Journal of Social Science Development 18(2). september.2026 (142-156) | ISSN: 1112-9212/ EISSN 2602-5043

School-Based Speech-Language Support for Foreign Language Learning Difficulties

Boudjemai Djouhra [1,*]

[1] Higher School for Teachers of the Deaf and Mute, Faculty of Humanities and Social Sciences (Algeria)

Received: 06 JUNE 2026 ; **Accepted:** 18 September 2026 ; **Published:** 30 September 2026

Abstract: This study develops a school-based speech-language pathology model for pronunciation and reading difficulties linked to foreign language learning among primary school pupils. Using a descriptive analytical approach, it synthesizes Arab and international studies on speech sound disorders, phonological awareness, reading, and school support. The paper shows that these difficulties arise from interacting phonetic, phonological, cognitive, pedagogical, emotional, and family factors. It proposes a protocol for early screening, multidimensional assessment, functional diagnosis, intervention, generalization, and follow-up. The model integrates auditory discrimination, speech sound training, phonological awareness, oral reading, spelling, teacher guidance, and family support in inclusive classroom contexts effectively and successfully.

Keywords: speech-language pathology; pronunciation; foreign language; phonological awareness; primary school

1- Introduction

Primary school has become a demanding linguistic environment. The child is not expected to learn only reading and writing in the language of schooling. The child is also introduced to foreign languages at an early age. In many Algerian and Arab schools, pupils may deal with Arabic, French, and English within the same educational path. Each language has its own sound system. Each language also has its own writing rules, rhythm, and pronunciation patterns.

This early exposure can be valuable. It may support cognitive flexibility. It may also promote cultural openness and later academic opportunities. Yet it may also reveal hidden weaknesses in speech, language, and reading. Some pupils struggle to produce foreign sounds. Others confuse similar sounds. Some pupils read foreign words as they are written, not as they are pronounced. Others hesitate during oral reading. A number of children avoid oral participation because they fear correction, ridicule, or failure.

These difficulties should not be explained too quickly as laziness, poor attention, or weak motivation. In many cases, they may reflect a deeper difficulty in auditory discrimination, speech sound production, phonological awareness, verbal memory, or oral reading. A child who cannot hear the difference between two sounds may not produce them accurately. The same child may later fail to link these sounds to letters. This can affect reading, spelling, comprehension, and classroom participation.

Foreign language learning difficulties in primary school therefore require an integrated view. They cannot be studied only as pedagogical problems. They should also be examined from the perspective of speech-language pathology, known in several Arab and Francophone contexts as orthophony. This perspective is important because it links oral language with

* Corresponding author, e-mail: boudiba-djouhra@hotmail.fr.

written language. It also connects the therapy session with the classroom and the family environment.

The present article develops a school-based speech-language support model. The model is designed for pupils who show pronunciation and reading difficulties during foreign language learning. It does not treat pronunciation as an isolated skill. It connects pronunciation with listening, phonological awareness, oral reading, spelling, and communication. It also defines the roles of the speech-language therapist, teacher, and family.

The article is both theoretical and applied. It reviews relevant studies and uses them to propose a practical pathway for schools. This pathway includes early screening, multidimensional assessment, functional diagnosis, intervention, generalization, and follow-up. It also provides classroom and home activities that can support the child in natural learning contexts.

The scientific value of the topic lies in its position between education and clinical language practice. Foreign language learning is usually addressed through curriculum, teaching method, and learner motivation. Yet many repeated errors cannot be understood without examining how the child perceives sounds, stores phonological forms, and links them to written symbols. A child may repeat a word many times and still fail to pronounce it because the underlying contrast is not stable. Another child may pronounce a word correctly in isolation but fail to read it because the sound-letter relationship is weak. These profiles show why ordinary classroom support needs to be connected with speech-language reasoning.

The study also assumes that early speech-language support does not delay foreign language learning. Rather, it makes learning more accessible. When the child receives structured listening, pronunciation, and reading support, the foreign language becomes less dependent on memorization. It becomes grounded in stable sound-letter relations, meaningful practice, and emotional safety. This is especially important in primary school, where repeated failure can quickly affect the child's self-image as a learner.

1.1- Problem Statement

Foreign language teaching has expanded in primary education. This expansion is important because it responds to academic, social, and professional needs. However, it has not always been accompanied by clear procedures for detecting pupils who show speech, phonological, or reading difficulties.

Teachers may notice children who cannot pronounce some foreign sounds. Some pupils substitute one sound for another. Others omit sounds, add extra sounds, or hesitate when reading aloud. Some children know the meaning of a word but cannot say it clearly. Others recognize the written word but cannot decode it fluently. These signs are often treated as ordinary learning errors. Yet they may also indicate a speech-language difficulty that requires specialized assessment.

This situation raises an important question. How can schools distinguish between normal difficulty in learning a new language and a persistent difficulty that requires speech-language intervention? This question matters because early support can prevent later failure. It can also reduce anxiety, avoidance, and low self-confidence.

The problem becomes more complex in multilingual contexts. The child may transfer sounds from the first language to the foreign language. This transfer is normal in many cases. Yet it becomes problematic when it persists, affects intelligibility, and interferes with reading or spelling. Therefore, assessment should consider both linguistic transfer and possible speech sound disorder.

