

PREVALENCE OF
SPEECH AND LANGUAGE DISORDERS IN CHILDREN:
A SURVEY OF AROUND 5000 CASE FILES AT AIISH

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CERTIFICATE

This is to Certifiy that this Dissertation entitled
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- A SURVEY OF AROUND 5000 CASE FILES AT AIISH is the
bonafide work in part fullfilment for the degree of
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CERTIFICATE

This is to certify that this Dissertation entitled
PREVALENCE OF SPEECH AND LANGUAGE DISORDERS IN
CHILDREN - A SURVEY OF AROUND 5000 CASE FILES AT
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DECLARATION

This Dissertation entitled PREVALENCE OF SPEECH AND LANGUAGE DISORDERS IN CHILDREN - A SURVEY OF AROUND 5000 CASE FILES AT AIISH is the result of my own study under the guidance of Dr. Shyamala Chengappa, Reader and H.O.D - I/C in Speech Pathology Department, All India Institute of Speech and Hearing, Mysore and has not been submitted earlier at any University for any other diploma or degree.

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INTRODUCTION

The significance of speech and language disorders can hardly be overestimated. Through vocal communication and its integration with gesture, facial expression and general body movement, we maintain our interpersonal relationships. The ability to communicate also contributes to the development of personality and to participation as a functioning member of society. In contrast defective speech or language ability interposes a barrier between the self and others, generates feelings of self consciousness and inadequacy, frustrates self expression, and makes it difficult to achieve vocational goals. Therefore, when communication defects persists without correction or compensation, they can be appropriately classed as disabilities or handicaps, for they greatly limit the individuals ability to meet basic demands of life.

SPEECH AND LANGUAGE DEVELOPMENT NORMAL AND ABNORMAL

A development of normal speech is dependent on a complex and exquisite synchronization of many mechanisms. A large number of structure components, such as the lungs, palate, vocal cords and speech muscles, must be present and in good working order, but it is not always recognized that the "primitive" processes of breathing, sucking, chewing, swallowing and crying also prepare the way for speech production. Prior to making intelligible sounds the child must, in addition, be able to oppose the tongue to the hard and soft palate and to the upper and lower lips. If any of these functional steps are lacking, due to structural defect or inadequate cerebral control, the capacity to develop normal speech will be seriously compromised.

In addition, if speech is to develop normally the organs of hearing neurally auditory pathways, and auditory areas of the brain must also be intact. A mentally retarded child will have a limited capacity to develop the understanding, memory and other cognitive processes required for learning the names of objects and the meanings of words used in speech. Like wise the child with a perceptual or other learning disability due to brain damage or dysfunction will have great difficulty learning to communicate, since the data

received from the world will be distorted and many of the concepts required for verbal expression will be faulty or non-existent. Finally a healthy social and emotional life is a pre-requisite to normal speech and language development. The child who is in stimulating contact with both adults and peers will not only learn words from them, but will be motivated to communicate wishes and ideas. And if experiences at home and outside are basically enjoyable and satisfying, the child will have the emotional security to express feelings and needs in words. On the other hand, the child who is deprived of social contact or who is brought up in a cold or tense environment will almost inevitably withdraw from others and be unable to establish the human relationships required for normal speech development.

GENERAL ETIOLOGY OF SPEECH AND LANGUAGE DISORDERS:

The causes of communication disorders fall into two general categories:

(1) Organic (2) Functional

Deafness, aphasia, cerebral palsy, cleft lip, and cleft palate are among the most common organic factors involved in multiple speech and language disorders. In their milder forms, speech may be normal or only slightly affected, but the more extreme forms produce severe and complex disturbances. It is also important to recognize that age of onset, specific type of disorders, the individual's mental ability and flexibility and the quality of family life and early influences contribute to the severity of the communication problem and the readiness to respond to treatment.

A wide variety of factors also contribute to the development and persistence of functional speech disorders. Among the most important are emotional tension, parental pressure, anxiety and unconscious conflict, less widely recognized is selective inattention, that is the tendency not to listen to the speech of other people and to one's own vocalizations. Learning to speak requires collaboration with others and concentration on what they are saying. Non-fluency (as in stuttering), abnormal voice patterns, misarticulation, and in fact any speech and language disturbance may therefore be due in large part to a degree of non-collaboration or non-listening, and these conditions will go

uncorrected unless direct steps are taken to alert the individual to the essential role of listening in speech, voice and language development, and correction. The non collaborative speech disabled individual may need to become aware of the fear of being found at fault, feelings of discouragement and at times, of resistance that perpetuate the problem. In some cases the lack of collaboration brings secondary gains in the form of negative attention from parents and others. This reinforces the speech disorder, and the individual may choose to continue faulty speaking despite all efforts at correction.

INCIDENCE:

All speech and language disorder fall in to four categories: articulation, time (or rhythm), voice, symbolization (language) disorders. A single individual may show symptoms o one or more of these problems. In general, the incidence of speech disorders in the school population has been estimated at about 10% percent. From Kindergarten through the fourth grade roughly 12 to 15 percent. There has been no report on the extent of additional language disorders such as those involving symbolization, although it is recognized that many learning disabilities in children are associated with disorders of communication. These disorders may become manifest in a child's inability to read, listen or write, as well as in vocal communication and may be responsible for grade failure and occupational difficulties as well as social and emotional adjustment problems of the child.

TYPES OF DISORDERS

There may be a disorder of (1) Articulation (2) Time and Rhythm (3) Voice (4) Language usage.

HEARING LOSS:

The auditory channel is the route through which speech and language development normally takes place. Hearing impairment is one of the most common cause for delayed or deviant development of speech and language. There is direct relationship between the age of onset of hearing-impairment and the development of language skills. Early the onset of deafness, poorer is the language development. Hearing impairment may also give rise to aberrant emotional behavior, social adequacy, etc.

Since the basic language system in any human being is essentially auditory and oral in nature, it can readily be understood that deafness, particularly as it occurs prior to or during the stage of language learning has a profound effect on symbolic activity and communication.

The (NINDs 1969) National Institute of Neurological Diseases and Stronk report estimates there were 236,000 deaf persons of all ages in the United States in 1970. Using their same data source, a prevalence of deafness in persons under age 15 of about 53 per 100000 and 76 per 100000 aged 15-24. Using these rates, they estimated the 1970 aged 0-21 age population is approximately 50000. The NINDs report estimates that "about 3500,000 Americans (in 1970) have auditory problems of one type or another and which are less severe than deafness but which impair communication of about 4.5 percent (Crico 360,000) are under 17 years. In Indian context according to Mehta (1980): 250,000 to 3000,000 under age 14 are deaf.

CEREBRAL PALSY:

This is the congenital disorder due to damage to the motor region of the brain involves speech and language defects of varying severity and complexity in over half of the cases. Estimates range while from 1 to 4 per 1000 births in the world as reported by Hall (1970). Physiological problems usually take priority in the approach to this disorder, the individuals self image, sense of security interpersonal relationships, and general attitude toward life are bound to be affected when communication difficulties are experienced.

MENTALY RETARDED :

Reacting to a variety of descriptors of mental retardation (eg: age at onset, IQ, Mental Age, educability) the American Association on mental Deficiency (AAMD 1981) has gained wide acceptance for the following definition of Mental Retardation : Which refers to substantially sub average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

Mental Retardation is some times divided into levels indicating severity : Mild (stanford-Binet test IQ of 52-69), Moderate, (IQ 36-51), Severe (IQ 20 to 35) and profound

(IQ<20) other categorizations, such as "Educable" and "trainable" are often used by educators to indicate the type of special educational assistance needed are related to IQ only loosely, since the child's functional proficiency is a major factor in determining need for service.

National Association for Retarded Citizens (NARC) in 1973, uses a prevalence rate of about 3 percent of all ages.

R. Conley (1973) has conducted what is probably the most thoroughly recent analysis of the large number of limited studies that have been done throughout the years around the nation on the prevalence of mental retardation. Those studies show a wide range of prevalence reported rates ranged from 1.2 to 18.4 percent. His best estimate is that, nationwide, IQ's less than about 70 prevail among 3 percent of the population and that the prevalence varies by age as follows; about 4 percent for age 0-4 years, 3.3 percent for age 5 to 19 years, 2.7 percent for age 20 to 64 years, and 2 percent for 65 years and above. Also the U.S. Bureau of Education for the Handicapped children aged 5 to 19 years in the United States who need special education, used a prevalence rate of 2.3 percent.

LANGUAGE DISORDERS ASSOCIATED WITH MENTAL RETARDATION :

These disorders develop when speech development is slow or incomplete and when unintelligibility of speech can be correlated with a history of retardation in overall development. The mental illness can affect any system and symbolic language is frequently influenced. By stress in the production of speech by slips of the tongue by misunderstandings and personalized concepts as well as the entire style of language and communication the mentally ill person demonstrates the expressive and receptive problems associated with the illness.

EMOTIONALLY DISTURBED:

Emotionally disturbed children have been defined as those demonstrating one or more of the following characteristics.

1. An inability to learn that cannot be explained by intellectual sensory or health factors.
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
3. Inappropriate types of behaviours or feelings under normal conditions.
4. A general, pervasive mood of unhappiness or depression.
5. A tendency to develop physical symptoms, pains or fears associated with personal or school problems.

BEH in its 1970, estimate of the prevalence of emotionally disturbed youth. The BEH rate to the aged 3-21 population, one estimate would be about 1.5 million youth.

CLEFT LIP AND PALATE:

Within the cleft lip and palate group of defects, there is a wide spectrum of severity ranging from minor deformities such as notching of the lip or bifid uvula to complete unilateral or bilateral clefts of lip, alveolar and palate.

The incidence is 2 to 3/1000 live births. There are genetic embryological and epidemiological differences between cleft lip with or without cleft palate and isolated cleft palate. Cleft lip, with or without cleft palate, occurs in about 1.5/1000 births, is more common in boys than girls. Isolated cleft palate occurs in 0.5/1000 births, is common in girls, has no racial predilection and is part of a syndrome in around 8% of cases.

