred, MS, CCC-SLP
President & Chief Clinical Officer

Introduction

Communication is more than words.

It is the foundation of human connection. It shapes childhood development, supports emotional health across the lifespan, and fuels participation in education, work, and social relationships. Recognized globally as a basic human right,[1] the ability to express oneself and understand others is essential for well-being.

Yet in the United States alone, around 25 million children and adults experience barriers to this fundamental right.

Communication disorders affect people of all ages:

1 in 14 children
ages 3 to 17 has a speech, language, or voice disorder.[2,3]

3 million people
stutter, about 1 in 4 of whom experience persistent stuttering beyond childhood.[3,4]

2 million adults
live with aphasia following stroke, brain injury, or neurological illness.[3,5]

1 in 5 adults
experiences a **voice disorder** during their life.[6]

These difficulties are **likely more widespread than current data suggest,** as the World Health Organization notes that communication disorders may be underreported in estimates of disability.[7,8]

Access gaps limit timely, equitable speech-language care

Despite the high prevalence of communication disorders across the United States, many children never reach qualified speech-language pathologists for evaluation or intervention. Shortages, uneven distribution, service delays, and systemic barriers leave millions without timely or adequate care, particularly in rural and underserved communities.

74%
of speech-language pathologists report maintaining a waiting list. Wait times in the U.S are **3 to 5 months** or longer.[9]

~50%
of children with communication disorders were left untreated within the past year.[2]

~60%
of pediatric healthcare systems and **45% of outpatient clinics** reported funded, unfilled speech therapy positions.[10]

Disparities across race, ethnicity, and language

Longstanding disparities continue to obstruct equitable access to speech-language therapy. Relative to comparable white children from English-speaking families, Black children, Hispanic children, and children from non-English speaking households are more likely to have developmental diagnoses delayed by **5+ months,**[11,12] **and are only ~50% as likely** to receive needed speech-language intervention.[11,13,14]

Consequences of untreated communication disorders

Countless individuals experience delays in speech-language treatment or go untreated altogether, which evidence shows contribute to significant negative outcomes across education, healthcare, and daily living.

Reduced academic achievement and employment

- Children with communication disorders have **reduced literacy and math skills,** leading to **lower employment** as adults.[15] As young adults, they may be more likely to have **involvement in the justice system.**[16,17]
- Adults with speech disorders report **more difficulty being hired or promoted**[18] and are **more likely to be unemployed.**[19,20]

Increased healthcare utilization, but poorer health and social outcomes

- Childhood language disorders are associated with **substantial excess healthcare usage and costs.**[21,22]
- Adults with communication disorders have **more chronic health conditions** and **reduced access to health care.**[23]
- **88%** of adults with communication disorders **report negative stigmas** such as being seen as less intelligent.[24]

Financial strain on families and caregivers

- Families of autistic children and children with language disorders have **greater medical and educational expenses** along with lost income from reduced parental employment.[25,26]
- The national economic burden of post-stroke aphasia was estimated at **$17.7 million in 2021,** including healthcare expenses, lost wages, and caregiving costs.[27]

Widespread challenges in quality of clinical services

These significant effects underscore the importance of solutions that reach everyone in need of speech-language services. However, ensuring access is only the first step; the consistency and quality of care ultimately determine the impact of therapy. Decades of research support key practices in speech-language therapy that contribute to optimal outcomes:

Collaborating with caregivers

Integrating therapy strategies into daily environments and routines

Personalizing approaches to match patients' interests and needs

Despite this, service delivery in traditional speech therapy settings often falls short in consistently implementing these practices, which can limit the rate and extent of patient progress.

Limited caregiver involvement

Studies show that caregiver participation during speech-language therapy contributes to improved outcomes—especially for children, but also for adults.

- A meta-analysis of 76 clinical trials including nearly 6,000 children found that **coaching parents to implement communication strategies was associated with improved language outcomes** for children.[28]
- A study of caregiver training for adult partners with aphasia found **increased confidence and use of communication strategies** even when assessed at 6 to 12 months after intervention.[29]

Yet, in traditional service settings, caregivers are often underinvolved. Many therapists have variable training and experience in collaborating with families—spending the minority of session time coaching caregivers on how to implement strategies, despite the advantages of this approach.[28,30] In addition, logistical barriers such as travel distances, unreliable transportation, work schedule conflicts, and competing responsibilities limit families' regular participation, delaying progress.[31-33]

Therapy that lacks contextual relevance

Speech therapy provided in clinics or other traditional settings may be highly structured, but often relies on decontextualized activities that fail to mirror how communication naturally occurs in the real world. In the therapy room, a child may craft longer sentences or an adult may consistently apply voice strategies—but these gains may not carry over to everyday scenarios with heightened demands. This mismatch between environments limits lasting, functional skill development and makes it harder to integrate learning into the routines of daily life.[34-37]

Administrative burden impedes therapists' effectiveness

The burden of clinical documentation has been shown to erode the time and cognitive space that clinicians can devote to being fully present with patients and families during therapy sessions.[38,39] It also limits their capacity to design therapy plans and home practice activities that are personalized to each patient and family's needs and lives—leading to generic approaches that aren't as meaningful or effective. This administrative workload detracts from both the customization and quality of therapeutic interaction.

The need for a transformative approach

Speech-language therapy has been shown to substantially improve educational, health, and social outcomes for people with communication disorders, **but far too many struggle to get the quality care they need.** Research has shown that involving families in the therapy process and coaching them to practice new skills during daily routines leads to better outcomes. Yet care delivery aligned with these best practices is lacking, hampered by widespread access gaps and inconsistent implementation.

By expanding access to evidence-informed, collaborative speech-language therapy, individuals with communication challenges can **make significant gains** in language, literacy, and employment potential, while also **lowering associated healthcare costs** for families and society as a whole.[15,25,40-44]

Quality speech therapy not only addresses communication difficulties but can also transform life opportunities.

Expressable's care model:
The power of family-centered teletherapy

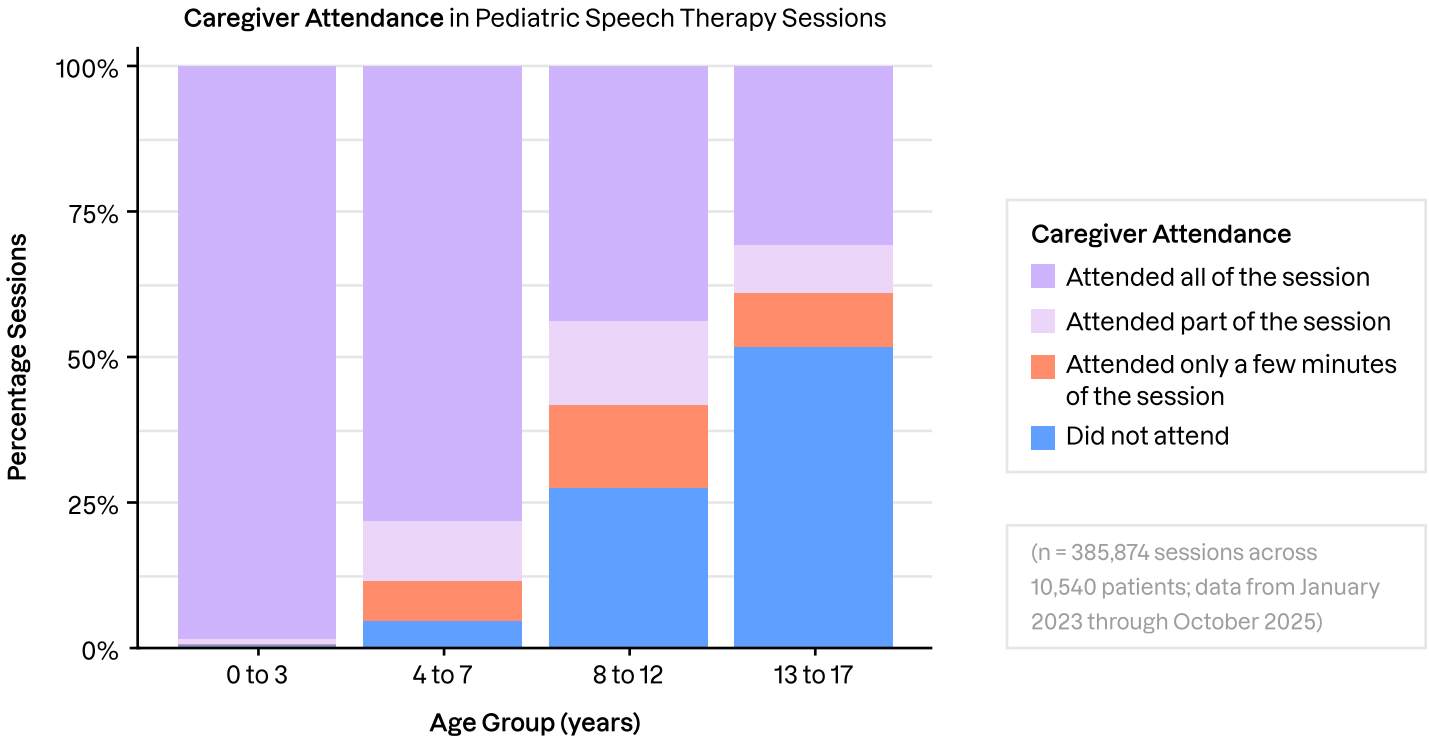
Expressable has pioneered an **evidence-informed, family-centered teletherapy model that empowers caregivers to be active participants in their loved ones' care.** Our mission is to make high-quality speech therapy accessible to every family, regardless of geography or scheduling constraints.