The central problem of the present study is that many school difficulties in foreign language learning are treated only as academic weaknesses. In reality, some of them may be connected to speech sound perception, phonological representations, or oral reading. This makes the presence of a school-based speech-language pathway necessary.

The main research question is: How can a school-based speech-language pathology model support pronunciation and reading in foreign language learning among primary school pupils? This question leads to questions about the main manifestations of difficulty, the role of auditory discrimination and phonological awareness, school and family factors, and the practical stages of intervention.

The working assumption of the study is that pupils who show persistent pronunciation and oral reading errors need more than ordinary repetition. They need a coordinated protocol that begins with classroom observation and moves toward speech-language assessment when risk indicators persist. The expected outcome is not only clearer pronunciation. It also includes better reading accuracy, more confidence, and greater participation in foreign language tasks. The article therefore treats speech-language support as a preventive and pedagogical service, not as a late clinical response.

This problem is also related to equity in learning. If the school introduces a foreign language without mechanisms for identifying vulnerable learners, the same curriculum may produce unequal outcomes. Pupils with stronger oral language and reading readiness may benefit quickly, while pupils with weak phonological processing may fall behind. A school-based model can reduce this gap because it gives teachers and therapists a shared language for describing difficulty and planning support.

The issue is also methodological. If a study of foreign language learning uses only achievement scores, it may miss the mechanisms that produce those scores. A low mark in English or French may hide different profiles. One pupil may have weak vocabulary. Another may have weak auditory discrimination. Another may have good understanding but poor oral reading. Another may avoid speaking because of anxiety. For this reason, a speech-language model adds diagnostic depth to educational evaluation.

In the Algerian context, the question is particularly relevant because the child may meet several linguistic systems in a short period of schooling. The child brings home language practices, learns school Arabic, and then encounters French and English. This contact can enrich development, but it can also increase the need for explicit support. The proposed model does not oppose early foreign language learning. It argues that early learning should be accompanied by early screening and adapted intervention.

1.2- Significance and Objectives

This study is significant because it addresses a recent issue in primary education. It connects speech-language pathology, foreign language teaching, and reading development. These fields are often studied separately. Yet in real classrooms they are closely linked. A child who cannot pronounce a sound may also struggle to read or spell words that include that sound.

The study also responds to a practical need in schools. Teachers often notice children who avoid oral tasks, read slowly, or produce repeated pronunciation errors. Parents may notice that the child avoids foreign language homework. Speech-language therapists may work with the child clinically, but the intervention may remain disconnected from classroom learning. This article proposes a model that connects these spaces.

The study strengthens the role of school-based speech-language pathology. The speech-language therapist should not intervene only after failure becomes clear. The role should include prevention, early screening, assessment, teacher consultation, classroom adaptation, and family guidance. This is especially important in the first years of schooling.

The applied value of the study is also clear. It proposes a screening pathway, an assessment plan, a functional classification, a twelve-week intervention program, classroom strategies, home activities, and progress indicators. These tools can guide future empirical studies and school practices.

The study aims to analyze pronunciation and reading difficulties linked to foreign language learning among primary school pupils. It also clarifies the relationship between speech sound production, auditory discrimination, phonological awareness, and oral reading. In

addition, it identifies school and family factors that affect the emergence or reduction of these difficulties.

The study also seeks to build a school-based speech-language support model for screening, assessment, intervention, and follow-up. It defines the roles of the speech-language therapist, teacher, and family. It provides practical recommendations for improving foreign language learning support in Algerian and Arab schools.

1.3- Conceptual and Theoretical Background

School-based speech-language pathology refers to the delivery of speech-language services within the educational environment. It includes prevention, screening, assessment, intervention, consultation, and follow-up. It also includes cooperation with teachers and families. In this article, it is viewed as an integrated approach. It does not separate speech from learning. It sees pronunciation, phonological awareness, oral reading, spelling, and classroom participation as connected skills.

Pronunciation difficulties refer to persistent errors in speech sound production. These errors may affect clarity and intelligibility. They may appear as substitutions, omissions, distortions, or additions. In foreign language learning, some pronunciation errors may result from first-language influence. For example, an Arabic-speaking child may replace /p/ with /b/ or /v/ with /f/. This happens because the child interprets the foreign sound through the sound system already available.

Not every foreign language pronunciation error is a disorder. Some errors are expected during early learning. However, an error becomes more concerning when it persists, appears in several contexts, affects classroom communication, and interferes with reading or spelling. In this case, speech-language assessment becomes necessary (American Speech-Language-Hearing Association, n.d).

This distinction is essential in multilingual assessment. A pronunciation pattern may be a normal effect of language transfer when it is shared by many learners from the same linguistic background. It becomes clinically significant when it is unusually persistent, resistant to instruction, or associated with wider phonological and reading weaknesses. The therapist should therefore compare the child's performance with exposure history, age, schooling, and performance in other language tasks.

A careful assessment protects the child from two errors. The first is over-identification, where normal foreign language learning errors are treated as disorders. The second is under-identification, where a real speech or literacy vulnerability is dismissed as a temporary classroom problem. Both errors are harmful. The first may pathologize normal learning. The second may delay support and allow failure to accumulate.