Median clefts of the lip are rare (less than 1%)

DISORDERS OF ARTICULATION

These are characterized by the substitution, omission, addition or distortion of speech sounds. They range from mild misarticulation through various degrees of severity to complete unintelligibility. Articulatory disorders are regarded as primarily functional when no apparent organic or physiological cause can be discovered. The diagnosis is

made when there is no evidence of abnormality of the nervous system, mental functioning, or physical development of the speech organs, or when a foramen abnormal condition has been associated with the disorder. Travis found in 1957 that 75 to 80% of all speech defectives in the school population can be regarded as primarily suffering from functional articulation disorders. In regard to functional causes for misarticulation, the amount and kind of speech stimulation given a child and general management of the child's speech learning seem to be significant.

Articulatory disorders may also be primarily organic. According to a report of the National Institute of Neurological and Communication Disorders and Stroke (NINDs. 1969) articulatory defects caused by physiological conditions occur at a rate of 40 to 60 per 1000 school children. In the first grade 15 to 20 percent of children are likely to be described as having defective articulation. Estimates are unstable after the third grade, but all surveys indicate a predominance of males about two to one over females. In general there is a marked improvement in articulatory skills up to and through the fourth grade.

DISORDERS OF TIME AND RHYTHM

The most common disorder of rhythm is stuttering, the repetition and prolongation of syllables or sounds. Most cases of stuttering are considered non organic (functional).

It occurs at the rate of 6 to 10 per 1000 school children, and in most cases has its onset in the pre school years, ages two to four, ninety percent of stuttering occurs under the age often, but acute onset can occur at any age, as reported by Morley's (1972).

In the early stages of speech learning, almost all children produce some sounds defectively. Most instances of early childhood stuttering reflect a lack of concentration on the part of the child.

Frequently stuttering is intermittent occurring only at times or under special conditions.

DISORDER OF VOICE

Defects of tone with regard to pitch, loudness or quality can be organically or functionally caused.

According to Wilson (1979) Voice disorders seem to occur in approximately 1% of the total population. These individuals constitute between 5 and 15 percent of cases of defective speech.

A. DISORDER OF PITCH

Pitch level refers to the general highness or lowness of the voice on the musical scale, and is directly related to the frequency of movement of the vocal cords located in the larynx. While a high or low - pitched voice does not interfere directly with communication, inappropriateness of pitch can suggest a lack of masculinity in males and a lack of femininity in females.

B. DISORDER OF LOUDNESS :-

The loudness of the voice depends primarily on air pressure. Adequate loudness is in part a matter of adequate breathing, particularly control over the outgoing air. The disorders of loudness are of three types.

1. too loud
2. too soft
3. other deviations and irregularities.

Voice disorders involving loudness are more often functional than organic in origin.

C. DISORDERS OF QUALITY

Quality of voice is determined both by vocal cord vibration and resonance. Voice quality may be clear, breathy, harsh, hoarse or nasal.

VISUALLY IMPAIRED

The usual definition of legal blindness is that a person's visual acuity for distant vision does not exceed 20/200 in the better eye, with best correction; or his visual acuity is more than 20/200, but the widest diameter of his field of vision subtends an angle of not greater than 20 degree.

A higher incidence of visual impairment thus given in the National Health Survey and the model Reporting areas for blindness statistics (1969). In 1968 survey conducted in the united states, presents estimates of the percentages of the legally blind with various degrees of vision, only 16% are totally blind using the NSPB prevalence estimates, and the fact that there were 83.8 million youth aged 0 to 21 in the united states in 1970, implies that in 1970 there were about 21 million youth who required eye care 45000 legally blind youth, and 168,000 partially sighted to include measurable acuity less than 20/70 with correction, then there are perhaps 180,000 partially sighted youth, of whom 32,000 are legally blind.

LEARNING DISABLED

Learning disables children have been defined as follows:-

Children are said to have special learning disabilities when they have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect function in listening speaking, writing, reading, spelling or doing mathematical calculations, such disorders include conditions described as perceptual handicaps, brain injury, minimal brain dysfunction dyslexia and developmental aphasia but do not include those with learning problems primarily the result of visual, hearing or motor handicaps or mental retardation. By 1970 child mental health estimates of the prevalence of the learning disabled covers a wide range. The Fleischmann (1967) quoted one figure as high as 20%.

Wisconsin (1970) study found this disorder to be rare only 26 out of 100,000 children would be affected with this type of learning disorder. More dramatically, only one out of eight elementary schools with an enrollment of 600 each would be expected to have a learning disabled child.

BEH (1970) prevalence rates to the population aged 3 to 21 leader to an estimate 7,40,00 learning disabled in that range in 1970.

AUTISM

The term "early infantile autism" was coined by Kanner in 1943. Autism is a syndrome (collection of symptoms) characterised by lack of social relationship, lack of communication, abilities, persistent compulsive rituals and resistance to change. It is a behaviorally defined syndrome superficially, the physical appearance of autistic children is usually quite normal. But on closer observation it becomes apparent that they are usually solitary that is, they do not relate to surrounding people, instead prefer to play with an object, a toy or his or her body. Such children are aware of environment to the extent that if the child's repetitive play is interfered with or even if familiar objects are changed in the environment, they throw temper tantrums.

CAUSES

Autism can occur as a result of a variety of biological impairments, genetic biochemical, viral or neurological impairment.

In the Indian context, surveys regarding the prevalence of Speech and Language disabilities are conspicuously absent. No such single study was found in the recent times. A study fulfilling thus lacunae was taken up at AIISH.

Hence the aim of the present study was to :

- 1) Investigate and explore the prevalence of speech and language disabilities in children with respect to their type, age and sex.
- 2) evaluate the percentage of variety of speech and language disabilities through survey of around 5000 case files at A.I.I.S.H.

REVIEW OF LITERATURE

DIMENSIONS OF THE FIELD

Disabilities are as old as humanity. Archaeological research has demonstrated that skeletal disorders have been common since time immemorial. Egyptian mummies dating back 5000 years, show clear evidence of osteoarthritis and tubercular spine; and remains from the neolithic period indicate that illness, probably mental as well as physical, was combated by the heroic measure of trepanning, in which a hole was bored in the skull to permit evil spirits to escape.

It was not until the 5th century BC, when Hippocrates appeared on the scene, that medicine began to separate from superstition and attempts were made to diagnose and treat physical and mental disease. In spite of this forward step, the Greeks were so enamored of physical protection that the Athenians flung defective children from a precipice and the Spartans abandoned them on a mountain side. The only anticipation of modern methods was the Greek and Roman bath, which combined hydrotherapy with exercises and social interchange but the baths were limited to the few who could afford this luxury.

The slow advance toward enlightenment came to a halt during the middle ages, when the primitive belief in spirits and demons again prevailed, and it was not until centuries later that the ground work for an attack on disabilities and defects was laid. (Golden son (1978) as cited in Disability and Rehabilitation).

HISTORICAL HIGHLIGHTS : EIGHTEENTH AND NINETEENTH CENTURIES

Orthopedics was probably the first medical speciality to develop during the eighteenth century an institute for the crippled and deformed was opened in Switzerland by Andrevenel. Bacteriology and Pathology, so important in dealing with diseases causing disability had to await the experiments of Louis Pasteur in the 1860's, the gradual development of high powered microscopes, and the discovery of x-rays by Roentgen in 1895. Neurology did not become a separate medical field until the turn of the century,

when Charcot successfully identified causes of cerebral hemorrhage, described the effects of spinal injury, and gave the first accurate descriptions of multiple sclerosis, poliomyelitis, paralysis agitans, and tabes dorsalis. Although the scientific study of mental disorders and their treatment started with Pinel in about 1800.

While the medical approach to disabilities was being developed during the nineteenth century, the concept of rehabilitation was also beginning to take shape. The emphasis on training and restoration which prevails today was fore shadowed by humanitarian attitudes towards the physical and mentally defective and the moral treatment era in psychiatry. Early in the nineteenth century a few homes for crippled children were established in Europe, but the emphasis with few exceptions was on custodial care rather than on medical treatment, education and job training. In 1906's, however, Biesalski conducted the first census of crippled children, in Berlin and this led to the establishment of the Helene 1906 often credited with being the first comprehensive rehabilitation centre in the world. That distinction, however, can be disputed, for in the United States the Hospital for the Ruptured and Crippled, in New York city, opened its doors in 1863, followed by the Cleveland Rehabilitation centre in 1889 and the Boston Industrial School for the crippled and Deformed in 1893, all of which offered vocational training as well as medical care. Meanwhile, the moral treatment movement in psychiatry introduced a compassionate, constructive approach to mental disorder, which emphasized, in the words of Dickens in 1842. "Trust of Patient interaction between patient and staff without paralyzing fear, little or no use of restraint, a diversity of occupations and recreations, and the expectation that behaviour could become well modulated even in the severely deranged, and that the future held out promise for these unfortunates if they were cared for properly. Unfortunates this enlightened approach was put aside when mental patients were crowded into the cold, impersonal institutions of the late nineteenth and early twentieth centuries.

PROGRESS IN THE TWENTIETH CENTURY

The development of the rehabilitation movement was slow and halting before world war I. The first state to make direct provision for medical care of clipped children was care of clipped children was Minnesota, starting in 1897, and the first organisations to

study the overall problems of the disabled were the Sage foundation and the Bureau of the handicapped of the New York city charity organization society, started from 1908. Before the turn of the century, Mann and Howe recognized the needs of mentally retarded children, and the Gallaudet 1968 developed an educational program for these children as well as the deaf and blind. The 1914 special classes for slow learners had been established in Baltimore, Chicago, Cleveland, Detroit, New York and Philadelphia Schools. However, most of today's voluntary agencies for the physically and mentally disabled were not organized until decades later. The first was the National Society for Crippled Children and Adults [Easter seal society], founded in 1919.

From World War I and World War II, Institute for the Crippled and disabled, and now ICD Rehabilitation and Research Center founded in 1917 in New York city.