Expressable's therapeutic approach is supported by a robust body of scientific evidence showing that:

- **Involving caregivers in the therapy process** helps patients build stronger, functional speech and language skills.[28,29,45-48]
- **Teletherapy improves access to care,** with outcomes that are comparable, and in some cases superior, to traditional in-person therapy.[49-57]

Empowering caregivers as partners to progress

Caregiver engagement is an essential and differentiating component of pediatric speech therapy at Expressable. Our model fosters exceptional family engagement for our young patients, while also supporting increased independence in therapy sessions as our patients mature.



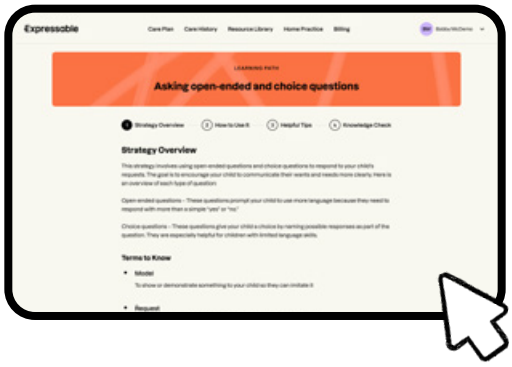
(n = 385,874 sessions across 10,540 patients; data from January 2023 through October 2025)

Expressable

Virtual sessions allow families to realistically participate from the comfort of their homes. In this natural context, caregivers learn strategies to support their child's skill development during daily routines—whether using new vocabulary at mealtimes, practicing speech sound articulation at the grocery store, or expanding sentences while reading a bedtime story. Active family participation enables children to meet communication goals more quickly while providing plenty of opportunities for families to celebrate each new milestone together.

Caregiver coaching has been shown not just to increase children's vocabulary, but their **rate of learning new words in natural environments.** (Mettler et al, 2022)

Designing systems to accelerate learning

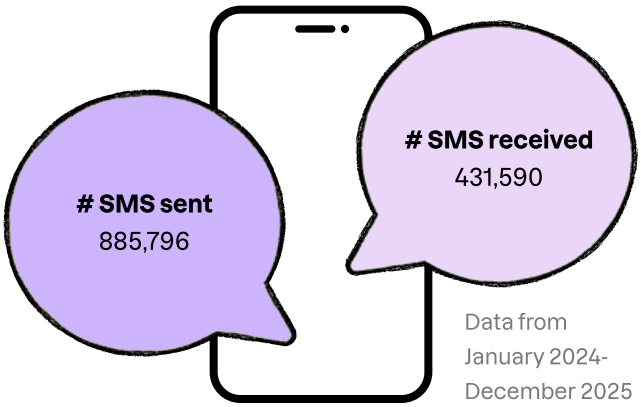


Educational resources and home programs

Expressable's patient portal includes an interactive educational platform to extend and accelerate learning between sessions. **Our library of 600+ Learning Paths and videos and 4,000+ home practice exercises is authored by licensed speech-language pathologists and rooted in best practices in the field.** These resources support weekly assignments tailored to each patient's individual goals, interests, and real-life context, making it easy for families to practice at home between sessions–and see faster progress.

Asynchronous support between sessions

Our clinicians and support teams are available 7 days a week via secure SMS to answer questions and provide guidance and feedback on home practice.



Data from January 2024-December 2025

"I was apprehensive about virtual speech therapy for a two-year-old. Jessica is an incredible therapist for both myself and my son, which helped my son's progress explode. The homework was digestible and could be executed on a weekly basis. I cannot recommend the program enough."

–Parent of a 2-year-old, September 2025

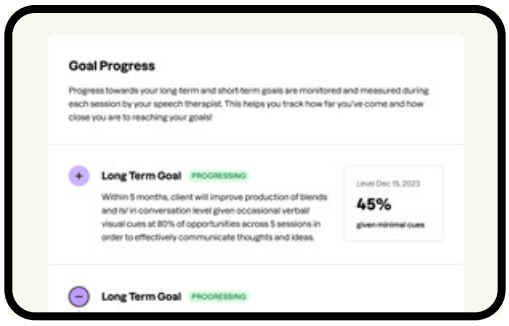
"Expressable was a convenient way to get our child speech support. ... He was able to catch up on his delay in just a few months! The practice exercises in the portal were very helpful and not time consuming either. Doing those throughout each week secured the progress made in each session!"

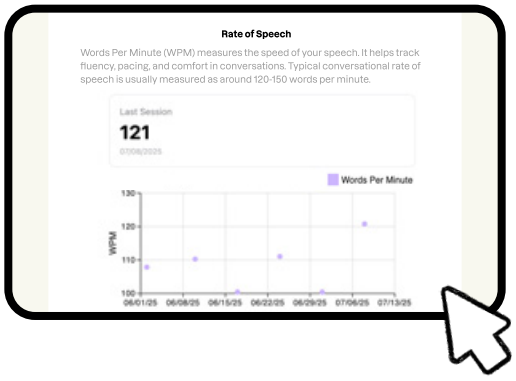
–Parent of an 8-year-old, January 2024

Innovating with purpose

Expressable's team of researchers, data analysts, clinical specialists, and product developers **continuously measure outcomes to improve our services and uphold integrity and accountability.** Our data-driven approach is coupled with a culture focused on innovation.

We design technological solutions to enhance care delivery, such as:



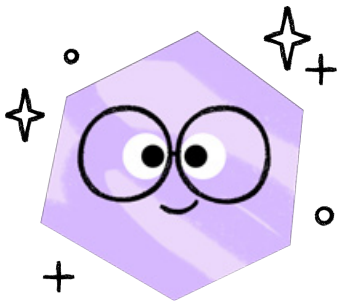


The Expressable patient portal

Our proprietary hub for patients and families to access practice exercises and demo videos, track progress (see image at top left), view therapist feedback, and manage scheduling and billing

Scout—our custom-built, therapist-supervised AI assistant

Scout streamlines documentation, progress tracking, and home practice creation, enabling therapists to focus fully on developing collaborative rapport with patients and families to support their communication goals



Multifaceted clinical analytics

Supported by our custom-built EHR system and collaborative analytic approach, we bring together clinician-reported progress, patient-reported outcomes, and objective performance measures (see image at bottom left) to build a holistic picture of each patient's journey and communication growth

"We absolutely love working with Kristen. She has given us so much insight to how we can better help our non-speaking child. I leave every session with more empowerment and feel fully supported."

–Parent of a 3-year-old

"Emma works great with my husband. He's really been recovering his word-finding and information processing skills from his stroke."

–Spouse of a patient, August 2025

"After years of being embarrassed to open my mouth [because of a stutter], I can move forward ready to speak proudly. Heather did that. I'm so grateful for our time together."

–Patient review, December 2023

Our commitment to excellence

Built upon this foundation of accessible, evidence-informed therapy is an unwavering commitment to clinical excellence and continued growth. **Expressable recently earned The Joint Commission's Gold Seal of Approval® for Health Care,** reflecting our dedication to rigorous quality standards in speech-language therapy and our determination to advance safety, equity, and compassion for all our patients.

Empowerment, collaboration, integrity, and innovation define Expressable's care model—values that inspire our mission to transform speech therapy, and that make us proud to share the clinical outcomes achieved by the thousands of families we serve.

Empowerment

Collaboration

Integrity

Innovation

Who we serve

Since January 2023...