The distinction between transfer and disorder also has implications for research. Future empirical work should describe the child's language history before interpreting errors. The number of years of exposure, the quality of teaching, the amount of practice, the languages used at home, and the child's performance in the language of schooling should all be documented. Without this information, it is difficult to decide whether an error is expected, delayed, or clinically significant.

The same principle applies to intervention. A child who is still discovering a new sound may need more exposure and modeling. A child who has persistent difficulty after exposure may need direct therapy. A child who has difficulty across languages may need broader assessment. These distinctions make intervention more ethical and more precise.

Reading difficulties refer to problems in word recognition, decoding, oral reading fluency, accuracy, or comprehension. In primary school, reading is not only a visual activity. It requires phonological processing. The child must connect written symbols to sounds. The child must blend sounds, recognize words, and understand meaning.

When the child has weak phonological awareness or inaccurate sound representations, reading becomes harder. This is especially true in foreign languages with irregular spelling-pronunciation relationships. English is a clear example. Many English words are not pronounced as they are written. This makes decoding difficult for young learners.

Phonological awareness is the ability to notice and manipulate the sound structure of spoken language. It includes recognizing syllables, rhymes, first sounds, final sounds, blending, segmentation, and deletion. It supports reading and spelling because it helps the child understand that words are made of smaller sound units.

In foreign language learning, phonological awareness becomes more important. The child faces new sounds and new spelling patterns. If the child cannot identify sounds within words, it becomes difficult to link sounds to letters. It also becomes difficult to read new words. For this reason, phonological awareness should be part of both assessment and intervention.

Phonological awareness tasks should be concrete and developmentally appropriate. In the early stages, the child may identify whether two words begin with the same sound. Later, the child may segment a word into sounds, blend sounds to form a word, or delete a sound from a word. These tasks are not mechanical games. They help the child understand that speech can be analyzed. This awareness is a key bridge between oral language and written language.

In foreign language learning, this bridge is especially important because spelling may mislead the learner. A child may see a written word and apply rules from Arabic or French to English. The child may also pronounce silent letters or confuse vowel patterns. Phonological awareness helps the learner attend to the sound form of the word before relying on the visual form alone.

The training of phonological awareness should be linked to meaningful words rather than abstract drills only. For example, when training /p/ and /b/, the therapist may use familiar classroom words, pictures, and short sentences. The child hears the difference, identifies the sound, says the word, and then reads it. This type of sequence connects listening, pronunciation, and literacy. It also helps the child see why accurate sound perception matters for meaning.

Phonological awareness work should also be brief and repeated. Young pupils may not benefit from long formal exercises. They benefit more from short routines repeated over several weeks. These routines may include sound of the day, picture sorting, syllable clapping, and shared reading of a sentence containing the target sound. Such activities are simple enough for the classroom and precise enough to support clinical goals.

Speech sound difficulties are not limited to unclear pronunciation. They may also affect later language and literacy development. A child who has weak sound representations may struggle to build stable links between speech and print. This may affect decoding, spelling, oral reading, and reading comprehension. Recent literature supports the need for broad assessment when a child presents speech sound difficulties (Walquist-Sorli et al., 2025, pp. 164-177).

Auditory discrimination is the ability to hear differences between sounds. It is a basic condition for accurate pronunciation. A child who cannot hear the difference between /p/ and /b/ may not produce this difference reliably. The same child may confuse words in reading and spelling. Auditory discrimination should therefore come before intensive articulation work.

First-language transfer is a natural part of foreign language learning. Learners use the sound categories of their first language to understand and produce the new language. This may help them at the beginning. Yet it may also lead to persistent errors. Arabic-speaking learners of English may face difficulty with sounds such as /p/, /v/, /theta/, /eth/, /tʃ/, /dʒ/, and /ʒ/. These sounds may be replaced by more familiar sounds.

English presents a major challenge because the relationship between spelling and pronunciation is not always transparent. The same letter may represent different sounds. Some letters are not pronounced. Some words are pronounced very differently from their written form. French also presents specific difficulties for Arabic-speaking pupils, including silent final

letters, nasal vowels, and sound patterns that differ from Arabic. These features require explicit teaching.

Pronunciation errors are visible in the classroom. A child who mispronounces a word may be corrected immediately. This may create embarrassment. Some children then avoid reading aloud or speaking in the foreign language. Avoidance reduces practice. Reduced practice increases difficulty. A negative cycle may appear. For this reason, intervention should also address classroom emotion and communicative confidence.

1.4- Previous Studies

Labsir and Belkhir studied foreign language learning difficulties in primary school from teachers' perspectives. Their field study was conducted in primary schools in the western area of Biskra. It relied on the descriptive survey method and a questionnaire. The sample included 32 teachers of French and English. The study found that difficulties were linked to curriculum difficulty, limited lesson time, school pressure, the large number of subjects, and interference between French and English. It also showed that pupils faced difficulties in understanding, concentration, writing, expression, memory, and managing more than one foreign language (Labsir & Belkhir, 2024, pp. 6-7),

Salameh examined the impact of school on addressing pronunciation difficulties among children with special needs while learning foreign languages. The study adopted a descriptive analytical approach. It analyzed data collected from questionnaires and interviews with teachers and parents. The results showed that tailored teaching strategies had a positive effect on pronunciation. The study also emphasized psychological and social support, parental involvement, and extracurricular activities. These elements helped improve speech skills, classroom interaction, and academic performance (Salameh, 2025, pp. 76-77).