The longest strides toward a full rehabilitation program were taken during and after World War II. In 1943 the Vocational Rehabilitation Act, which originally (1920) covered only the physically disabled, was extended to include the mentally ill and mentally handicapped and to provide for medical and surgical treatment and prosthetic devices. Amendments adopted in 1954 further enlarged the program to include research and demonstration projects and the training of professional personnel. Additional amendments adopted in 1965 provided for increases services for the severely disabled, a National Commission on Architectural Barrier, and the construction of Sheltered Workshops, rehabilitation centers, and residential accommodations for the mentally retarded, in cooperation with state and voluntary agencies. Federal legislation since that time has provided for additional mental retardation facilities: community health centers, the social security medicare program for people sixty-five and over: the organization of community mental health centers in response to Kennedy's demand for a "bold new approach" to mental illness : the Rehabilitation Act of 1973, which provides for individualized rehabilitation programs for the severely disabled: and in 1974, the extensions of monthly social security payments (supplemental security income) to the disabled.

From World War II to the present the concept of rehabilitation has greatly expanded and the need for a national program covering all types of disabilities has been more and more clearly recognized.

RECENT PROGRESS

During past two decades there has been an increasing recognition that the disabling effects of disease, accidental injury and congenital defect constitute one of the greatest responsibilities not only of medicine but of society itself. This has led to four important developments, summarized below:

- 1) National Health Surveys have made society more aware of the extent of the problems of disability its dimensions can be indicated by citing a few recent facts and figures. More than one out of ten individuals in the United States Population are seriously enough disabled to need partial or total rehabilitation. The number of potential vocational rehabilitation cases has been estimated at 10,300,000. Approximately 50,000,000 persons suffer from rheumatoid arthritis, the most crippling form of the disease. According to figures published by the Children's Bureau of the Department of Health, Education and Welfare (HEW) 2,425,000 person under twenty-one were afflicted with orthopedic handicaps in 1970. Over 475,000 Americans are legally blind, and 330,000 totally deaf. The 2,800,000 retarded young people (upto twenty one) all require special education on training, and many need everyday care as well approximately 1,750,000 mental patients require hospital care and treatment in the course of a year.

- 2) The concept of disability has been refined. WHO (1980) As used today, it denotes any relatively severe chronic impairment of function resulting from disease, accident or congenital defect. The impairment, or limitation, may be in one or more of the following spheres.
 - a) Physical, affecting ambulation, coordination speech production, vision, etc.
 - b) Mental affecting ability to think, remember and comprehend, or general learning disability:

- c) Social affecting ability to communicate and establish relationships with other people:
 - d) Emotional, affecting self-image. Self acceptance mental health:
 - e) Occupational affecting, vocational or home making ability in general, a condition is considered disabling when it interferes with activity or adjustment in a substantial material way, not when it produces only mild discomfort or transient limitation ordinary farsightedness, flat feet, or occasional mild depression would not be described as disabilities, but all the conditions mentioned above, such as crippling arethrities and mental retardation, would certainly qualify.
- 3) The burden which disability places on society and the individuals more fully appreciated than ever before. The economic cost of disability is staggering. According to HEW, mental illness costs the economy \$21 million each year. Rehabilitation itself immensely expensive. For eg. a cerebral palsy day program serving 100 clients operates on a budget of over \$500,00 per year or about \$5,000 per client, exclusive of capital costs (the building and equipment) and medical and surgical expenditures.
- 4) Incisive approach is expressed in the statement by Krusen and Saunder, 1971 that "Rehabilitation involves treatment and training of the patient to the end that he may attain his maximum potential for normal living physically, psychologically, socially and vocationally.

THE WORLD OF THE DISABLED

Who are the disabled:

On the definition of the disabled, there is no unanimity. For some, the disabled is a physically handicapped person whose mental capacity is normal. For others, those who are mentally disabled or retarder are included. In some countries, even disabilities are categorised as disabled, while in others, the focus is on extreme physical handicap or mental retardation.

Generally speaking, physically handicapped are persons who have either completely lost the use of who can make only restricted use of one or more of their limbs, that is the total or partial functional disablement. On the other hand, disabled is a much wider term covering all those who suffer from malformations, deformities, and other deficiencies. Physical or mental which prevent their normal functioning. These defects cause special problems of education, employment, and adjustment in society.

There is however, no clear demarcation between the able bodies and the disabled. The term disabled suggests a person who falls short of normal physical fitness. However, physical fitness itself is a vague term. Every person suffers from some physical limitation or the other, which renders him incapable of performing certain tasks. On the other hand, there is no person, however severely disabled, who cannot undertake any work (WHO 1980).

The term disabled is also defined in different ways depending on the purpose in view, i.e, medical or administrative. The two approaches are at times incompatible. The clinical definition is designed for large groups of people. Though it may be useful for clinical analysis, it is difficult to use it for administrative purposes. It creates confusion when administration adopts the medical definition for its policies and programmes.

Sussman 1980, defines disability using the term impairment any deviation from the normal which results in defective function, structure organization or development of the whole or in part of the individuals faculties. Disability thus refers to any limitation experienced by an impaired individual in comparison with the activities of an unimpaired individual of similar age, sex, and culture. It therefore leads to a limitation of functioning, whether locomotors, sensory , or affecting any other specific organ. Because of this inadequacy, the disabled suffer many disadvantages such as feeling of insecurity, lack of confidence and limited social participation.

A handicap is thus disadvantage imposed by an impairment or disability upon a specific individual on his activities physical, mental, social psychological, vocational,etc. The degree to which an individual is handicapped depends on the extent and nature of his physical or mental disability and social definition given to his impairment.

There is a clear difference between a handicapped person and a disabled person. The term handicap is not simply a corollary of disability. It is also partly imposed by society. The definition of handicapped varies according to the country's culture, tradition and level of development. For instance a blind person in a developed country has access to education and therefore to a profession. This may not be true in a developing country. Accordingly such a person is handicapped not only by disability but also by social and economic conditions prevailing in the country.

The most acceptable definition of a disabled person is given by the UNO (1980). a person unable to ensure by himself or herself, wholly, or partly, the necessities of normal individual and /or social life, as a result of deficiency, either congenital or not, in his or her physical or mental capabilities. The disabled thus include both physically and mentally handicapped persons the blind, the deaf, the dumb, the orthopedically deformed the mentally retarded or deficient, and also those suffering from incurable diseases such as polio leprosy etc.

THE DISABLED TENTH OF HUMANITY

About 450 million people, roughly 10 percent of the world's population are mentally or physically disabled, orthopadically handicapped, mentally retarded, the blind, the deaf, the victims of leprosy etc. According to recent WHO in 1980 estimates, the figure may be higher. By the end of the century, there will be an estimated 800 million disabled people of whom 250 million will be children taking into account the families of the disable and those directly involved in seeking to support them, the UN has estimated that not less than 25 percent of the world's population are affected by disability.

The most prevalent forms of disability are physical impairment, chronic illness mental retardation, and other disabilities. The principal causes of disability are : malnutrition, communicable and non-communicable diseases mental retardation, mental illness and congenital disorders: effects of alcoholism and drug addiction; deafness, blindness, accidents - on the roads, at work, in homes, cerebral palsy, leprosy, epilepsy, etc.

The world total people disabled by malnutrition is estimated at 100 million. Every year, 250,000 children, for eg, lose their eye sight due to lack of Vitamin A.

Communicable and non-communicable diseased disabled an estimate 156 million approximately 3 percent of the worlds population.

Between 1 and 4 percent of the world's population (40 million) is mentally retarded. Another 40 million people are afflicted with mental illness.

Congenital disorders affect an estimated 100 million people. About 40 million people are disabled through chronic alcoholism and drug abuse.

The number of people killed on roads each year is about 250,000. an estimated 100,000 people a year are killed in occupational accidents and 20 million people are injured in accidents at home.

There are now 3 million people who are disabled through was, natural disasters and sporting accidents.

About 17 million people in the world are either deaf or have severe hearing impairment.

Forty two million people are either blind or visually disabled, the trachoma is one of the world's most widespread diseases affecting 4 to 5 million people of whom 2 to 3 million are completely blind and a further 8 million cannot see well enough to earn a living.

Cerebral palsy, leprosy and epilepsy claim yet another 45 million people.

IN THE DEVELOPED AND THE DEVELOPING COUNTRIES

Eighty percent of the disabled live in the developing countries where less than 1 percent receive any trained help of the 146 million disabled children under the age of 15, as many as 106 million are in Asia and Africa. While the incidence of disability in the developing world is increased by malnutrition and diseases during pregnancy and early childhood, it is also decreased to some extent because of lower life expectancy and higher rate of infant mortality among disabled children as reported Mehta (1983).

In the developing countries, the disabled are more among the non-privileged or the poorer classes. Within these sections, it is children that predominate.

The scale of disability in the developed and the developing countries is more or less the same but the nature of the problem is different. In the advanced countries, the amount of impairment caused by diseases such as polio and trachoma, by malnutrition, and by faulty prenatal care has been reduced to a large extent. However, this is offset by increases in disability on account of alcoholism and drug addiction, accidents at work, pollution, increased longevity - the characteristic features of industrial society.

The above estimates of the disabled are only a guess as nobody yet knows the exact number. The absence of vital statistics in regard to the disabled - their number, variety of disability, eg, makes their rehabilitation tasks extremely difficult.

THE DISABLED CHILDREN

Children are the most precious asset of any nation, and deserve the very best the mankind has to offer. They have not only a right to full healthy physical development, but also the right to grow to their full potential intellectually, socially, morally and culturally.

Handicapped children are those who deviate from average children mental physical and / or social characteristics to such an modification of school practices or services in order to develop to their maximum potentialities as reported by Mehta (1983).

DISABLED CHILDREN IN THE DEVELOPING WORLD

According to UNICEF findings, at least ten percent of all children are born with or acquire, a physical, mental or sensory impairment which will interfere with their expected development unless special measure are taken. Although, it is many countries, this could mean that, today, there are 120 million disabled children in the developing world. By the year 2000, this figure may be at least 150 million.

In November 1959, the United Nations General Assembly adopted the declaration of the rights of the child. The fifth of the ten principles of the declaration states, "The child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular conditions".

In both the industrialised and the developing countries, the problems of disabled children are aggravated by long standing ignorance and superstition regarding the causes and treatment of many disabilities.

In 1978 and 1979; Rehabilitation International made an extensive study on the situation of disabled, children, with particular attention to the developing world. Its report, submitted to the 1980 UNICEF Executive Board, highlighted the following three findings:

- i) Most of the impairments, occurring among children, could have been prevented. They are caused by inadequate nutrition, faulty child-bearing practices, preventable diseases and infection and accidents. Thus it is not surprising that the proportion of disabled children in the developing countries is much higher than in the industrialized country. There is a close association between the incidence of childhood disabilities and the degree of poverty.