20,000+
Patients supported across all 50 U.S. states

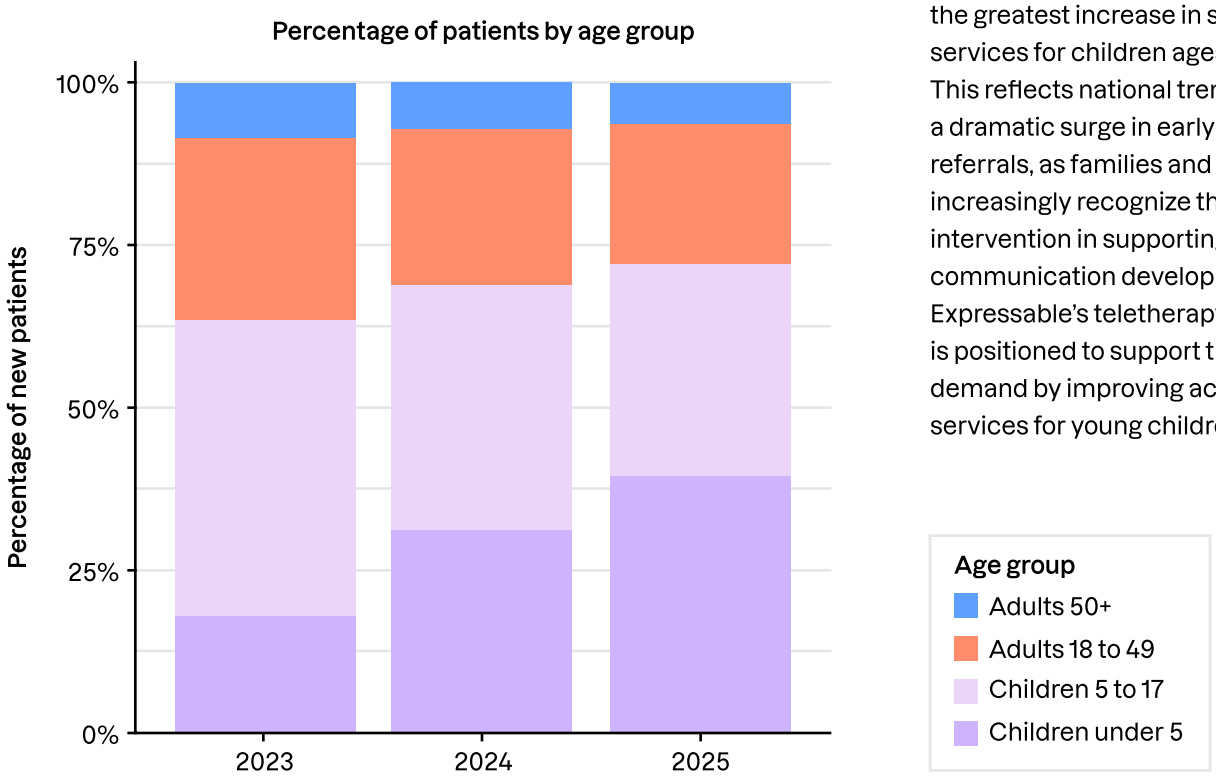
460,000+
Speech therapy sessions & evaluations provided

Ages 1-95+
Patients served across the lifespan, from early childhood through older adulthood

200+
Expanded our team to more than 200 speech-language pathologists, with an average of 10 years' clinical experience

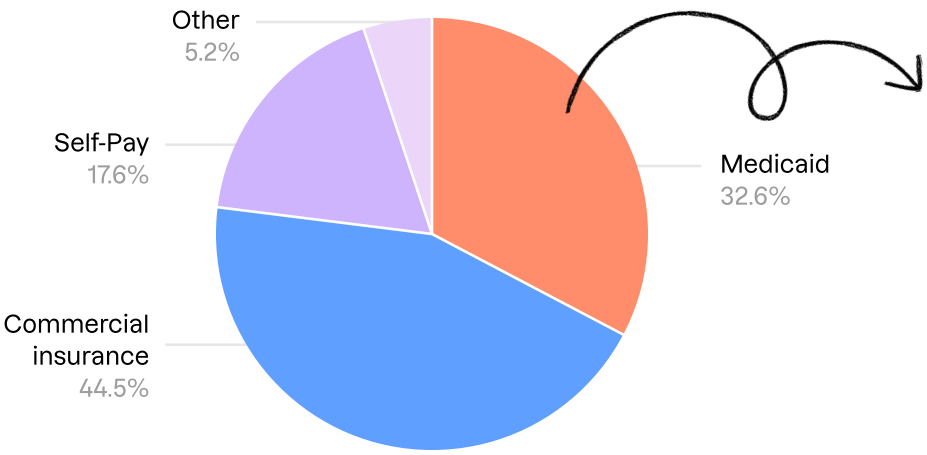
Demographics

Since January 2023, Expressable has provided care to over 20,000 patients at every life stage who come to us with a variety of communication and feeding/swallowing concerns.



Across age groups, we have observed the greatest increase in speech-language services for children ages 5 and younger. This reflects national trends[58] showing a dramatic surge in early childhood referrals, as families and providers increasingly recognize the value of early intervention in supporting children's communication development. Expressable's teletherapy approach is positioned to support this growing demand by improving access to services for young children.

Patient payment sources



1/3

Approximately **one-third** of Expressable's patients are Medicaid recipients.

To date, we've provided services in **43 different languages.**

Improving access for underserved communities

These statistics underscore our ongoing efforts to serve communities that have long faced barriers to accessing speech-language therapy. Research reported in the *Journal of the American Medical Association*[59] and by the Centers for Disease Control and Prevention[2] show that Black and Hispanic children experience significantly lower rates of timely intervention for communication disorders due to systemic factors.

By providing comprehensive speech-language services via telepractice, Expressable seeks to reduce these disparities and improve access to high-quality therapy for traditionally underserved populations and families experiencing financial challenges.

Of patients who provided demographic information, **50%** self-identified with a racial/ethnic minority background.

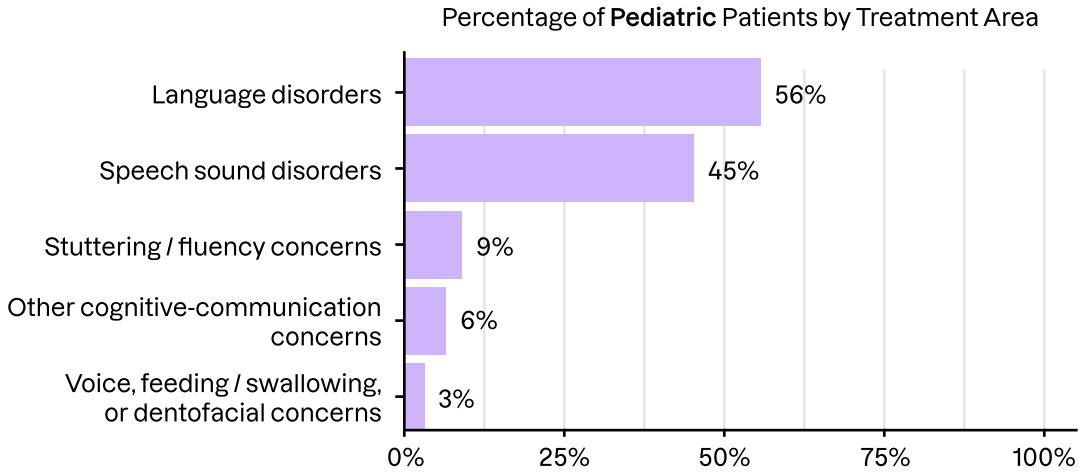
Based on data from July through November 2025; 80% response rate

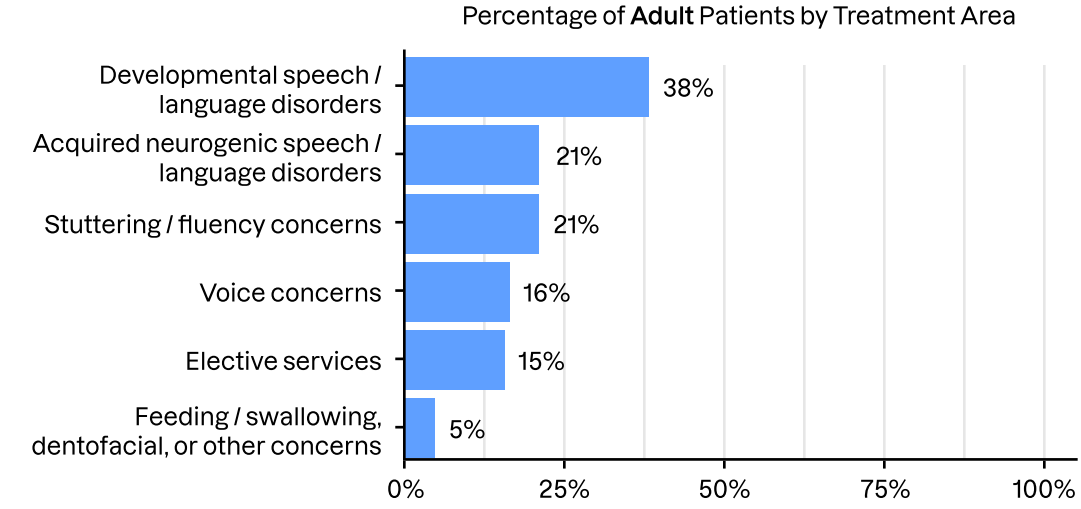
Clinical treatment areas

Expressable serves patients of all ages across various treatment areas. Among those who come to us with an existing diagnosis, the most common profiles include **autism, ADHD, stroke or progressive neurological conditions, and genetic or other developmental conditions.** These diagnoses often involve challenges across communication domains—including understanding and producing language, using language socially and for reasoning, articulating speech sounds, and engaging in healthy voice practices.

Most pediatric patients receive support for expressive and receptive language challenges or speech sound disorders, reflecting common developmental concerns in childhood. Adult patients present with a broader range of communication needs, including acquired neurogenic conditions such as aphasia, speech and language challenges stemming from earlier in life, and voice-related concerns.

Our clinicians bring an average of 10 years of experience developing personalized therapy plans in collaboration with patients and their families. Goals established in therapy reflect each patient's unique strengths and needs, supporting meaningful progress across life stages and circumstances.