Tejani and Hemami studied difficulties in learning English in Algerian primary schools. Their study used the descriptive method and involved pupils in the third and fourth years of primary school. It examined factors related to the family, the school, and the pupil's own attitudes toward English. The study showed that family support can help motivation and practice. It also showed that the school environment can affect learning through the teacher's method and classroom practices (Tejani & Hemami, 2024).

Adam and Yagoob studied segmental pronunciation difficulties among students learning English as a foreign language at Omar Al-Mukhtar University in Libya. The study used a quantitative approach. It included a questionnaire and pronunciation tests. The results showed that several English consonants were difficult for learners. These included /r/, /dʒ/, /ʒ/, /theta/, /p/, /eth/, and /tʃ/. The study also showed that first-language interference, limited practice, weak exposure, and spelling-pronunciation mismatch affected pronunciation (Adam & Yagoob, 2026, pp. 49-62).

Chaibin studied reading and pronunciation difficulties among primary school pupils. The study showed that reading difficulties may appear as weak oral reading, poor comprehension, weak analysis of words into syllables and letters, reversal of letters and syllables, difficulty pronouncing similar words, and spelling problems. It also emphasized the need for diagnosis before intervention (Chaibin, 2023, p. 68).

Recent international literature supports an integrated approach. Children with speech sound difficulties may face later problems in language and reading. Intervention should therefore address both speech production and literacy-related skills. Reviews also suggest that intervention which includes phonological awareness can support both speech and reading outcomes (Cabbage & Algeo-Nichols, 2024, pp. 960-983).

2- Method and Tools:

This study adopts a descriptive analytical approach. This approach is suitable because the article examines a complex educational and clinical phenomenon. It also builds an applied

model from the reviewed literature. The study does not present new experimental data. Instead, it organizes existing evidence and translates it into a practical framework for schools.

The study also uses an applied constructive orientation. It designs a structured intervention model that can be used in later field research. The model is based on Arab and international studies dealing with foreign language learning difficulties, school support, pronunciation problems, reading difficulties, speech sound disorders, and phonological awareness.

The material was analyzed through a documentary review matrix. The matrix focused on the purpose of each study, the sample, the method, the tools, the main findings, and the implications for speech-language intervention. The studies were then compared in order to identify common indicators related to the child, the school, and the family.

The applied component was developed through clinical and pedagogical reasoning. The proposed protocol includes six stages: early screening, multidimensional assessment, functional diagnosis, individualized planning, intervention and generalization, and follow-up evaluation. Each stage was designed to be realistic for primary school settings and adaptable to individual or small-group intervention.

The tools proposed in the study include a screening checklist, an assessment plan, a functional classification table, a twelve-week intervention program, classroom activities, home practice tasks, and progress indicators. These tools are not intended to replace standardized clinical tests. They provide an organized pathway that helps teachers and speech-language therapists decide when support is needed and how it can be structured.

The main variables addressed by the model are pronunciation accuracy, auditory discrimination, phonological awareness, oral reading accuracy, oral reading fluency, spelling, classroom participation, communicative confidence, and generalization. These variables can be measured through observation, short tasks, pre- and post-intervention probes, teacher reports, and family feedback.

The proposed variables were chosen because they are observable in school settings and meaningful for intervention. Pronunciation accuracy can be measured through short word probes. Auditory discrimination can be measured through minimal pair tasks. Phonological awareness can be assessed through segmentation and blending. Oral reading accuracy and fluency can be measured through short reading passages. Communicative confidence can be observed through participation and avoidance behaviors.

This mixed measurement approach increases practical value. It allows the speech-language therapist to collect clinical information without requiring complex equipment. It also allows the teacher and family to participate in monitoring progress. In this sense, evaluation becomes shared. It is not limited to a clinical score. It includes functional change in real learning contexts.

The use of several indicators also helps avoid false conclusions. A child may improve in sound production but continue to avoid speaking. Another child may participate more but still read slowly. A third child may read trained words well but fail with new words. For this reason, progress should be interpreted through a profile, not through a single score. The profile approach is more suitable for school decisions because it shows what has improved and what still needs support.

The proposed model therefore recommends short probes rather than long tests only. A probe may consist of ten target words, five minimal pairs, three segmentation tasks, and one short reading passage. These probes can be repeated before, during, and after intervention. They offer useful information without overloading the child or the school schedule.

3- Results and Discussion

The analysis of the reviewed studies leads to a central result: pronunciation and reading difficulties in foreign language learning are multidimensional. They may result from first-

language transfer, weak exposure, limited practice, auditory discrimination problems, phonological processing weaknesses, school pressure, or insufficient family support. No single factor can explain all cases.