Most of these impairments did not have to develop into disabilities because, if they were detected early and the correct response had been given, it would usually have been possible to eliminate, minimize or compensate for whatever limitations might have been involved. Early detection of impairments needs early interventions. What can be called second level prevention. For this, the improvement of public understanding and attitudes is very important, In any corrective measures, it is vital to stress the most normal development possible for the child, instead of excessively on the impairment, which happens so often.

- ii) Most of what is needed to be done could be done by families and other people in the community if they had the right information and motivation.
- iii) The present services in the developing countries are quite inadequate. Only less than five percent of physically handicapped children receive any kind of special assistance. The figure is even lower for those who have mental disorders. But there is a growing realisation that in many situations.

Specialized personnel are not required in the provision of assistance to disabled children. A modest enrichment of the training programmes of community level workers, whether in the health, social welfare or education sectors, could permit these persons to help the family with a disabled child in many ways.

Because of the existing conditions in many countries, it is the family, neighbours, and community level workers who have the main responsibility for helping most of the disabled children. In many situations in a village community other children may be involved in assisting a disabled child such a child to child approach can be beneficial in all concerned.

PREVALENCE OF SPEECH AND LANGUAGE DISORDERS IN THE INDIAN CONTEXT:

According to Mehta (1983), India has a population of 230 million children under the age of 14. Out of this at least three million suffer from one handicap or the other. The rough break up is as under;

Blind	250,000 to 300,000
Deaf	250,000 to 300,000
Orthopedicaly handicapped	500,000 to 600,000
Mentally retarded	2,500,000 to 3,000,000

The following types of disabling condition are found among children in India:

- Severely mentally impaired, deficient or retarded.
- Slow learners
- Speech or language defects
- Partially or totally deaf
- Blind
- Impaired muscular ability or nerve defects and inability to about normally.
- Specific types of learning disability
- Behavioural problems, maladjusted and psychotic children
- Various combination of conditions.

In India, as well as in all countries of Asia, the child has the traditional status of being the most desirable being who is of vital importance to the happiness of a family. The life of a married woman is considered incomplete until she has borne a child. Yet, it is in the developing countries of Asia that the child has become the victim of the greatest neglect, of hunger, disease and ignorance, its young life being a hazard before its birth, during its birth, and after coming into the world.

It is well known that the first 6 years of life are crucially important for growth and development, indeed for survival itself in India there are about 115 million children in this vulnerable age group out of every 1,000 live births, only 900 survive. The infant mortality rate is even higher in rural areas. The greatest single cause of at least half the deaths is malnutrition. Every year nearly one million Indian children die of malnutrition. Other aggravating causes are lack of health care, infections, and poor economic conditions. The magnitude of the problem can be well imagined. When one considers that children under fifteen years of age make up as much as 42 percent of India's population. The statistics are even more bleak when the data are examined in detail. As many as 81 percent of the total child population (187 million) live in rural areas where infant mortality and morbidity is much higher than in urban areas. It is estimated that about 92 million children live in conditions below the minimum subsistence level.

There is a developing body of literature which seeks to answer questions about the identification and prevalence of communication impairment in children, and thus provide a knowledge base for further study into such impairment. Epidemiological information may be sought as part of the endeavours to determine the need for speech language pathology intervention in the community, and for labour force planning both in recruitment into the speech language pathology profession and in finding of positions relative to population in an area (Endervy and Philipp, 1986; Irwin and Marge, 1972; Milisen, 1971) as reported by all these authors.

Epidemiological studies generally seek to investigate prevalence, defined as the total number of cases in a population at or during a specified period of time (MacMohan and Pugh, 1970).

It also is possible to investigate, incidence, defined as the number of new occurrences of a condition in a population within a specified time period (Last 1983).

However, the available epidemiological research into communication impairment in children has focussed on prevalence. The words "impairment", "disability" and handicap are often used indiscriminately as though they were synonymous (Harris 1971) Office of health Economics, 1981; (Tait 1981). These terms have, however, been defined (WHO, 1980). Thus, impairments are concerned with loss or abnormalities of body structure and appearance and with organ or system function resulting from many causes; disability reflects the consequences of impairment in terms of functional performance and activity by the individual "handicaps" represent the disadvantages resulting from an impairment or disability that limit or prevent the fulfillment of normal roles in life (WHO, 1980).

Commonly, a significant loss or deficiency in physical or mental faculties would be known as impairment - disability or handicap but an attempt has been made to distinguish these for the sake of conceptual clarity. The WHO manual has the following definitions (1992).

Disability :- a Disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Handicap :- A handicap is a disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal (depends on age, sex, and social and cultural factors) for that individual. (Jefferson 1995 in perspectives in disability and rehabilitation)

Impairment :- An impairment is any loss or abnormality of psychological, physiological or anatomical structure or function.

Incidence:- Refers to the frequency with which a specific event occurs within a defined population during a stated period of time (Paul, 1966).

Prevalance :- Is the proportion of persons in a defined population who, at a specified time, are affected by a particular disease (Mohan, Pugh and Ipsen, 1960).

INCIDENCE OF MR IN INDIA

In a study conducted at Nagpur (Verma, 1968), out of a total sample of 30,326; individuals 1001 individuals with mental handicap were identified and overall prevalence rate was 30/1000, 42/1000 in age range of 8 to 15 years, 16/1000 in the age range of 16-22 years. Gupta and Sethi (1970) study conducted in Lucknow study of a sample of 8,583 individuals, they found 5892 individuals in urban areas and 2691 individuals in rural areas and overall prevalence rate of MR in the community was 23.3/1000.

Narayanan (1981) did a survey in 3 villages in Banglore district in 1970 and he found the prevalence of severe MR in 3.4/1000 in two villages of the same district. In 1979; he found the prevalence rate of severely MR people found to be 6.8/1000.

In 1983: again a survey conducted by subramanya in Banglore district. He estimated the prevalence rate of 27.4/1000 in a sample of 1,479 individuals.

The concept of disability is subjective situational and contextual and accordingly. The term has been defined differently at various places Dr.E.Helander (1974), then working for the WHO estimated in 1974, that 10% of the world population was disabled.

Helander, in his latest book, prejudice and dignity, says My 1974 estimate that 10% of the world population was disabled needs to be reviewed. On the basis of certain assumptions, he estimates that in 1990 the prevalence of moderate and severe disability which calls for rehabilitation efforts is 5.21% of population of the world over. The 10% figure of the 1974 has reduced to nearly 5% in 1990, because slightly disabled people and those having reversible impairment due to malnutrition have not been encountered in 1990.

The estimates of disability vary various countries in the world. Particularly developed ones have included in their reckoning of disabled persons a host of impairment for which no special provision has been made in India. India, the disabled people have broadly been grouped under 5 main categories :-

- 1) The visually handicapped
- 2) The speech and hearing handicapped.
- 3) The locomotor handicapped.
- 4) The mentally retarded.
- 5) The neurologically handicapped

The surveys of disability have been undertaken from time to time by various governmental as well as non governmental organizations. The first National census organization (NSO 1861) which used to collect data on disability along with decennial census right since 1861. This, however was discontinued since 1941 as it was felt that the data was not reliable. In the 1981 census, the effort was resumed again. Data about the totally blind, totally dumb and the totally clipped was collected. The following figures were obtained.

Totally blind	-	0-479 million.
Totally dumb	-	0-277 million.
Totally clipped	-	0-364 million

The National sample survey organization (NSSO 1991) have from time to time conducted surveys in order to estimate the number of disabled in the country. In 1981 and in 1991, 36th and 47th rounds of survey have been conducted which are more comprehensive than the earlier ones and besides estimating the number of disabled persons, have obtained and studied certain other aspects of data relating to the disabled. The NSSO (1991) have brought out two reports reports no 393 on physical disability and report no 391 on delayed mental development among children and hearing disability among children in age group 0 to 4.

TABLE

ESTIMATED NUMBER OF DISABLED PERSONS IN INDIA - 1991 (MILLIONS)

Type of disability	Rural			Urban			Total
	M	F	persons	M	F	persons	
visual	1.539	1.796	3.335	0.308	0.362	0.670	4.005
	46.15	53.85	83.27	45.97	54.03	16.73	
Hearing	1.409	1.164	2.573	0.339	0.330	0.669	3.242
	54.76	45.24	79.36	50.67	49.33	20.64	
Speech	0.942	0.557	1.499	0.298	0.169	0.467	1.966
	62.84	37.16	76.25	63.81	36.19	23.75	
Hg/speech	2.009	1.490	3.499	0.557	0.426	0.983	4.482
	57.42	42.58	78.07	56.66	43.34	21.93	
Locomotor	4.396	2.411	6.807	1.370	0.762	2.132	8.939
	64.58	35.42	76.15	64.26	35.74	23.85	
Physical	7.442	5.210	12.652	2.078	1.429	3.502	16.154
(at least one of the above)	58.82	41.18	78.32	59.34	40.66	21.68	

PREVALENCE OF SPEECH AND LANGUAGE DISORDERS IN THE WESTERN CONTEXT;

A number of reviews exist various sections of prevalence literature (Enderby and Philipp - 1986; Mein, 1983; Ingram, 1973; Leske, 1981, 1981b; Mackeith and Rutter, 1978; Milisen, 1971; Shewan and Malm, 1990; Webstar, 1988).

Some reviewers have used a range of prevalence studies as a basis for having generalised prevalence estimates. Leske (1981a) reviewing American surveys, concluded that prevalence of speech (as distinct from language) impairment in children was 10 -

15% at six to seven years. Also childhood communication impairments may be classified as disorders of (a) language (b) Phonology / articulation (c) Fluency and (d) voice.

It is possible for a child to be counted in more than one category (McDermott, 1981).

Disorders of speech and language development are increasingly recognized. These disorders are known to antedate serious psycho social problems, such as academic failure and psychiatric disorders (Cantwell, Baker and Mattison, 1979).