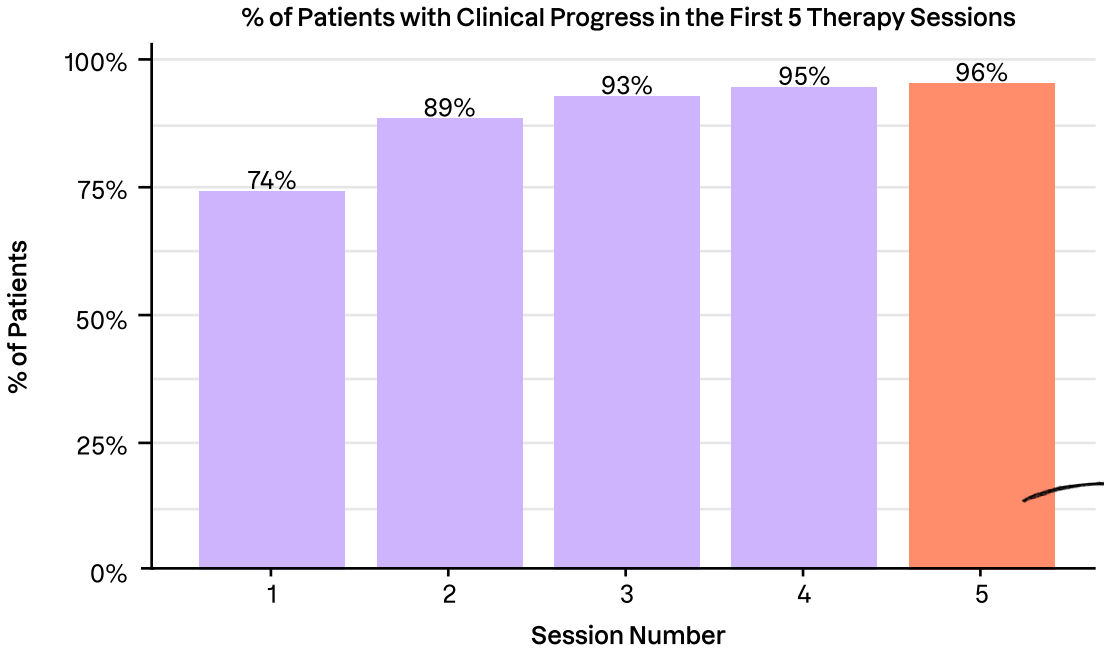


Note: Patients with multiple treatment areas are counted in each relevant category. Percentages may therefore sum to more than 100%.

Clinical outcomes

Measuring progress toward individualized therapy goals

At the start of treatment, therapists collaborate with patients and their families to establish a personalized plan of care that is tailored to their needs, interests, and goals. This approach allows therapists to design activities that are appropriately challenging and motivating, while remaining carefully structured to foster measurable success. Balancing ambitious objectives with achievable targets, the care plan maximizes empowerment and the likelihood that patients will experience tangible improvement throughout the course of therapy.



(n = 13,336 patients; data from January 2023 through October 2025. Progress defined as session data logged above baseline on at least one care plan goal.)

Consistency in progress across patient populations

Expressable serves patients of all ages with diverse communication challenges. 95-98% of patients across these major diagnostic groups showed measurable progress within the first five therapy sessions:

95%
Speech sound disorders

96%
Aphasia

97%
Early communication
Childhood language disorders
Stuttering

98%
Autism
Voice concerns

Subgroup sizes: speech sound disorders (n = 3,751), early communication (ages 0-3; n = 2,940), childhood language disorders (n = 2,516), autism (n = 848), stuttering (n = 1,762), aphasia (n = 388), voice (n = 761).

Quantifying improvement through standardized assessments

Methodology

A common method for measuring progress in speech-language therapy is to compare skill levels at the start of speech therapy and after a period of therapy sessions. Clinically validated standardized assessments are one tool that can be used to determine skills at each time point.

At the start of therapy, speech therapists conduct thorough evaluations to determine areas of need across multiple aspects of communication. These evaluations vary based on the patient's age and presenting concerns, but may include articulation of speech sounds, key milestones in early language development, and specific areas of language such as vocabulary, sentence formation, and language comprehension.

Over the course of therapy, many patients will also have a reevaluation using the same test to directly track progress and determine any areas of continuing need.

While each patient's starting point and journey through therapy is different, group-level statistical analyses enable us to quantify progress by comparing initial evaluation scores and reevaluation scores across several standardized assessments.

The following highlights from our retrospective analyses are based on de-identified assessment scores and are reported in aggregate. For inclusion in these data sets, all patients had at least 8 therapy sessions at Expressable between their initial evaluation and reevaluation dates. Reevaluations were typically conducted 6 to 12 months after the initial evaluation. The assessments included:

- **The Clinical Evaluation of Language Fundamentals - 5th Edition (CELF-5)**
- **The Receptive-Expressive Emergent Language Test - 4th Edition (REEL-4)**
- **The Goldman-Fristoe Test of Articulation - 3rd Edition (GFTA-3)**

Detailed statistical information is available upon request.

Significant gains in core language skills

The **Clinical Evaluation of Language Fundamentals, Fifth Edition (CELF-5),** is a standardized assessment that evaluates a wide range of language skills in children and young adults. It is widely used to diagnose language disorders and track progress over time. The CELF-5 measures language ability through a variety of tasks, including comprehending and producing sentences of increasing difficulty, as well as correctly using word forms such as plurals and verb tenses, while accounting for variations in dialect and language backgrounds.

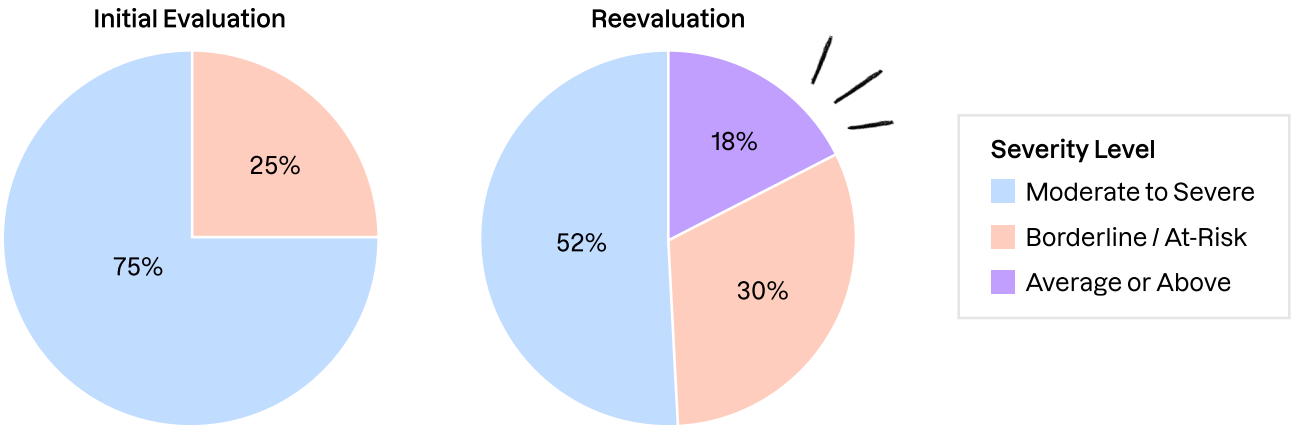
The **Core Language Score** provides an overall measure of a child's general language ability by combining performance across several expressive and receptive language tasks that incrementally increase in difficulty. The Core Language Score is a standard score, meaning that it compares each child's performance to that of same-aged peers.

Increases in standard scores indicate that a child's language skills are growing faster than would be expected. Research suggests that **children with language disorders—including those in traditional speech therapy—do not often increase in standard language scores.**[60-62] While they may gain new language skills, they commonly lag behind same-aged peers, resulting in a **persistent gap that does not narrow over time.**

77%

patients showed improvement in standard scores. This indicates not only individual gains in language, but also accelerated progress relative to peers—effectively "narrowing the gap."

n = 43 patients with language disorders, ages 5-17 at initial evaluation. Average of 50 sessions over 11 months between test administrations, though measurable gains were observed in only 11 sessions for some patients. Score improvement was statistically significant ($p < .001$) with a large effect size (Cohen's $dz = 0.82$).



At initial evaluation, 75% of patients scored within the moderate to severe language disorder range. At reevaluation, only 52% had scores within this range, with a corresponding increase in the percentage of children scoring in higher ranges—**including nearly 1/5 of patients achieving scores within the average range for their age.** This suggests that children with language disorders across the continuum of severity make meaningful gains in communication skills over the course of therapy at Expressable.

In our patients' own words

We are incredibly grateful for the care, creativity, and dedication that Andi brings to [our son's] speech therapy sessions. Andi makes **each session not only productive but genuinely engaging, thoughtfully weaving [our son's] personal interests into the sessions.** ... As any parent of a teenager knows, getting feedback is no small feat. So when [our son] openly acknowledges that the sessions are helpful and meaningful, we know that's a testament to Andi's skill and ability to connect. ... Andi's work is not just professional—it's personal, and it shows."