This result has a direct clinical implication. The same error may require different interventions depending on its cause. If the error comes from weak auditory discrimination, listening contrast tasks are needed. If it comes from motor placement difficulty, articulatory cues are needed. If it comes from weak decoding, reading and sound-letter mapping are needed. If it comes from anxiety, emotional support and safe participation are needed. A strong model must therefore begin with explanation before intervention.

The second result is that pronunciation and reading are closely connected. Oral reading requires sound-letter mapping. It also requires accurate phonological representations. A child who cannot produce or identify a sound may struggle to decode or spell it. Therefore, speech sound training alone is not enough. It should be combined with auditory discrimination, phonological awareness, reading, spelling, and classroom participation.

The third result concerns the role of the school. Lesson time, curriculum load, class size, teaching methods, and emotional climate all affect foreign language learning. A supportive school can reduce difficulty. A stressful school can increase it. The reviewed studies show that tailored teaching, emotional support, parental involvement, and extracurricular activities can improve pronunciation and participation.

The fourth result is the need for early screening. Many pupils who struggle in foreign language learning are identified only after repeated failure. A simple classroom screening tool can help teachers detect risk signs earlier. These signs include sound substitution, confusion between similar sounds, reading words as they are written, omission of sounds, slow oral reading, and avoidance of oral participation.

The fifth result is the need for multidimensional assessment. Assessment should include perception, production, reading, spelling, comprehension, and learning context. It should not focus only on one target sound. A child who cannot hear the difference between /p/ and /b/ needs listening work before repetition. A child who hears the difference but cannot produce it needs motor placement cues. A child who reads slowly needs decoding and fluency practice.

The proposed model includes six stages. The first stage is early screening. The teacher observes the pupil during listening, repetition, oral reading, word learning, and participation. Screening does not replace diagnosis. It helps identify pupils who need further assessment. A pupil should be referred for speech-language assessment if several indicators persist for four to six weeks despite ordinary classroom support.

The second stage is multidimensional assessment. Assessment should explore speech sound production, auditory discrimination, phonological awareness, oral reading, spelling, oral comprehension, classroom context, and family context. This stage helps determine whether the difficulty is mainly articulatory, phonological, perceptual, reading-related, or mixed.

The third stage is functional diagnosis. Functional diagnosis explains the nature of the difficulty and helps select the correct intervention. Articulatory difficulty requires motor and placement training. Phonological difficulty requires contrastive sound training. Auditory discrimination difficulty requires listening and minimal pair work. Phonological awareness difficulty requires segmentation and blending. Oral reading difficulty requires decoding and fluency practice. Mixed difficulty requires integrated intervention.

The fourth stage is individualized planning. The plan should define target sounds, target reading skills, frequency of sessions, classroom support, home practice, and evaluation indicators. Goals should be few, clear, and measurable. For example, the child may be expected to discriminate /p/ and /b/ in minimal pairs, produce /p/ in ten familiar words, and read five short sentences containing the target sound.

The fifth stage is intervention and generalization. The proposed program lasts twelve weeks. It includes two sessions per week. Each session lasts 30 to 40 minutes. The program can

be applied individually or in small groups. It should be adapted to the child's age, language level, and severity of difficulty. It moves from confidence building to auditory discrimination, articulation training, word-level practice, phonological awareness, sound-letter mapping, oral reading, classroom generalization, and follow-up.

The applied activities include minimal pair listening, mirror articulation, sound sorting, segment-and-clap tasks, sound-letter cards, shared reading, role play, and controlled generalization. These activities are designed to connect listening, speaking, reading, and meaning. They also reduce the pressure of correction by using games and structured support.

The sixth stage is follow-up evaluation. Progress should be measured before and after intervention. It should also be observed in the classroom and at home. Evaluation indicators include sound production accuracy, auditory discrimination, phonological awareness, oral reading accuracy, oral reading fluency, spelling, classroom participation, communicative confidence, and generalization.

3.1- Detailed Description of the Intervention Sequence

The intervention sequence should be understood as cumulative. Each phase prepares the next phase. Confidence building prepares participation. Auditory discrimination prepares production. Production prepares word practice. Word practice prepares phonological awareness and reading. Reading prepares classroom communication. When one phase is weak, later phases may not stabilize. This is why the therapist should not rush the program simply to cover more sounds.

The intervention sequence begins with preparation and motivation. This first phase is not a minor step. It helps the child accept the work and reduces the fear of error. Activities may include sound games, imitation, and simple success tasks. The aim is to create a positive relationship with foreign language sounds before introducing correction.

The second phase focuses on auditory discrimination. The child learns to hear contrasts between target sounds and familiar substitutions. Minimal pairs are useful here because they show that a small sound change can change meaning. The task can be supported by pictures, cards, or gestures. Only when the child hears the contrast reliably should intensive production work begin.

The third phase focuses on speech sound production. The therapist uses visual, tactile, and auditory cues. Mirror work helps the child observe the mouth. Placement cues help the child understand where the lips or tongue should be. The sound is practiced in isolation, then in syllables, words, short phrases, and sentences. This progression prevents the child from being pushed too quickly into complex speech.