To insure reliable and replicable speech/language disorders prevalence estimates, it is important that specified criteria that are generally accepted as valid be used to define cases in a standardized and reproducible way. Although there have been numerous surveys of speech and language disorders in children. So according to British National Child Development study. Carman and Richardson (1976, 1977) reported that 24.6% of the 11 year old children had some speech or language problems. Bax and Hart (1976) reported a 5% prevalence rate for speech and language disorders, based on a study of 44 English children 4 and a half years of age.

According to Mills and Streit (1942) 33.4% of 1.196 individually tested children from first through third grades were found to have speech defects.

Irwin (1948) found the prevalence of speech disorders among 6,000 Cleveland, Ohio, children (Kindergarten and grade 6), assessed by speech specialists to be 10%. The rate of speech problems was found to be 7.78 in grades 1 to 6.

Pronovost (1951) : reported a figure of 7.8% for articulation defects in 87.228 speech handicapped individuals of all ages in New England.

Morley (1965): reported on the prevalence of speech and articulation problems in a sample of children born in New Castle - upon type. Speech pathologists who visited

the homes assessed the childrens speech at 3.6,4.9,6.6 and 9.6 years. At 3-6 years, 19% of the children were considered to have some form of disordered speech development 17% were judged to have an articulation defect persistent to age 4 and 3 percentage to age 6.6.

Milisen (1971) reported that 12-15% of children from Kindergarten through fourth grade had serious articulation defects. Irwin, Huskey, Knight and Oltman (1974) reported a 211 rate of articulatory defects in 15,000 grade I children in St.Louis school. Hull, Mieke, Timmons and Welleford, (1971) gave the overall prevalence of 31.6% for moderate and 2% for extreme articulation problems in children from grade 1 to 12.

Peckham (1973) found that 10-13% of the children in her sample had some degree of speech impairment.

The Bureau of Education for the Handicapped (1970) estimated the prevalence of speech handicaps in school aged children to be 3.5%.

The National centre for Health Statistics (NCHS) conducted its 1977 interview survey on a probability sample of 41,000 homes throughout the United States. They reported prevalence rates for speech disorders of 1.98% for males and 1.05% for females.

Stewart, Martin and Brady (1979) with several studies of speech disorders based on questionnaire responses of school officials in United States Public Schools. They reported prevalence estimated of 2.5% - 2.9%.

Tuomi and Ivanoff (1977) assessed the prevalence of speech (in addition to language and hearing disorders) in 899 Kindergarten and grade I children in public schools near London, Ontario. They found the prevalence of articulation problems to be 24.5% in the kindergarten children and 16.5% in the grade I students.

Fundudis, Kolvin and Garside (1979) conducted a study on the psychological development of speech - retarded and deaf children in England.

Stevenson and Richman (1976) used the standardized tests in order to estimate the prevalence of language deviant in children and they assessed a one in four sample of 3 years old children in an outer London borough and found the prevalence of expressive language delay (the criterion being that the child fall at least 6 months below the chronological age norms) to be 3.12% and the prevalence of severe expressive language delay (expressive language age equal to or less than two thirds of chronological age) to be 2.27%. However, between 40 and 50% of the children had similarly delayed mental abilities. In the language portion of their study. Tuomi and Ivanoff (1977) (as mentioned above) found language problems in 6-7% of their Kindergarten and grade I sample.

Williams, Darby shire and Vaghy (1980) conducted a prevalence study in Southern Ontario, and they considered both speech and language problems together. They tested 411 preschool children. 14% of the Males and 8% of the females were suspected to have speech and or language difficulties. Overall 8.7% were considered to have a mild impairment. 4.6% to have a moderate impairment.

Silva (1980) reported that 3% of his sample of 3 year old children in Dunedin, New Zealand, are delayed in verbal comprehension only, 2.5% were delayed in verbal expression only and 3% were delayed in both. The total prevalence is 8.4%.

Eisenson and Ogilvie (1977) told that approximately five percent of school aged children have a communicative disorder. Mills and Streit (1942) found a prevalence of 33.4% in school grades one to three.

Morby (1972) found a prevalence of 19.1% in children aged 3.6 to 3.10 but Burdin (1940) reported a prevalence of 2.9% in school grades one to four.

Also National Health interview survey (1977) and national center for health statistics, (1981) found the prevalence 1.9% in school grades children from 6 to 11 years of age.

Schein (1973) reviewed and critically summarised all prevalence studies to date. It appears that a reasonable estimate of prevalence is 27 hearing handicapped persons per

1,000 adults in the United States. Berg and Fletcher (1970) estimate that there are over a million hearing impaired children whose impairment requires help, ranging from minimal educational assistance to considerable range, common academic and counselling assistance with an estimated 13.4 million hearing impaired citizens (Schein, 1976) we can see that hearing impairment is a major public health problem.

Six published studies provided some information on the prevalence of language impairment in children. The oldest children surveyed were between twelve and thirteen years, as reported by Albritton (1984) prevalence figures ranged from 3.1% to 23.9% as reported by Stevenson and Richman (1976) and O'Connor (1987).

Stewart and Spell (1982) founded six studies in which they examined the prevalence of articulation impairment in children prevalence figures for articulation impairment in school children of all grades were 0.6% as reported by Sugawara, (1976) and 2% as reported by the Hull, Mielke, Timmons and Willeford. (1971), Kirkpatrick and Ward (1984) found a prevalence of 4.6% in children from school grades Kindergarten to six, while Morleys (1972) found 17.1% came from a sample of children aged 3.6 to 3.10 years.

According to Blanton (1916) reported the prevalence of speech disorders to be 5.69% of a sample of Wisconsin school children. At a later time, Fowler and Fletcher (1926) estimated the prevalence of hearing disorders in a sample of New York city public schools to be 14%.

Over 100 surveys have been conducted in the United States to estimate the both speech and hearing disorders as reported by Burdin (1940); Carhart (1939), Louelit and Halls (1936), Mills and Streit (1942) and Morley (1952).

Irwin (1948) found a prevalence of speech disorders among approximately 6000 children in the kindergarten and the first six grades of the Cleveland, Ohio public schools to be 10%. In another study, Pronovost (1951) reported a prevalence figure of 7.8% for a sample of 87,288 subjects of all ages in New England. The Whitehouse

conference on Child Health protection (1931) reported a Speech disorder prevalence among 10,033 school children in Madison, Wisconsin of 6.9%. The ASHA Committee on the mid century White House conference (1952) estimated the prevalence of speech disorders among children between the ages of 5 to 21 years to be 5.0%.

Mental retardation constitutes the largest handicapped population associated with communication disorders (Ingram, 1972).

According to Rutter, Tizard and Whitmore (1970) gave the prevalence of mental retardation of 2.5% whose IQ less than 20 and over half of these show a severe language deficiency or an articulation defect or both.

The annual incidence of Stammering presenting to health services has been estimated as 5.9 per 100 population as reported by Mittal, Zaidi, Puri, Duggal, Rath and Bhargava, 1977; 3.5 per 100 as reported by Andrews and Harris, 1964 and 1 per 100 as reported by the Dalton and hard Castle, 1977.

In comparison with the other specific impairment discussed so far, more consistency occurred among the results of studies on stuttering prevalence, with relatively small spread of figures among the twelve studies which have been published since 1930. The lowest result was 0.3% as reported by Sugawara, 1976; While the highest was Morleys (1972) 3.9%. The comparative agreement exists despite differences across studies in age of sample, from preschoolers as reported by Morley (1972) to high school students as reported by Gillespie and Cooper (1973).

VanRiper (1982) surveyed 1000 children from their birth to 15 years of age and found that the prevalence rates varied from 0.5% at the age of three years to a maximum of 1.6% at eight years and stabilized at 1.1% at 12 years of age.

Arberman, 1980 reports a review of 19 UK studies, in which eight studies reported a prevalence of stutterers 2.0 to 2.5 per 100.

Rutter, Graham and Yule (1970) state that the incidence rate of cerebral palsy is 2.5 per 1000 live births. Hazbergs, Hagberg and Olow (1975) have reported a decrease in the incidence of cerebral palsy in Sweeden and Denmark from 22 per 1000 live births in the mid 1950's to 1.3 per 1,000 live births from 1967-1970.

The spastic society estimats that there are more than 10,000 persons in the UK with cerebral palsy. Merritt (1979) and Shove (1945) believe that 50% of cases are definitely mental retarded, and that convulsions, aphasia, apraxia, dysarthria and motor difficulties further handicap these children. Merritt (1979) also added that "even among children with normal intelligence the impariment of speech can be so severe as to make schooling difficult.

Cleft lip and palate is found in one of every 700 live births. If the initial undiagnosed cases of submucous Cleft and of velopharyngeal inadequate were included, the prevalence of congenital palatal abnormality affecting speech would be even higher as reported Bzoch, 1979.

Albery, Hathorn and Piggott (1984) stated taht 1,500 children are born each year in the UK with clefts of the lip and palate. The advisor to the college of speech therapists on this subject has suggested taht 40% of left patients require speech therapy at some stage in their development (personal communication).

Wilson (1979) suggested that the incidence of voice disorders in children is increasing and about 5.6% of the school population. A further study reported by Wilson (1979) indicated that 23% of these children have vocal nodules. 18% suffer from hoarseness with no pathology and 12% have resonance problems. Mittal et al (1977) in a less detailed study of 3.72 children in New Delhi, found 0% had voice defects such as whispering, hoarse, or irregular (pitch break) problems . A review of patients admitted to Frenchay Hospital, England, (serving an administrative population of 200,000 persons) from 1976-1980 has shown an average of 39 patients per annum are investigated by Micro laryngoscopy for dysphonia as reported by Enderlay (1980). Although all of these

patients were noted to have dysphonia. During these same five years, an average of 17 further patients were seen each year in the Frenchay Hospital outpatients Department with dysphonia as the major presenting symptom. From these two groups of patients seen in ENT and out patient Departments on average each year. 35 patients were noted to have a non-organic voice disorder. Therefore, that in England the annual incidence of dysphonia could be 28 per 100,000 population.

According to Sugaware, 1976, their prevalence results where school children of all ages were sampled ranged from 0.7% in Japanese School Students and 9.0% in Indian school children as reported by Manohar and Jayaram, cited in Wilson, 1979 and 9.1% in American children from Kindergarten to eight grade which was reported point, cited in Wilson 1979. This diversity of findings for prevalence of voice impairment in children would have further increased if specific sub-populations with higher incidence of voice impairment had been included by Schlanger and Gottsleben (cited in Wilson, 1979; for example, studied a school for the retarded reported a 47%. Prevalence rate for voice impairment.