–Parent of a teen, September 2025

"The whole program is **amazing compared to my child's public school speech and language program."**

–Parent of an 8-year-old, November 2024

"I've seen positive improvement and **my son's more confident while speaking.** He has made more friends and he's feeling more comfortable with his speech."

–Parent of a teen, March 2025

"Ms. Caitlyn is great. [My son] does not complain about having to do speech therapy. She interacts with him on a personal level, **in addition to helping him improve his language, she makes him feel heard.** Great experience for a boy with expressive and receptive challenges."

–Parent of a preteen, September 2024

"I can see a big difference in my daughter's speech since starting her sessions. **I've been able to learn a lot as well on how to help her outside of therapy.** The biggest difference I've seen is that **my daughter seems less frustrated** when I'm working with her in trying to communicate more."

–Parent of 4-year-old, September 2023

Meet Alex

Alex is an easygoing 7-year-old who loves Minecraft and swimming. Although he'd had years of speech therapy with another provider, his progress truly skyrocketed when he began working with his Expressable therapist, Nirali.

Alex's goals included using longer, better structured sentences and holding back-and-forth conversations with others. His mother saw major improvement in just three months. "Before, he was really shy. He had a hard time communicating with teachers," she says. "Since switching to Expressable, his teachers have been able to understand him more clearly. He's speaking to people with confidence, which is huge!"

With Nirali's expertise, his mom's participation and support, and Alex's own hard work, he's seen tremendous progress in his ability to communicate and connect. **Read the full story here.**

Alex, Expressable patient

Significant growth in early communication skills

The Receptive-Expressive Emergent Language Test, 4th Edition (REEL-4), is a standardized, clinically validated measure of language development for children ages 0 to 36 months. Primary caregivers answer yes-no questions about their child's early communication behaviors, enabling clinicians to assess these skills in young children who may not yet be able to participate fully in direct assessment.

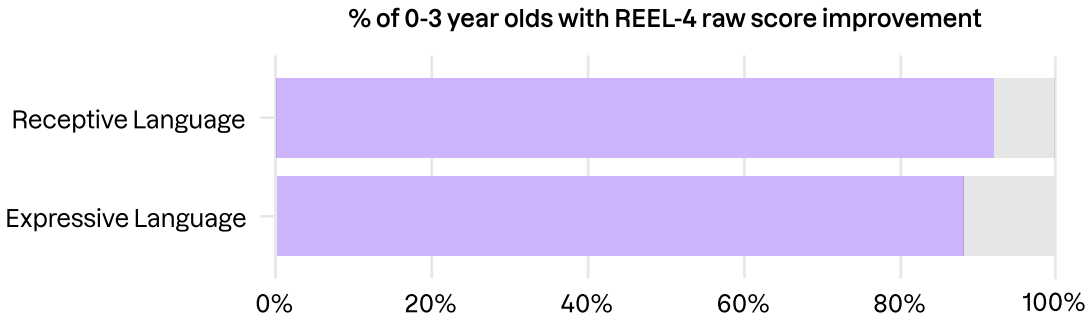
The REEL-4 includes two separate scores: The **Receptive Language** score measures how well an infant or toddler responds to and understands sounds and spoken language, while the **Expressive Language** score reflects how well the child produces spoken language, including early vocalizations, gestures, words and phrases.

Among our youngest patients, we analyzed **raw scores, which represent the number of milestones a child has achieved** and offer a sensitive measure of ability for children whose skills are significantly behind same-age peers. We also looked at **standard scores,** which reflect a child's performance relative to other children of the same age. Improvements in standard scores **reflect accelerated growth compared to peers**—in other words, new skill development is **faster than expected.**[63]

92%
of children improved in receptive language milestones—52% with accelerated improvement compared to peers

88%
of children improved in expressive language milestones, with 63% showing accelerated improvement compared to peers

n = 52 children with early communication delays ages 15-21 months at initial evaluation. Average of 8 months and 33 speech therapy sessions between test administrations. Statistically significant raw scores for both receptive and expressive language ($p < .001$, large effect sizes of $r > 0.5$ for each).



This progress in language development, including accelerated growth for more than half of patients, highlights the effectiveness of Expressable's collaborative coaching model. When speech therapists and caregivers work together to embed meaningful language activities into everyday life, children experience cumulative success that provides a robust foundation for continued learning.

In our patients' own words

"Alyssa provides thoughtful feedback and valuable education on how to support my son's speech development. Her methods and materials have made a noticeable difference—**I've seen real improvement in his communication skills.** We always look forward to our sessions, and **the detailed notes she shares afterward are incredibly helpful** for reinforcing what we've learned."

–Parent of a 3-year-old, July 2025

"Erica is attentive and patient. She has really got [my son] engaged and he is doing very well for a 2-year-old doing virtual [speech therapy]. **The progress session after session speaks for itself. The homework is relevant and purposeful.** I am pleased and my son has seen growth."

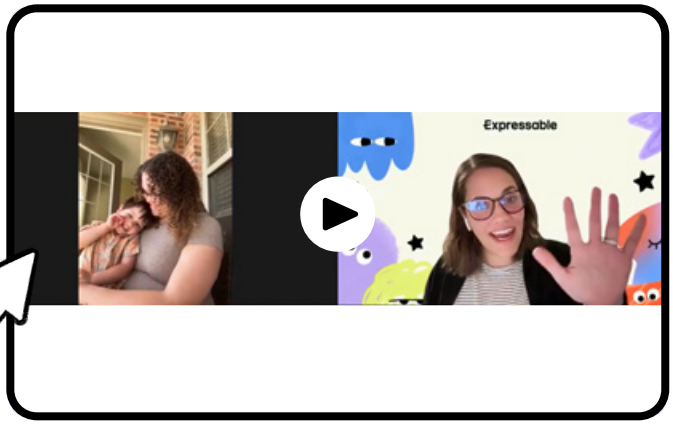
–Parent of a 2-year-old, April 2024

"Loren has been such a support to our family. Her advice has helped us make better decisions for our daughter and her future. Her **sessions help me understand how I can help my daughter outside of therapy.** We practice our homework all week every week, and we constantly see improvement. My daughter went from only saying words to saying sentences, wants, and needs, and **every week she says a little more."**

–Parent of a 3-year-old, May 2025

"Ms. Courtney **gives us productive tools each week to improve our communication with our sweet boy.** She is always making micro **adjustments to our care plan to ensure my son is on point with his goals.** Each session is a little different because she is mindful of his attention level being 3 years old. She **gives my son the ability to make his own choices,** so he feels in control of his appointment. I cannot say enough good things about her ability to further my son's speech skills."

–Parent of a 3-year-old, August 2023



Go inside the session

Watch a 2-year-old toddler having fun with his Expressable speech therapist! Mom is right there beside him, learning while he does so she can practice at home with him throughout the week. **Watch the video here.**

Significant improvement in speech sound production

The Goldman-Fristoe Test of Articulation, 3rd Edition (GFTA-3), is a gold-standard assessment for measuring speech sound articulation in children, adolescents, and young adults. In the Sounds-in-Words subtest, patients are shown pictures to elicit production of 23 consonants and 15 consonant pairs distributed across the beginning, middle, and end of words. Each consonant is scored individually, enabling therapists to analyze error patterns across words to guide personalized treatment.

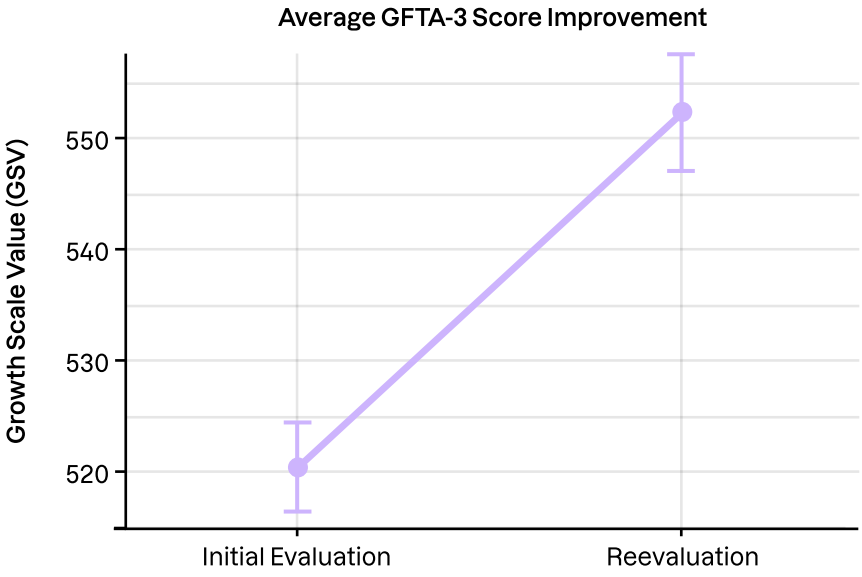
The GFTA-3 offers multiple types of scores to quantify improvement:

- **Growth scale values (GSVs)** measure individual progress over time and are **sensitive to improvement** even in those with severe speech sound disorders
- **Standard scores** measure performance relative to others of the same age and sex; improvements reflect that the examinee has **increased skills at a faster rate** than similar peers.[63]

Patients improved by an **average of 32 points on the GSV scale, indicating substantial improvement** (> 1 standard deviation)

88%
showed individual improvement in speech sound production

63%
also showed standard score improvement, indicating accelerated progress compared to peers



Brackets indicate 95% confidence interval.

n = 204 children with speech sound disorders, ages 2-16 at initial evaluation. Average of 12 months and 53 speech therapy sessions between test administrations. GSV score improvement was statistically significant with a large effect size ($p < .001$, Cohen's $dz = .89$).