The fourth phase connects pronunciation with phonological awareness. The child segments target words, identifies initial and final sounds, blends sounds, and sorts words. This phase strengthens the mental representation of the sound. It also prepares the child for reading and spelling tasks. The goal is not only to say the sound but to understand its place inside the word.

The fifth phase connects the sound to print. The child sees the letter or letter pattern, hears the sound, produces it, traces the written form, and reads words that contain it. This multisensory sequence is important because it activates listening, speech, visual recognition, and motor memory. It is especially useful when spelling-pronunciation relations are not transparent.

The final phase is generalization. The child practices the target sound in classroom dialogues, reading tasks, games, and home activities. Generalization should be planned rather than assumed. The teacher and family receive simple instructions. The child is then observed in natural tasks to confirm whether the skill is stable beyond the therapy session.

The teacher is central to the success of the model. The teacher sees the child daily and can observe progress in real learning situations. The teacher should not replace the speech-language therapist. Yet the teacher can support intervention by using clear pronunciation, visual support, short oral practice, safe correction, and coordinated classroom reinforcement. Teacher

support should be simple and realistic. It may include a two-minute listening activity, a picture-based oral game, or shared reading of one sentence.

The family also supports the child outside school. However, family practice should be short, simple, and positive. Parents should not turn speech practice into punishment or pressure. A useful home plan may include five target words, picture naming, a listening game, one short sentence, and a weekly feedback note. The family should praise effort and avoid comparison with siblings or classmates.

The family's contribution should be coordinated with therapy goals. If the target is auditory discrimination, home practice may involve choosing the word that was heard. If the target is production, practice may involve five familiar words. If the target is oral reading, the child may read one short sentence with support. The family should not introduce many new words without guidance, because excessive material may reduce accuracy and motivation.

The main strength of the proposed model is its ecological nature. It does not place all responsibility on the child. It considers the teacher, the family, the classroom, the curriculum, and the language system. It also avoids a purely clinical view. The goal is not only correct pronunciation in therapy. The goal is functional use in learning and communication.

The model also has a preventive value. If the school detects risk signs early, the child may receive support before failure becomes stable. Early intervention may reduce the emotional cost of repeated errors. It may also protect the child's confidence and classroom participation. This is important because avoidance often reduces practice and increases difficulty.

Another strength of the model is its flexibility. It can be adapted to English, French, or another foreign language. It can also be adapted to individual sessions or small-group intervention. This is important in schools where resources may be limited. A small-group format can be useful when pupils share similar sound difficulties.

The model can also be adapted to different levels of severity. For mild cases, the teacher may provide classroom support with brief consultation from the speech-language therapist. For moderate cases, the child may receive small-group intervention. For severe or mixed cases, individual assessment and therapy are needed. This tiered view makes the model more realistic because not all pupils require the same intensity of support.

A tiered model can be especially useful in crowded schools. At the first tier, all pupils receive sound-rich teaching, visual support, and safe oral practice. At the second tier, pupils with mild risk signs receive small-group support. At the third tier, pupils with persistent or mixed difficulties receive individual speech-language assessment and intervention. This structure allows schools to use resources more efficiently while still protecting pupils who need specialized care.

The tiered view also supports prevention. Many pupils may not need clinical therapy if the classroom offers enough structured listening and sound-letter mapping. Others will need more direct help. The role of screening is to decide who can benefit from classroom support and who needs a deeper assessment. This reduces both under-referral and unnecessary referral.

The proposed model also respects the difference between English and French. English requires special attention to irregular spelling-pronunciation relations. French requires attention to silent letters, nasal vowels, and final consonants. The same general framework can be used for both languages, but target sounds and reading tasks should be selected according to the language being learned.

However, the model requires training. Teachers need to understand that pronunciation difficulty is not always solved by repetition. They should learn how to use listening contrasts, visual cues, and supportive correction. Families also need guidance. Without this guidance, home practice may become stressful and ineffective. Educational administrators should also view speech-language support as part of inclusive education rather than as an external service.

3.1- Practical Implications

The proposed model has several practical implications for schools. First, foreign language teaching should include a preventive dimension. Teachers should not wait until the child fails repeatedly. Short screening tasks can be used during ordinary lessons. These tasks may include sound discrimination, picture naming, short word reading, and observation of oral participation. When difficulties persist, the pupil should be referred for speech-language assessment.

Second, the model suggests that the speech-language therapist should be present in the educational process, not only in the clinical space. The therapist can help teachers select target sounds, design listening tasks, simplify reading materials, and adapt oral activities. This kind of collaboration makes intervention more functional because it links therapy goals with classroom demands.

Third, foreign language teachers need basic training in sound awareness. They do not need to become therapists. However, they need to understand why some errors persist and why repetition alone may not solve them. Training should include minimal pairs, sound-letter mapping, supportive correction, and ways to reduce anxiety during oral tasks. Such training can improve the quality of classroom intervention.

Fourth, the model has implications for inclusive education. Pupils with speech and reading vulnerability should not be excluded from foreign language learning. They need adapted pathways. These pathways can include reduced word lists, visual support, more listening practice, slower oral reading, peer support, and short repeated routines. Inclusion does not mean giving the same task to all pupils. It means giving each pupil access to learning through appropriate support.