The reviewed studies evaluated the percentage of variety of speech and language disorders in children in both Indian and Western contexts.

In the present study? the main aim was to study the prevalence of speech and language disabilities in children with respect to their type, age, sex and mother tongue.

To evaluate the percentage of variety of speech and language disabilities through survey of around 5000 case files at AIISH.

METHODOLOGY

The main aim of the study was to :

1. Investigate and explore the prevalence of speech and language disabilities in children with respect to their age and sex.
2. To evaluate the percentage of variety of speech and language disabilities in children through survey of around 5000 case files at A.I.I.S.H.

Those children who had visited A.I.I.S.H. during the period of January 1997 - June 1998, were taken whose registration numbers came upto 5000 in number.

Based on the case files following information were collected in a Master table which are as follows :

- Age
- Sex
- Date of Registration
- Mother Tongue
- Provisional Diagnosis

Only 3270 (out of 5000, the remaining were found to be having ENT problems only) had speech and language disabilities, these were categorised under Eleven types with respect to their age and sex as :

DSL with HL

DSL with MR

DSL with cerebral palsy

DSL with cleft palate and lip

DSL with Autism

DSL

Fluency Disorders

Voice Disorders

Dyslexia

Articulation Disorders

Others (All the multiple disorders were considered under this).

Categorical analysis of each speech and language disabilities in children is given below.

The details thus obtained were further analysed for interpretation.

CATEGORICAL ANALYSIS OF EACH SPEECH AND LANGUAGE DISABILITIES IN CHILDREN

SL NO	A G E	S E X	MOTHER TONGUE	PARTICULAR TYPE OF SPEECH AND LANGUAGE DIS-ORDERS	OTHERS
1	8	F	TAMIL	DSL WITH HL	
2	4	F	KANNADA	DSL WITH HL	
3	11	F	KANNADA	-	DSL WITH HL WITH CEREBRAL PALSY
4	4	F	KANNADA	DSL WITH HL	
5	2.6	F	TAMIL	DSL WITH HL	
6	7	F	KANNADA	DSL WITH HL	
7	3	F	URDU	DSL WITH HL	
8	4	M	URDU	DSL WITH HL	
9	2	M	KANNADA	DSL WITH HL	
10	4	F	MALAYALAM	DSL WITH HL	
11	2	M	MALAYALAM	DSL WITH HL	
12	9	M	TAMIL	DSL WITH HL	
13	4.3	M	KANNADA	DSL WITH HL	
14	10	F	KANNADA	DSL WITH HL	
15	3	F	KANNADA	INADEQUATE SPEECH AND LANGUAGE	
16	4	M	KANNADA	DSL WITH HL	
17	4	M	MALAYALAM	DSL WITH HL	
18	5	M	KANNADA	DSL WITH HL	
19	5	M	KANNADA	DSL WITH HL	
20	2.8	M	KANNADA	DSL WITH HL	
21	10	M	KANNADA	DSL WITH HL	
22	2.6	M	KANNADA	DSL WITH HL	
23	11.6	M	MALAYALAM	DSL WITH HL	
24	4	M	KANNADA	DSL WITH HL	
25	4	M	URDU	DSL WITH HL	
26	4.6	M	KANNADA	DSL WITH HL	
27	4	F	TELUGU	DSL WITH HL	
28	2.6	F	KANNADA	DSL WITH HL	
29	4	M	KANNADA	DSL WITH HL	
30	10	F	KANNADA	DSL WITH HL	
31	11	M	KANNADA	DSL WITH HL	
32	2	F	KANNADA	DSL WITH HL	
33	10	F	KANNADA	DSL WITH HL	
34	8	M	KANNADA	DSL WITH HL	
35	11	M	KANNADA	DSL WITH HL	
36	3	M	ORIYA	DSL WITH HL	
37	12	M	KANNADA	DSL WITH HL	
38	11	M	KANNADA	—	MISARTICULATION WITH HL
39	9	M	KANNADA	DSL WITH HL	
40	4	F	KANNADA	DSL WITH HL	
41	3	M	KANNADA	DSL WITH HL	
42	9	M	KANNADA		DSL WITH HL WITH MISARTICULATION
43	6	F	KANNADA	DSL WITH HL	
44	4	M	KANNADA	DSL WITH HL	

45	2	M	MALAYALAM	DSL WITH HL	
46	4	M	MALAYALAM	DSL WITH HL	
47	6	F	KANNADA	DSL WITH HL	
48	2.2	M	KANNADA	DSL WITH HL	
49	3.4	M	KANNADA	DSL WITH HL	
50	12	M	KANNADA	DSL WITH HL	
51	6	F	KANNADA	DSL WITH HL	
52	8	F	KANNADA	DSL WITH HL	
53	3	F	TAMIL	DSL WITH HL	
54	4.9	M	KANNADA	DSL WITH HL	
55	4.6	M	TAMIL	DSL WITH HL	
56	2.6	M	TAMIL	DSL WITH HL	
57	3	M	MALAYALAM	DSL WITH HL	
58	5.6	M	KANNADA		DSL WITH MISARTICULATION WITH HL
59	2	M	TAMIL	DSL WITH HL	
60	6.6	M	MALAYALAM	DSL WITH HL	
61	3	M	TAMIL	DSL WITH HL	
62	8	F	KANNADA	DSL WITH HL	
63	7	M	KANNADA	DSL WITH HL	
64	11	M	HINDI	DSL WITH HL	
65	5	M	MARATHI	DSL WITH HL	
66	2	M	HINDI	DSL WITH HL	
67	2	M	KANNADA	DSL WITH HL	
68	10	M	URDU	DSL WITH HL	
69	10	M	KANNADA	DSL WITH HL	
70	10	M	ASSAMESE	DSL WITH HL	
71	3	M	KANNADA	DSL WITH HL	
72	4	F	KANNADA	DSL WITH HL	
73	5.3	M	URDU		DSL WITH HL WITH
74	4	M	TAMIL	DSL WITH HL	MISARTICULATION
75	3	M	KANNADA	DSL WITH HL	
76	3	M	KANNADA	DSL WITH HL	
77	5	M	KANNADA	DSL WITH HL	
78	5	M	URDU	DSL WITH HL	
79	9	M	KANNADA	DSL WITH HL	
80	6	F	KANNADA	DSL WITH HL	
81	2	F	KANNADA	DSL WITH HL	
82	3	M	KANNADA	DSL WITH HL	
83	10	M	MALAYALAM		DSL WITH HL WITH CEREBRAL PALSY
84	2.6	M	KANNADA	DSL WITH HL	
85	4	M	KANNADA	DSL WITH HL	
86	3	F	KANNADA	DSL WITH HL	
87	2.6	F	MALAYALAM	DSL WITH HL	
88	2.6	M	KANNADA	DSL WITH HL	
89	2	F	MALAYALAM	DSL WITH HL	
90	12	F	KANNADA	DSL WITH HL	
91	11	F	KANNADA	DSL WITH HL	
92	6	F	KANNADA	DSL WITH HL	
93	3.4	M	KANNADA	DSL WITH HL	
94	3	F	MALAYALAM	DSL WITH HL	
95	2	M	KANNADA	DSL WITH HL	

96	4.5	F	KANNADA	DSL WITH HL	
97	3	M	KANNADA	DSL WITH HL	
98	2.6	F	TAMIL	DSL WITH HL	
99	8	M	TELUGU	DSL WITH HL	
100	10	F	KANNADA	DSL WITH HL	
101	4	F	KANNADA	DSL WITH HL	
102	12	M	KANNADA	DSL WITH HL	
103	3	F	HINDI	DSL WITH HL	
104	2	M	KANNADA	DSL WITH HL	
105	3.6	M	MALAYALAM	DSL WITH HL	
106	3	F	KANNADA	---__-	DSL WITH HL WITH CEREBRALPALSYP
107	9	M	TAMIL	DSL WITH HL	
108	9	F	KANNADA	DSL WITH HL	
109	5.6	F	TAMIL	DSL WITH HL	
110	5.8	M	KANNADA	DSL WITH HL	
111	10	M	KANNADA		DSL WITH CEREBRAL PALSYP WITH HL
112	6	F	KANNADA	DSL WITH HL	
113	6	F	SANKRITH	DSL WITH HL	
114	4	M	KANNADA	DSL WITH HL	
115	4	M	KANNADA	DSL WITH HL	
116	9	M	KANNADA	DSL WITH HL	
117	9	F	KANNADA	DSL WITH HL	
118	12	M	KANNADA	INADEQUATE SPEECH AND LANGUAGE WITH HL	
119	6	M	KANNADA	DSL WITH HL	
120	2	F	HINDI	DSL WITH HL	
121	2.6	M	MALAYALAM	DSL WITH HL	
122	3	M	KANNADA	DSL WITH HL	
123	6	M	KANNADA	DSL WITH HL	
124	4.6	M	KANNADA	DSL WITH HL	
125	7	M	KANNADA	DSL WITH HL	
126	7	M	MALAYALAM	-. .-	DSL WITH HL WITH CEREBRAL PALSYP
127	3	F	MALAYALAM	DSL WITH HL	
128	5	M	KANNADA	DSL WITH HL	
129	9	F	HINDI	DSL WITH HL	
130	3	F	MALAYALAM	DSL WITH HL	
131	5	M	KANNADA	DSL WITH HL	
132	3.6	F	MALAYALAM	DSL WITH HL	
133	2	M	KANNADA	DSL WITH HL	
134	2.6	M	KANNADA	DSL WITH HL	
135	11	F	KANNADA	. . .-.---	HL WITH MISARTICULATION
136	9	M	KANNADA	DSL WITH HL	
137	7	M	HINDI	DSL WITH HL	
138		M	KANNADA	DSL WITH HL	
139	3	F	TAMIL	DSL WITH HL	
140	4	M	TAMIL	DSL WITH HL	
141	12	F	KANNADA	DSL WITH HL	
142	9	M	KANNADA	DSL WITH HL	
143	6	M	KANNADA	DSL WITH HL	
144	3.6	F	KANNADA	DSL WITH HL	