Expressable's results align with peer-reviewed research[52] demonstrating that children with speech sound disorders can achieve significant measurable progress in therapy delivered via telepractice. These gains support clearer communication and meaningful connections at home, at school, and in their communities.

In our patients' own words

"My son LOVES working with Brenna, and I believe this has had a huge impact on his quick progression so far. He truly enjoys every lesson and, as a result, wants to be better and better in his language skills. He's self-correcting throughout the day and really getting the hang of his 's' sounds. **Brenna makes the lessons so fun and engaging that he doesn't even realize he's putting in such hard work."**

–Parent of a 7-year-old, June 2025

"Caitlyn gives my kiddo her full focus and attention while she is with him. After [our] most recent session, **we logged off and he said 'I think that went well. I'm getting better.'** It's going great!"

–Parent of a 9-year-old, October 2024

"Kristen is an outstanding therapist that is remarkable with children. My son is blossoming with her. **She's able to get through to him and connect for progress unlike any previous therapist.** I consider her a God Send."

–Parent of a 6-year-old, September 2023

"Elissa is the perfect speech therapist for my teenage daughter. She helps with exactly what [my daughter] needs and is supportive and caring while still providing great exercises for my daughter to practice improving her speech. Expressable is exactly what we were looking for!"

–Parent of a teen, April 2023

"Nicole was able to keep my 5-year-old daughter engaged and made the sessions fun for her. She improved so much and now is able to correctly pronounce SH, L, and V. **I wasn't sure virtual speech therapy would work but we're so glad we gave Expressable a try!"**

–Parent of a 5-year-old, September 2025

Meet Alaina

Eight-year-old Alaina is full of energy, whether she's dancing, crafting, or practicing taekwondo. But her mom noticed something that didn't quite match her daughter's bubbly personality: Alaina's words weren't always clear. She also spoke very fast, dropping syllables or entire sounds. Over time, this began to affect her confidence. She was less likely to speak up, and other kids had trouble understanding her.

Alaina began treatment at Expressable for a severe phonological and articulation disorder. Her mom joined sessions and practiced with Alaina throughout the week using the Expressable portal. After just five months, Alaina had met all her goals and graduated early. Her story is one of joy, persistence, family teamwork–and proof that clear communication can change everything. **Read the full story here.**

Alaina, Expressable patient

Satisfaction insights: How patients and families feel about our care

At Expressable, we view patient and family feedback as an essential part of providing exceptional speech-language services. We regularly collect reviews and analyze feedback to understand how well our care model supports progress and satisfaction at every step of our patients' journeys.

Across more than 4,500 reviews, families nationwide have consistently shared their positive experiences.

4.83 / 5 avg. patient review

Here's what people enjoy most about working with Expressable speech therapists

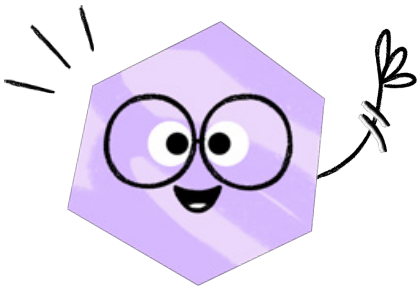
This word cloud features the most common two-word phrases, or "bigrams," that appeared in patient reviews collected during their care journey. These terms capture recurring themes surrounding the rapport with their speech therapist, how they feel during therapy, and how they perceive their outcomes.

Adding depth and context to our high numeric ratings, examining the language patients use to describe their experiences provides insight into what matters most to them in their care journey.

Rapid Automatic Keyword Extraction (RAKE) used to extract informative bigrams while removing common, noninformative words and word pairs (such as "is" and "speech therapy"). Text size and shading indicate relative frequency of occurrence in patient reviews.

Innovating in technology to enhance care delivery

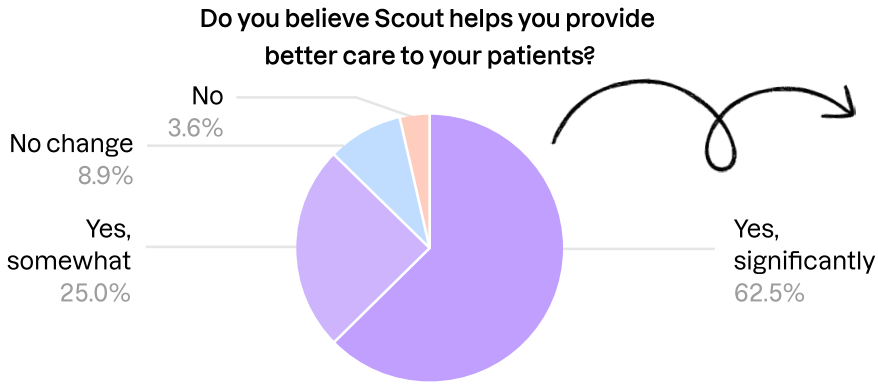
Introducing Scout



The time-consuming and mentally effortful demands of administrative documentation are known causes of clinician stress, reduced job satisfaction, and burnout.[38,39] Recognizing the need to lighten this load, we created **Scout—a custom-built AI assistant that works in the background to capture and summarize session details.** With explicit patient approval, Scout securely processes speech therapy session recordings to produce clear, thorough treatment notes. **Scout minimizes manual note-taking, allowing therapists to concentrate on fully supporting their patients with the best care possible.**

By easing both the time and cognitive load involved in documentation, Scout helps make the therapeutic process more focused on what matters most: helping patients make meaningful progress.

In September 2025, we conducted an anonymous internal survey to learn more about Scout's impact on our clinicians' workflow.



(n = 56; zero responses for "Unsure" option)

88%

Approximately 9 in 10 therapists polled believe that Scout helps them provide better care to patients and families.

In their own words: Clinician reflections on Scout

"I more clearly outline interventions and prompting, which is a great clinical practice"

"It records things that I may miss in a session, and I can remember to address it next time"

"It lightens the burden of paperwork, so I can focus on planning really good activities [...] to promote more progress"

"Patients have noted that they like how in-depth [the] documentation is, and I know that it is thanks to Scout!"

Continuing forward

Our Clinical Advisory Board

In the summer of 2025, we welcomed the inaugural members of our Clinical Advisory Board (CAB)—widely respected experts in speech-language pathology, caregiver coaching, technology-enabled care, and developmental research.

Dr. Howard Shane, Ph.D., CCC-SLP

Director Emeritus of the Center for Communication Enhancement at Boston Children's Hospital and Associate Professor at Harvard Medical School. Dr. Shane is a nationally recognized leader in augmentative and alternative communication (AAC), with decades of experience developing assistive technologies to support people with complex communication needs.

Dr. Megan Roberts, Ph.D., CCC-SLP

Professor at Northwestern University and Director of the Early Intervention Research Group. Dr. Roberts is a leading researcher in caregiver-implemented early language interventions for children with developmental delays and autism. Her work centers on improving equity in access to care, strengthening family-centered practices, and scaling evidence-based strategies.

The CAB will play a pivotal role in guiding Expressable's clinical innovation, research priorities, clinician training, and quality standards—ensuring our care remains accessible, inclusive, and evidence-based.

Expanding our measurement toolkit to connect practice, progress, and perception

As part of our ongoing commitment to high-quality, data-driven care, we continue to expand and refine how we measure clinical outcomes. Our team of clinicians, product developers, researchers, and data analysts collaborate closely to develop innovative solutions to track progress and enhance care delivery, including:

Home practice tracking

Practicing new skills between sessions is important for integrating therapy strategies into everyday life. We've recently introduced new ways for patients to report home practice, allowing clinicians to track practice frequency, identify which activities are most effective, and tailor their approach to support consistent engagement and strong outcomes.

Automated language sample analysis

Language sample analysis (LSA) is considered a gold-standard method to assess communication skills. It provides a wealth of quantitative and qualitative data from real-life communication contexts, such as conversation, storytelling, or explanation. Unfortunately, it is also effortful and time-consuming, making it difficult to implement in practice. We are integrating LSA with therapist-supervised, HIPAA-compliant AI tools, reducing barriers to providing richer information on patients' language abilities and change over the course of therapy.

Therapeutic alliance & patient-reported outcomes

Beyond performance metrics like goal progress and assessment scores, the quality of the relationship between the patient and speech therapist plays a vital role in treatment success. We are expanding our use of patient-reported and therapeutic alliance measures to capture these human factors with greater depth and better understanding.