Fifth, the model supports the use of extracurricular activities. Theater, songs, chants, storytelling, and language games can make pronunciation practice less threatening. These activities allow the child to repeat sounds within meaningful contexts. They also improve confidence and reduce the emotional weight of correction. For many children, such activities may be more effective than isolated drills.

3.2- Limitations and Future Research

This study is theoretical and applied. It proposes a model based on previous research. It does not test the model through an experimental field study. This is a limitation. Future research should apply the twelve-week program with a sample of primary school pupils. It should compare pre- and post-intervention results in pronunciation, auditory discrimination, phonological awareness, oral reading, and classroom participation.

Future research should also compare individual intervention with small-group intervention. This comparison is important for school settings where resources are often limited. Small groups may be useful when pupils share similar sound difficulties. Yet some children may need individual support when the difficulty is severe or mixed.

Other variables should also be examined. These include attention, working memory, hearing status, emotional factors, motivation, and amount of exposure to the foreign language. These variables may influence the child's response to intervention. Research should also examine differences between English and French because each language has specific sound and spelling challenges for Arabic-speaking pupils.

Finally, there is a need to develop local assessment tools for Algerian and Arab schools. Imported tools may not always fit the linguistic profile of Arabic-speaking learners. Local tools should consider Arabic, dialectal variation, French, English, school level, and the child's exposure to each language. Such tools can make assessment more accurate and intervention more relevant.

4- Conclusion

This study concludes that pronunciation and reading difficulties associated with foreign language learning in primary school are complex. They result from the interaction of several factors. These include first-language influence, the sound structure of the foreign language, spelling-pronunciation mismatch, auditory discrimination, phonological awareness, classroom practices, emotional climate, and family support.

The study also concludes that school-based speech-language pathology can play a preventive and therapeutic role. It can identify pupils at risk before difficulties become chronic. It can also support teachers and families. This role is especially important in the first years of schooling, when the child is building both oral and written language foundations.

The study further concludes that pronunciation intervention should not remain isolated. It should be linked to phonological awareness, oral reading, spelling, and classroom communication. This integrated approach is more suitable for young learners who need to use foreign language sounds in real school tasks.

The proposed model has practical implications. Schools need simple screening tools. Speech-language therapists should include reading and phonological awareness in assessment. Foreign language teachers should receive training in sound awareness and sound-letter mapping. Families should receive clear and limited home tasks. Educational administrators should consider speech-language support as part of inclusive education.

The study has limitations. It is theoretical and applied. It proposes a model based on previous research and does not test the model through an experimental field study. Future research should apply the program with a sample of primary school pupils. It should also examine attention, working memory, hearing status, emotional factors, and exposure to the foreign language.

Finally, collaboration is essential. The speech-language therapist, teacher, and family should work together. Each one has a specific role. When these roles are coordinated, the child receives consistent support across therapy, classroom, and home. This consistency can improve pronunciation, reading, confidence, and participation in foreign language learning.

The broader conclusion is that early foreign language learning should be accompanied by early language support. This does not mean medicalizing ordinary learning. It means recognizing that some pupils need a more explicit pathway to access the same curriculum. Speech-language support can provide that pathway by identifying risk signs, clarifying the source of difficulty, and linking pronunciation with reading and communication.

In this sense, the proposed article offers a realistic contribution. It does not claim that every pronunciation error requires therapy. It does not claim that foreign language teaching should become clinical. It proposes a balanced position. Ordinary learning errors should receive good teaching. Persistent and functionally significant errors should receive speech-language assessment. Both levels can work together inside the school.

The final value of the model lies in its capacity to transform scattered observations into an organized pathway. Teachers often know that a pupil is struggling, but they may not know what to do next. Families often know that the child is avoiding tasks, but they may not know how to help. The speech-language therapist may know how to treat the sound, but may not always have access to classroom information. The model connects these forms of knowledge and turns them into coordinated action.

A strong school-based approach therefore protects both learning and dignity. It helps the child progress without repeated public failure. It helps the teacher understand the difficulty. It helps the family support the child without pressure. It also helps the school move from late remediation to early prevention.

Recommendations

Additional recommendations include establishing referral procedures between foreign language teachers and speech-language therapists. Schools should also prepare short teacher guides on common pronunciation errors among Arabic-speaking learners of English and French. These guides should include examples of sound contrasts, correction strategies, and classroom games. Teacher training should be practical and should use examples from real classroom speech.

It is also recommended to build a local bank of assessment tasks. This bank may include minimal pairs, picture naming tasks, short reading probes, phonological awareness tasks, and teacher observation forms. Such tools should be simple enough for school use, but accurate enough to guide referral and intervention. They can later be standardized through empirical research.

Future school practice should include speech-language therapists in school support teams. Schools should develop early screening cards for pronunciation and reading difficulties in foreign language learning. Foreign language teachers should be trained in phonological awareness and sound-letter mapping. Auditory discrimination activities should be used before intensive pronunciation correction.

Pronunciation work should be integrated with reading and spelling. Public correction that increases anxiety should be avoided. Multisensory methods should be used, including sound, image, movement, and writing. Tasks should be adapted for pupils with persistent speech or reading difficulty.