145	8	M	KANNADA	DSL WITH HL	
146	4	F	KANNADA	DSL WITH HL	
147	2	F	KANNADA	DSL WITH HL	
148	10	F	MALAYALAM	DSL WITH HL	
149	2.3	F	KANNADA	DSL WITH HL	
150	7	M	TAMIL	DSL WITH HL	
151	4	F	KANNADA	DSL WITH HL	
152	9	M	KANNADA	DSL WITH HL	
153	2.4	F	KANNADA	DSL WITH HL	
154	4.4	M	KANNADA	DSL WITH HL	
155	2.9	F	KANNADA	DSL WITH HL	
156	2.3	F	MALAYALAM	DSL WITH HL	
157	9	M	TAMIL	DSL WITH HL	
158	4	F	TAMIL	DSL WITH HL	
159	2	M	KANNADA	DSL WITH HL	
160	3	M	MALAYALAM	DSL WITH HL	
161	6	F	HINDI	DSL WITH HL	
162	3	F	HINDI	DSL WITH HL	
163	3	F	KANNADA	DSL WITH HL	
164	3	F	MALAYALAM	DSL WITH HL	
165	10	M	KANNADA	DSL WITH HL	
166	4	M	KANNADA	DSL WITH HL	
167	9	F	MALAYALAM	DSL WITH HL	
168	8	M	KANNADA	DSL WITH HL	
169	8	M	MITHILI	DSL WITH HL	
170	6	M	MARVADI		DSL WITH HL WITH BLINDNESS
171	6	M	KANNADA	DSL WITH HL	
172	5	F	KANNADA	DSL WITH HL	
173	6	M	KANNADA	DSL WITH HL	
174	2.1	M	HINDI	DSL WITH HL	
175	3	M	KANNADA	DSL WITH HL	
176	3	F	TAMIL	DSL WITH HL	
177	5	M	KANNADA	DSL WITH HL	
178	2	M	KANNADA	-----	DSL WITH HL WITH BLINDNESS
179	10	M	KANNADA	DSL WITH HL	
180	4	F	KANNADA	DSL WITH HL	
181	3.6	M	MALAYALAM	DSL WITH HL	
182	4	M	KANNADA		STUTTERING WITH HL
183	2.6	F	MALAYALAM	DSL WITH HL	
184	6	F	KANNADA	DSL WITH HL	
185	4	M	KANNADA	DSL WITH HL	
186	10	M	KANNADA	DSL WITH HL	
187	2	M	MALAYALAM	DSL WITH HL	
188	8	M	KANNADA	DSL WITH HL	
189	9	M	KANNADA	DSL WITH HL	
190	3.2	F	KANNADA	DSL WITH HL	
191	2.4	M	BHOJPURI	DSL WITH HL	
192	3	M	KANNADA	DSL WITH HL	
193	9.7	M	KANNADA	DSL WITH HL	
194	7	F	KANNADA	DSL WITH HL	
195	5	M	KANNADA	DSL WITH HL	
196	2.6	F	KANNADA	DSL WITH HL	

248	7	M	KANNADA	DSL WITH HL	
249	3.6	M	HINDI	DSL WITH HL	
250	8	M	HINDI	DSL WITH HL	
251	8	M	KANNADA	DSL WITH HL	
252	4	M	KANNADA	DSL WITH HL	
253	7.6	F	HINDI	DSL WITH HL	
254	2.6	M	MALAYALAM	DSL WITH HL	
255	2.6	M	MALAYALAM	DSL WITH HL	
256		M	KANNADA	DSL WITH HL	
257	2	M	MALAYALAM	DSL WITH HL	
258	5.6	M	KANNADA	DSL WITH HL	
259	6	M	KANNADA	DSL WITH HL	
260	4	F	KANNADA	DSL WITH HL	
261	10	F	TAMIL	DSL WITH HL	
262	12	F	KANNADA	DSL WITH HL	
263	3.6	M	TAMIL	DSL WITH HL	
264	9	M	KANNADA	DSL WITH HL	
265	11	M	KANNADA		DSL WITH HL WITH MISARTICULATION
266	2.3	F	KANNADA	DSL WITH HL	
267	8	F	URDU	DSL WITH HL	
268	3	F	KANNADA	DSL WITH HL	
269	2	M	KANNADA	DSL WITH HL	
270	10	F	KANNADA	DSL WITH HL	
271	4	F	TAMIL	DSL WITH HL	
272	5	F	KANNADA	DSL WITH HL	
273	7	F	KANNADA	™_	HL WITH MISARITUCULATION
274	4.9	F	KANNADA	DSL WITH HL	
275	7	M	KANNADA	DSL WITH HL	
276	6	M	URDU	DSL WITH HL	
277	4	F	KANNADA	DSL WITH HL	
278	9	F	KANNADA	DSL WITH HL	
279	12	M	HINDI	DSL WITH HL	
280	4	M	HINDI	DSL WITH HL	
281	3.6	F	KANNADA	DSL WITH HL	
282	4	M	MALAYALAM	DSL WITH HL	
283	2.6	F	KANNADA	DSL WITH HL	
284	5	F	TELUFU	DSL WITH HL	
285	10	F	KANNADA	DSL WITH HL	
286	6	F	TEGULU	DSL WITH HL	
287	6	F	KANNADA	DSL WITH HL	
288	4	F	MALAYALAM	DSL WITH HL	
289	5	F	MALAYALAM	DSL WITH HL	
290	5	F	KANNADA	DSL WITH HL	
291	7.6	F	MALAYALAM	DSL WITH HL	
292	4	F	TELUGU	DSL WITH HL	
293	2	M	MALAYALAM	DSL WITH HL	
294	8	M	MALAYALAM	DSL WITH HL	
295	9	M	MALAYALAM	DSL WITH HL	
296	5	F	KANNADA	DSL WITH HL	
297	3.6	M	KANNADA	DSL WITH HL	
298	3	M	KANNADA	DSL WITH HL	
299	2	F	KANNADA	DSL WITH HL	

197	9	F	KANNADA	DSL WITH HL	
198	5	M	KANNADA	DSL WITH HL	
199	2	M	MALAYALAM	DSL WITH HL	
200	6	F	MALAYALAM	DSL WITH HL	
201	10	M	KANNADA	DSL WITH HL	
202	4	F	MALAYALAM	DSL WITH HL	
203	3.8	M	KANNADA	DSL WITH HL	
204	4	M	KANNADA	DSL WITH HL	
205	10	M	KANNADA	DSL WITH HL	
206	3	M	KANNADA	DSL WITH HL	
207	4	F	MALAYALAM	DSL WITH HL	
208	6	M	KANNADA	DSL WITH HL	
209	2.2	M	ORIYA	DSL WITH HL	
210	7	M	MALAYALAM	DSL WITH HL	
211	4	F	NEPALI		HL WITH CEREBRAL PALS Y
212	10	F	KANNADA	DSL WITH HL	
213	3.6	M	KANNADA	DSL WITH HL	
214	5	F	KANNADA	DSL WITH HL	
215	2.6	M	MARVADI	DSL WITH HL	
216	5	M	KANNADA	DSL WITH HL	
217	8	M	KANNADA	DSL WITH HL	
218	4	M	KANNADA	DSL WITH HL	
219	3.2	F	KANNADA	DSL WITH HL	
220	9	M	KANNADA	DSL WITH HL	
221	2.10	M	KANNADA	DSL WITH HL	
222	3	F	HINDI	DSL WITH HL	
223	7	M	KANNADA	DSL WITH HL	
224	4	M	KANNADA	DSL WITH HL	
225	5	F	KANNADA	DSL WITH HL	
226	2	F	HINDI	DSL WITH HL	
227	2	F	KANNADA	DSL WITH HL	
228	3.6	M	KANNADA	DSL WITH HL	
229	8	M	KANNADA	DSL WITH HL	
230	2.6	M	KANNADA	DSL WITH HL	
231	2.6	F	MALAYALAM	DSL WITH HL	
232	3	F	URDU	DSL WITH HL	
233	2.6	M	KANNADA	DSL WITH HL	
234	5	F	MALAYALAM	DSL WITH HL	
235	12	F	KANNADA		HL WITH MISARTICULATION
236	2	F	KANNADA	DSL WITH HL	
237	5	F	KANNADA	DSL WITH HL	
238	2	M	KANNADA	DSL WITH HL	
239	10	M	KANNADA	DSL WITH HL	
240	3	M	KANNADA		DSL WITH HL WITH MISARTICULATION
241	6	M	KANNADA	DSL WITH HL	
242	3	F	KANNADA	DSL WITH HL	
243	3	F	MALAYALAM	DSL WITH HL	
244	3	F	KANNADA	DSL WITH HL	
245	3	F	KANNADA	DSL WITH HL	
246	4.6	M	MARATHI	DSL WITH HL	
247	12	M	HINDI	DSL WITH HL	