These tools are thoughtfully designed to deepen our multidimensional perspective of the patient journey at Expressable and the factors that contribute to excellent communication outcomes. As we incorporate them into our measurement framework, our focus is always on using data to foster engagement, inform treatment approaches, and transparently share progress with the patients and families we serve.

Conclusion

This retrospective report of Expressable's outcomes reflects not only measurable impact, but also the four values that guide how we deliver care. Each result, testimonial, and innovation embodies our ongoing commitment to empowering individuals and families through inclusive, evidence-based speech-language services.

Empowerment

Our patients experience meaningful clinical gains, demonstrated by cohort-level analyses of progress on therapy goals, quantitative assessment metrics, consistently high satisfaction ratings, and patient and family testimonials. These results illustrate how our family-centered approach empowers our patients and families to confidently carry over their new skills into everyday life, leading to the best possible communication outcomes.

Collaboration

Our model is rooted in collaboration—among clinicians, product developers, researchers, data analysts, support teams, and leaders, all unified by a mission to make high-quality speech-language therapy accessible nationwide. Collaboration also drives the therapeutic process itself, fostering active partnerships among patients, caregivers, and clinicians through family-centered coaching, shared goal setting, and authentic connection.

Integrity

Integrity is woven into every aspect of our work. It shapes how we lead, how we measure success, and how we communicate results. By sharing our outcomes transparently, we reaffirm our dedication to continuous improvement and to setting a high quality standard for virtual care delivery.

Innovation

Our innovation is purposeful and ethical, driven by the needs of patients and clinicians. From developing customized tools to support patient education and engagement, to streamlining administrative workflows for therapists, we design technological solutions that enhance, rather than replace, the human connection at the heart of speech-language therapy.

We remain dedicated to making evidence-based, high-quality speech-language services accessible, effective, and engaging for people of all ages. At Expressable, every improvement reflects our belief in the power of communication: to connect, to empower, and to transform lives.

Because communication is more than words. It's how we express what we believe, share how we feel, and show who we are.

References

1. McEwin A, Santow E. The importance of the human right to communication. Int J Speech Lang Pathol. 2018;20(1):1-2. doi:10.1080/17549507.2018.1415548

2. Black LI, Vahratian A, Hoffman HJ. Communication Disorders and Use of Intervention Services among Children Aged 3–17 Years: United States, 2012. National Center for Health Statistics; 2015.

3. National Institute on Deafness and Other Communication Disorders [NIDCD]. Quick statistics about voice, speech, language. July 8, 2025. Accessed July 22, 2025. https://www.nidcd.nih.gov/health/statistics/quick-statistics-voice-speech-language

4. Yairi E, Ambrose N. Epidemiology of stuttering: 21st century advances. J Fluen Disord. 2013;38(2):66-87. doi:10.1016/j.jfludis.2012.11.002

5. National Aphasia Association. Aphasia statistics. 2025. Accessed September 29, 2025. https://aphasia.org/statistics/

6. Huston MN, Puka I, Naunheim MR. Prevalence of voice disorders in the United States: A national survey. Laryngoscope. 2024;134(1):347-352. doi:10.1002/lary.30929

7. World Health Organization. Disability: A global picture. In: World Report on Disability 2011. 2011. Accessed September 29, 2025. https://www.ncbi.nlm.nih.gov/books/NBK304071/

8. Marshall J, Wylie K, McLeod S, et al. Communication disability in low and middle-income countries: a call to action. BMJ Glob Health. 2024;9(7):e015289. doi:10.1136/bmjgh-2024-015289

9. McGill N, McLeod S, Crowe K, Wang C, Hopf SC. Waiting lists and prioritization of children for services: Speech-language pathologists' perspectives. J Commun Disord. 2021;91:106099. doi:10.1016/j.jcomdis.2021.106099

10. American Speech-Language-Hearing Association. ASHA 2025 SLP Health Care Survey: Workforce.; 2025. Accessed January 6, 2025. www.asha.org

11. Morgan PL, Hammer CS, Farkas G, et al. Who receives speech/language services by 5 years of age in the United States? Am J Speech Lang Pathol. 2016;25(2):183-199. doi:10.1044/2015_AJSLP-14-0201

12. Barnard-Brak L, Morales-Alemán MM, Tomeny K, McWilliam RA. Rural and Racial/Ethnic Differences in Children Receiving Early Intervention Services. Fam Community Health. 2021;44(1):52-58. doi:10.1097/FCH.0000000000000285

13. Morgan PL, Farkas G, Hillemeier MM, Li H, Pun WH, Cook M. Cross-cohort evidence of disparities in service receipt for speech or language impairments. Except Child. 2017;84(1):27-41. doi:10.1177/0014402917718341

14. Office of the New York State Comptroller. DiNapoli: Thousands of young children with disabilities not receiving early intervention services. February 28, 2023. Accessed December 9, 2025. https://www.osc.ny.gov/press/releases/2023/02/dinapoli-thousands-young-children-disabilities-not-receiving-early-intervention-services

15. Cronin P, Reeve R, McCabe P, Viney R, Goodall S. Academic achievement and productivity losses associated with speech, language and communication needs. Int J Lang Commun Disord. 2020;55(5):734-750. doi:10.1111/1460-6984.12558

16. Bryan K, Garvani G, Gregory J, Kilner K. Language difficulties and criminal justice: the need for earlier identification: Language difficulties and criminal justice. Int J Lang Commun Disord. 2015;50(6):763-775. doi:10.1111/1460-6984.12183

17. Hopkins T, Clegg J, Stackhouse J. Examining the association between language, expository discourse and offending behaviour: an investigation of direction, strength and independence. Int J Lang Commun Disord. 2018;53(1):113-129. doi:10.1111/1460-6984.12330

18. Klein JF, Hood SB. The impact of stuttering on employment opportunities and job performance. J Fluen Disord. 2004;29(4):255-273. doi:10.1016/j.jfludis.2004.08.001

19. Caldwell NS, Holyfield C, Lorah E, Rackensperger T. Reducing linguistic profiling of individuals with communication disabilities to enhance careers: avoiding assumptions based on speech, language and communication mode. Career Dev Int. 2024;29(3):367-380. doi:10.1108/CDI-07-2023-0230

20. Ruben RJ. Redefining the survival of the fittest: Communication disorders in the 21st century. Laryngoscope. 2000;110(2):241-245. doi:10.1097/00005537-200002010-00010

21. Cronin P, Reeve R, Mccabe P, Viney R, Goodall S. The impact of childhood language difficulties on healthcare costs from 4 to 13 years: Australian longitudinal study. Int J Speech Lang Pathol. 2017;19(4):381-391. doi:10.1080/17549507.2016.1216599

22. Sciberras E, Westrupp EM, Wake M, et al. Healthcare costs associated with language difficulties up to 9 years of age: Australian population-based study. Int J Speech Lang Pathol. 2015;17(1):41-52. doi:10.3109/17549507.2014.898095

23. Stransky ML, Jensen KM, Morris MA. Adults with communication disabilities experience poorer health and healthcare outcomes compared to persons without communication disabilities. J Gen Intern Med. 2018;33(12):2147-2155. doi:10.1007/s11606-018-4625-1

24. American Speech-Language-Hearing Association, YouGov. Communication Disorders and Stigmas.; 2024. Accessed January 6, 2026. https://www.asha.org/siteassets/nslhm/2024/communication-disorders-and-stigmas-report.pdf

25. Aljahlan Y, Alsulaiman R, Alroqi H, et al. Economic cost of language disorders in childhood: Evidence from Saudi Arabia. J Commun Disord. 2025;117:106552. doi:10.1016/j.jcomdis.2025.106552

26. Buescher AVS, Cidav Z, Knapp M, Mandell DS. Costs of autism spectrum disorders in the United Kingdom and the United States. JAMA Pediatr. 2014;168(8):721-728. doi:10.1001/jamapediatrics.2014.210

27. Jacobs M, Ellis C. Aphasianomics: Estimating the economic burden of poststroke aphasia in the United States. Aphasiology. 2023;37(1):25-38. doi:10.1080/02687038.2021.1985426

28. Roberts MY, Curtis PR, Sone BJ, Hampton LH. Association of parent training with child language development: A systematic review and meta-analysis. JAMA Pediatr. 2019;173(7):671-680. doi:10.1001/jamapediatrics.2019.1197

29. Grasso SM, Shuster KM, Henry ML. Comparing the effects of clinician and caregiver-administered lexical retrieval training for progressive anomia. Neuropsychol Rehabil. 2019;29(6):866-895. doi:10.1080/09602011.2017.1339358

30. Campbell PH, Sawyer LB. Supporting learning opportunities in natural settings through participation-based services. J Early Interv. 2007;29(4):287-305. doi:10.1177/105381510702900402

31. Ryznar T, Tucker-Bradway N, Hodgman S, Dang A, Faria AM. Limited Choices and Long Drives: Living in Rural Michigan with Young Children. American Institutes for Research; 2021. Accessed January 1, 2026. https://www.michigan.gov/-/media/Project/Websites/mileap/Documents/Early-Childhood-Education/pdgb5/michiganneedassessbrief_rural_families.pdf