Schools should encourage safe oral participation through games and role play. Families should be involved through short and guided home activities. Theater, chants, and storytelling can be used to support pronunciation. Future experimental studies should test the proposed twelve-week program. Local assessment tools for Arabic-speaking learners of English and French should also be developed.

Appendix of Tables and Figures:

Table (1): Early Screening Indicators

Indicator	Possible Meaning
Substituting one foreign sound for another	Articulatory or phonological difficulty
Confusing similar sounds	Auditory discrimination weakness
Reading words as they are written	Weak spelling-pronunciation mapping
Omitting sounds in words	Weak phonological structure
Adding extra sounds	Influence of first-language patterns
Slow oral reading	Weak decoding or fluency
Avoiding oral participation	Anxiety or low confidence
Forgetting foreign words quickly	Weak verbal memory or limited exposure
Difficulty following oral instructions	Weak auditory processing or vocabulary

Source: Prepared by the author based on the reviewed literature.

Table (2): Suggested Assessment Plan

Domain	Suggested Task	Purpose
Speech sound production	Picture naming, repetition, word reading	Identifying sound errors
Auditory discrimination	Minimal pairs	Testing sound perception
Phonological awareness	Segmentation, blending, deletion	Assessing literacy readiness
Oral reading	Reading words and short sentences	Measuring accuracy and fluency
Spelling	Writing heard words	Examining sound-letter mapping
Oral comprehension	Following short instructions	Measuring understanding
Classroom context	Observation	Identifying pedagogical factors
Family context	Parent interview	Identifying home support

Source: Prepared by the author based on the proposed protocol.

Table (3): Twelve-Week Intervention Program

Stage	Weeks	Main Focus	Activities
Preparation	1	Confidence and motivation	Sound games, imitation, positive reinforcement
Auditory discrimination	2-3	Hearing sound contrasts	Minimal pairs, listening cards, sound sorting
Articulation training	4-5	Producing target sounds	Mirror work, modeling, placement cues
Word-level practice	6	Sound in words	Picture naming, repetition, word games
Phonological awareness	7-8	Sound structure	Segmentation, blending, deletion
Sound-letter mapping	9	Linking sound and print	Letter cards, word reading
Oral reading	10	Accuracy and fluency	Shared reading, repeated reading
Classroom generalization	11	Functional use	Dialogue, role play, classroom tasks
Follow-up and evaluation	12	Measuring progress	Post-test, teacher and parent feedback

Source: Prepared by the author as an applied model for primary school settings.

Table (4): Evaluation Indicators

Indicator	Measurement Method
Sound production accuracy	Percentage of correct productions
Auditory discrimination	Correct responses in minimal pairs
Phonological awareness	Segmentation and blending tasks
Oral reading accuracy	Number of correctly read words
Oral reading fluency	Words read correctly per minute
Spelling	Accuracy in writing heard words
Classroom participation	Teacher observation
Communicative confidence	Reduced avoidance and hesitation
Generalization	Correct use outside therapy

Source: Prepared by the author based on the assessment plan.

References

- Adam, S. A., & Yagoob, H. (2026). Pronunciation difficulties at the segmental level encountered by EFL students: A case study of EFL first-year students at Omar Al-Mukhtar University in Al-Bayda City. Bani Waleed University Journal of Humanities and Applied Sciences, 11(1), 49-63.
- American Speech-Language-Hearing Association. (n.d). Speech sound disorders: Articulation and phonology. ASHA Practice Portal.
- Cabbage, K. L., & Algeo-Nichols, D. (2024). Literacy-based intervention for children with speech sound disorders: A review of the literature. Perspectives of the ASHA Special Interest Groups, doi: 10.1044/2024_PERSP-24-00025. 9(4), 960-983.
- Chaibin, A. (2023). Reading and pronunciation difficulties among second-year primary school pupils: A field study at the schools of Martyr El-Mekki Bouden and Martyr Ferrekh El-Dhib Rabah in Ben El-Ouidane. Skikda: Master's thesis, University of 20 August.
- Labsir, R., & Belkhir, L. (2024). Foreign language learning difficulties in primary school from teachers' perspectives: A field study in primary schools in the western area of Biskra. Master's thesis. Algeria: Mohamed Khider University of Biskra.

- Salameh, D. Y. (2025). The impact of school on addressing pronunciation difficulties among children with special needs in foreign language learning. Master's research in Applied Linguistics. Syrian Virtual University.
- Tejani, F., & Hemami, K. (2024). Difficulties in learning English in Algerian primary schools: A field study of pupils at Lakraa Mohamed Tayeb Primary School, El-Rabah, El-Oued. Master's thesis. Algeria: University of Echahid Hamma Lakhdar El-Oued.
- Walquist-Sorli et al. (2025). Are speech sound difficulties risk factors for difficulties in language and reading skills? A systematic review and meta-analysis. doi: 10.1044/2024_JSLHR-24-00170. Journal of Speech, Language, and Hearing Research, 68(1), 164-177.

How to cite this article by the APA style:

Boudjemai Djouhra (2026). **School-Based Speech-Language Support for Foreign Language Learning Difficulties** . ***Journal of Social Science Development***. 18 (2). Algeria: Djelfa University. 142-156