32. Misono S, Marmor S, Roy N, Mau T, Cohen SM. Factors influencing likelihood of voice therapy attendance: Report from the CHEER network. Otolaryngol--Head Neck Surg Off J Am Acad Otolaryngol-Head Neck Surg. 2017;156(3):518-524. doi:10.1177/0194599816679941

33. Carr P, Moser D, Williamson S, Robinson G, Kintz S. Improving functional communication outcomes in post-stroke aphasia via telepractice: An alternative service delivery model for underserved populations. Int J Telerehabilitation. 2022;14(2). doi:10.5195/ijt.2022.6531

34. Alighieri C, Bettens K, Mouton T, et al. From clinic to real life: Speech-language therapists' perspectives on extratherapy generalization in children with cleft palate. Am J Speech Lang Pathol. 2025;34(5):2813-2826. doi:10.1044/2025_AJSLP-25-00139

35. Gillam SL, Gillam RB, Reece K. Language outcomes of contextualized and decontextualized language intervention: Results of an early efficacy study. Lang Speech Hear Serv Sch. 2012;43(3):276-291. doi:10.1044/0161-1461(2011/11-0022)

36. Schreibman L, Dawson G, Stahmer AC, et al. Naturalistic developmental behavioral interventions: Empirically validated treatments for autism spectrum disorder. J Autism Dev Disord. 2015;45(8):2411-2428. doi:10.1007/s10803-015-2407-8

37. Morgan L, Marshall J, Harding S, et al. 'It depends': Characterizing speech and language therapy for preschool children with developmental speech and language disorders. Int J Lang Commun Disord. 2019;54(6):954-970. doi:10.1111/1460-6984.12498

38. Suh H, Dangol A, Meadan H, Miller CA, Kientz JA. Opportunities and challenges for AI-based support for speech-language pathologists. In: Proceedings of the 3rd Annual Meeting of the Symposium on Human-Computer Interaction for Work. ACM; 2024:1-14. doi:10.1145/3663384.3663387

39. Blood GW, Thomas EA, Ridenour JS, Qualls CD. Job stress in speech-language pathologists working in rural, suburban, and urban schools: Social support and frequency of interactions. Contemp Issues Commun Sci Disord. 2002;29(Fall):132-140. doi:10.1044/cicsd_29_F_132

40. Catts HW, Fey ME, Tomblin JB, Zhang X. A longitudinal investigation of reading outcomes in children with language impairments. J Speech Lang Hear Res. 2002;45(6):1142-1157. doi:10.1044/1092-4388(2002/093)

41. Fuller EA, Kaiser AP. The effects of early intervention on social communication outcomes for children with autism spectrum disorder: A meta-analysis. J Autism Dev Disord. 2020;50(5):1683-1700. doi:10.1007/s10803-019-03927-z

42. Marsh K, Bertranou E, Suominen H, Venkatachalam M. An Economic Evaluation of Speech and Language Therapy. Matrix Evidence; 2010. https://speechandhearingbc.ca/wp-content/uploads/2018/04/The-Economic-Case-for-Speech-and-Language-Therapy.pdf

43. Roberts S, Bruce RM, Lim L, et al. Better long-term speech outcomes in stroke survivors who received early clinical speech and language therapy: What's driving recovery? Neuropsychol Rehabil. 2022;32(9):2319-2341. doi:10.1080/09602011.2021.1944883

44. American Speech-Language-Hearing Association. The Value of Speech-Language Pathology Services for Children Who Stutter.; 2025. Accessed January 6, 2026. www.asha.org/siteassets/ebp/dov/children-who-stutter-dov-fact-sheet.pdf

45. Kronberg J, Tierney E, Wallisch A, Little LM. Early intervention service delivery via telehealth during COVID-19: A research-practice partnership. Int J Telerehabilitation. 2021;13(1):e6363. doi:10.5195/ijt.2021.6363

46. Mettler HM, Neiling SL, Figueroa CR, Evans-Reitz N, Alt M. Vocabulary Acquisition and Usage for Late Talkers: The Feasibility of a Caregiver-Implemented Telehealth Model. J Speech Lang Hear Res. 2023;66(1):257-275. doi:10.1044/2022_JSLHR-22-00285

47. Roberts MY, Kaiser AP. The Effectiveness of Parent-Implemented Language Interventions: A Meta-Analysis. Am J Speech Lang Pathol. 2011;20(3):180-199. doi:10.1044/1058-0360(2011/10-0055)

48. Ingersoll B, Frost KM, Straiton D, Ramos AP, Casagrande K. Telehealth coaching in Project ImPACT indirectly affects children's expressive language ability through parent intervention strategy use and child intentional communication: An RCT. Autism Res. 2024;17(10):2177-2187. doi:10.1002/aur.3230

49. Behl DD, Blaiser K, Cook G, et al. A multisite study evaluating the benefits of early intervention via telepractice. Infants Young Child. 2017;30(2):147-161. doi:10.1097/IYC.0000000000000090

50. Blaiser KM, Behl D, Callow-Heusser C, White KR. Measuring costs and outcomes of tele-intervention when serving families of children who are deaf/hard-of-hearing. Int J Telerehabilitation. Published online December 19, 2013:3-10. doi:10.5195/ijt.2013.6129

51. De Leon IC, Philipps J, Yoegel M, Byrnes J, Kase JS. Comparison of Goal Achievement When Transitioning from In-Person Therapy to Teletherapy in Westchester County Early Intervention Program Due to the COVID-19 Pandemic. Int J Telerehabilitation. 2022;14(1). doi:10.5195/ijt.2022.6450

52. Grogan-Johnson S, Gabel RM, Taylor J, Rowan LE, Alvares R, Schenker J. A pilot exploration of speech sound disorder intervention delivered by telehealth to school–age children. Int J Telerehabilitation. 2011;3(1):31-42.

53. Mahurin-Smith J, Lorio CM. Early Intervention Providers' Perspectives on the Use of Telepractice During the COVID-19 Pandemic. Perspect ASHA Spec Interest Groups. 2025;10(2):640-650. doi:10.1044/2024_PERSP-24-00106

54. Ogourtsova T, Boychuck Z, O'Donnell M, Ahmed S, Osman G, Majnemer A. Telerehabilitation for children and youth with developmental disabilities and their families: a systematic review. Phys Occup Ther Pediatr. 2023;43(2):129-175. doi:10.1080/01942638.2022.2106468

55. Retamal-Walter F, Waite M, Scarinci N. Exploring engagement in telepractice early intervention for young children with developmental disability and their families: A qualitative systematic review. Disabil Rehabil Assist Technol. 2023;18(8):1508-1521. doi:10.1080/17483107.2022.2048098

56. Stredler-Brown A. Examination of coaching behaviors used by providers when delivering early intervention via telehealth to families of children who are deaf or hard of hearing. Perspect ASHA Spec Interest Groups. 2017;2(9):25-42. doi:10.1044/persp2.SIG9.25

57. Vismara LA, McCormick CEB, Wagner AL, Monlux K, Nadhan A, Young GS. Telehealth parent training in the Early Start Denver Model: Results from a randomized controlled study. Focus Autism Dev Disabil. 2018;33(2):67-79. doi:10.1177/1088357616651064

58. American Speech-Language-Hearing Association. Poll Shows Increases in Hearing, Speech, and Language Referrals, More Communication Challenges in Young Children.; 2023. Accessed October 6, 2025. https://www.asha.org/news/2023/poll-shows-increases-in-hearing-speech-and-language-referrals-more-communication-challenges-in-young-children/

59. Elliott T, Floyd James K, Coleman KJ, Skrine Jeffers K, Nau CL, Choi K. Cross-sectional comparison of disparities by race using white vs hispanic as reference among children and youths with developmental disabilities referred for speech therapy. JAMA Netw Open. 2022;5(10):e2234453. doi:10.1001/jamanetworkopen.2022.34453

60. Conti-Ramsden G, St Clair MC, Pickles A, Durkin K. Developmental trajectories of verbal and nonverbal skills in individuals with a history of specific language impairment: from childhood to adolescence. J Speech Lang Hear Res. 2012;55(6):1716-1735. doi:10.1044/1092-4388(2012/10-0182)

61. Norbury CF, Vamvakas G, Gooch D, et al. Language growth in children with heterogeneous language disorders: a population study. J Child Psychol Psychiatry. 2017;58(10):1092-1105. doi:10.1111/jcpp.12793

62. Schmitt MB, Logan JAR, Tambyraja SR, Farquharson K, Justice LM. Establishing language benchmarks for children with typically developing language and children with language impairment. J Speech Lang Hear Res. 2017;60(2):364-378. doi:10.1044/2016_JSLHR-L-15-0273

63. Kwok E, Feiner H, Grauzer J, Kaat A, Roberts MY. Measuring change during intervention using norm-referenced, standardized measures: A comparison of raw scores, standard scores, age equivalents, and growth scale values from the preschool language scales–fifth edition. J Speech Lang Hear Res. 2022;65(11):4268-4279. doi:10.1044/2022_JSLHR-22-00122

Expressable

2025