300	6	M	KANNADA	DSL WITH HL	
301	3.6	M	MALAYALAM	DSL WITH HL	
302	4	F	KANNADA	DSL WITH HL	
303	10	M	KANNADA	DSL WITH HL	
304	9	F	KANNADA	-----	HLWITH MISARTICULATION
305	6	F	KANNADA	DSL WITH HL	
306	6	F	KANNADA	DSL WITH HL	
307	6	F	KANNADA	DSL WITH HL	
308	2.8	F	KANNADA	DSL WITH HL	
309	6	F	URDU	DSL WITH HL	
310	6	M	KANNADA	DSL WITH HL	
311	10	M	KANNADA	DSL WITH HL	
312	8	F	KANNADA	DSL WITH HL	
313	10	F	HINDI	DSL WITH HL	
314	3.6	F	MALAYALAM	DSL WITH HL	
315	6	F	KANNADA	DSL WITH HL	
316	4	M	KANNADA	REGRESSION OF SPEECH WITH INADEQUATE HL	
317	3	F	MALAYALAM	DSL WITH HL	
318	8	M	TAMIL	DSL WITH HL	
319	4	M	MALAYALAM	DSL WITH HL	
320	3.9	M	KANNADA	DSL WITH HL	
321	3	F	KANNADA	DSL WITH HL	
322	5.6	F	KANNADA	DSL WITH HL	
323	3	M	KANNADA	DSL WITH HL	
324	8	F	KANNADA	DSL WITH HL	
325	2	F	KANNADA	DSL WITH HL	
326	12	M	KANNADA	DSL WITH HL	
327	5	M	KANNADA	DSL WITH HL	
328	11	F	KANNADA	DSL WITH HL	
329	7	M	KANNADA	DSL WITH HL	
330	4	F	KANNADA	DSL WITH HL	
331	4.5	M	KANNADA	DSL WITH HL	
332	4	F	KANNADA	DSL WITH HL	
333	12	F	MALAYALAM	DSL WITH HL	
334	7	F	MALAYALAM	DSL WITH HL	
335	6	M	KANNADA	DSL WITH HL	
336	3	F	HINDI	DSL WITH HL	
337	5.9	F	MALAYALAM	DSL WITH HL	
338	8	M	KANNADA	DSL WITH HL	
339	4	M	KANNADA	DSL WITH HL	
340	3	F	MARATHI	DSL WITH HL	
341	5	F	KONKANI	DSL WITH HL	
342	2.9	M	TAMIL	DSL WITH HL	
343	3.6	F	KANNADA	DSL WITH HL	
344	2.9	M	MALAYALAM	DSL WITH HL	
345	5	M	HINDI	DSL WITH HL	
346	6	M	URDU	DSL WITH HL	
347	4.6	M	TAMIL	DSL WITH HL	
348	5	M	KANNADA	DSL WITH HL	
349	2.3	M	KANNADA	DSL WITH HL	
350	8	M	KANNADA	DSL WITH HL	
351	12	F	KANNADA	DSL WITH HL	

352	5.6	M	SINDHI	DSL WITH HL	
353	3.7	M	TAMIL	DSL WITH HL	
354	7	F	MALAYALAM	DSL WITH HL	
355	5	M	KANNADA	DSL WITH HL	
356	3	F	KANNADA	DSL WITH HL	
357	4	M	KANNADA	DSL WITH HL	
358	4	M	KANNADA	DSL WITH HL	
359	4.4	F	KANNADA	DSL WITH HL	
360	2.6	M	KANNADA	DSL WITH HL	
361	7	M	KANNADA	DSL WITH HL	
362	4.6	F	URDU	DSL WITH HL	
363	2	M	KANNADA	DSL WITH HL	
364	6	M	KANNADA	DSL WITH HL	
365	2	M	HINDI	DSL WITH HL	
366	2	F	MALAYALAM	DSL WITH HL	
367	7	M	TAMIL		DSL WITH HL WITH REPAIRED CLEFT PALATE
368	5	M	MALAYALAM	DSL WITH HL	
369	3	M	KANNADA	DSL WITH HL	
370	5	F	KANNADA	DSL WITH HL	
371	6	F	MALAYALAM	DSL WITH HL	
372	3	M	MALAYALAM	DSL WITH HL	
373	6	F	KANNADA	DSL WITH HL	
374	7	M	KANNADA		DSL WITH [POST ENCEPHALITI SEQUELAE]
375	3.10	F	KANNADA	DSL WITH HL	
376	3	M	KANNADA	DSL WITH HL	
377	8	F	KANNADA	DSL WITH HL	
378	5	F	HINDI	DSL WITH HL	
379	10	M	KANNADA	DSL WITH HL	
380	10.8	F	KANNADA	DSL WITH HL	
381	5	F	TAMIL	DSL WITH HL	
382	3	F	KANNADA	DSL WITH HL	
383	2.6	M	TAMIL	DSL WITH HL	
384	5	M	TELUGU	DSL WITH HL	
385	5	M	KANNADA	DSL WITH HL	
386	6	F	TELUGU	DSL WITH HL	
387	8	M	TAMIL	DSL WITH HL	
388	8	M	KANNADA	DSL WITH HL	
389	5	F	KANNADA	DSL WITH HL	
390	5.8	M	KANNADA	INADEQUAT SPEECH WITH HL	
391	3.2	F	KANNADA	DSL WITH HL	
392	2.6	M	MALAYALAM	DSL WITH HL	
393	7	M	KANNADA	DSL WITH HL	
394	12	M	KANNADA	DSL WITH HL	
395	10	F	KANNADA	DSL WITH HL	
396	5	M	KANNADA	DSL WITH HL	
397	3	F	KANNADA	DSL WITH HL	
398	6	M	HINDI		DSL WITH CEREBRAL PALSY WITH HL
399	8	F	KANNADA	DSL WITH HL	

400	8	M	KANNADA	DSL WITH HL	
401	2.3	M	KANNADA	DSL WITH HL	
402	8	F	KANNADA	DSL WITH HL	
403	5	M	KANNADA	DSL WITH HL	
404	5	M	KANNADA	DSL WITH HL	
405	6	M	MALAYALAM	DSL WITH HL	
406	2	F	TAMIL	DSL WITH HL	
407	8	M	KANNADA	DSL WITH HL	
408	8	M	KANNADA	DSL WITH HL	
409	2.2	M	KANNADA	DSL WITH HL	
410	7	F	MALAYALAM		HL WITH MISARTICULATION
411	3.1	F	KANNADA	DSL WITH HL	
412	4	M	KANNADA	DSL WITH HL	
413	2.3	M	MALAYALAM	DSL WITH HL	
414	4	M	KANNADA	DSL WITH HL	
415	2	F	KANNADA	DSL WITH HL	
416	5	F	KANNADA	INADEQUATE SPEECH AND LANGUAGE WITH HL	
417	7	M	KANNADA	DSL WITH HL	
418	6	M	KANNADA	DSL WITH HL	
419	7	M	KANNADA	DSL WITH HL	
420	8	M	KANNADA	DSL WITH HL	
421	10	M	KANNADA	INADEQUATE SPEECH WITH HL	
422	6	M	KANNADA	DSL WITH HL	
423	9	M	KANNADA	DSL WITH HL	
424	2	M	KANNADA	DSL WITH HL	
425	6	M	KANNADA	DSL WITH HL	
426	3	F	KANNADA	DSL WITH HL	
427	4	M	TELUGU	DSL WITH HL	
428	7	M	KANNADA	DSL WITH HL	
429	9	F	KANNADA	DSL WITH HL	
430	4.6	F	KANNADA	DSL WITH HL	
431	3.	F	KANNADA	DSL WITH HL	
432	12	F	KANNADA	DSL WITH HL	
433	5	M	KANNADA	DSL WITH HL	
434	5	M	KANNADA	DSL WITH HL	
435	9	M	KANNADA	DSL WITH HL	
436	10	F	KANNADA	DSL WITH HL	
437	6	F	KANNADA	DSL WITH HL	
438	2.9	M	KANNADA	DSL WITH HL	
439	4.10	M	KANNADA	DSL WITH HL	
440	3.4	M	KANNADA	-----	DSL WITH HL WITH CEREBRAL PALSY
441	4	F	MALAYALAM	DSL WITH HL	
442	10	F	KANNADA	DSL WITH HL	
443	5	F	KANNADA	DSL WITH HL	
444	5	M	URDU	DSL WITH HL	
445	2	F	MALAYALAM	DSL WITH HL	
446	6	F	KANNADA		INADEQUATE SPEECH WITH HL WITH MISARTICULATION
447	3	M	KANNADA	DSL WITH HL	

448	3.6	M	MALAYALAM	DSL WITH HL	
449	4	M	TAMIL	DSL WITH HL	
450	7	F	TAMIL	DSL WITH HL	
451	8	M	KANNADA		HL WITH MISARTICULATION
452	3	F	MALAYALAM	DSL WITH HL	
453	4	M	TAMIL	DSL WITH HL	
454	4	F	MALAYALAM	DSL WITH HL	
455	7	F	TAMIL	DSL WITH HL	
456	4	M	TAMIL	DSL WITH HL	
457	3.6	M	TAMIL	DSL WITH HL	
458	4	M	MALAYALAM	DSL WITH HL	
459		M	TAMIL	DSL WITH HL	
460		M	KANNADA	DSL WITH HL	
461	9	F	TAMIL	DSL WITH HL	
462	4	M	TAMIL	DSL WITH HL	
463	3	M	TAMIL	DSL WITH HL	
464	3	M	MALAYALAM	DSL WITH HL	
465	4	M	KANNADA	DSL WITH HL	
466	3	F	TELUGU	DSL WITH HL	
467	7	M	TAMIL		
468	2	M	KANNADA	-----	DSL WITH HL WITH CEREBRAL PALSY
469	7	M	KANNADA	INADEQUATE SPEECH WITH HL	
470	10	F	KANNADA	DSL WITH HL	
471	3	F	KANNADA	DSL WITH HL	
472	3	F	KANNADA	DSL WITH HL	
473	4	F	TELUGU	DSL WITH HL	
474	3.6	M	KANNADA	DSL WITH HL	
475	3.6	M	MALAYALAM	DSL WITH HL	
476	8	M	MALYALAM	DSL WITH HL	
477	2	M	KANNADA	DSL WITH HL	
478	4	F	HINDI	DSL WITH HL	
479	10	M	KANNADA		DSL WITH HL WITH MISARTICULATION
480	2.6	F	MALAYALAM		
481	10	M	URDU	INADEQUATE SPEECH AND LANGUAGE WITH HL	
482	3	F	KANNADA	DSL WITH HL	
483	2.3	M	KANNADA	DSL WITH HL	
484	10	M	KANNADA	DSL WITH HL	
485	3	M	TAMIL	DSL WITH HL	
486	3.6	F	HINDI	DSL WITH HL	
487	5	M	TAMIL	DSL WITH HL	
488	3	M	TAMIL	DSL WITH HL	
489	3	M	KANNADA	DSL WITH HL	
490	2.6	F	KANNADA	DSL WITH HL	
491	2.6	F	URDU	DSL WITH HL	
492	3.6	F	MALAYALAM	DSL WITH HL	
493	9	M		HL WITH MISARTICULATION	
494	4	M	KANNADA	DSL WITH HL	
495	4	M	TAMIL	DSL WITH HL	

496	10	F	KANNADA	DSL WITH HL	
497	10	F	MALAYALAM	INADEQUATE SPEECH AND LANGUAGE	
498	9	M	KANNADA	INADEQUATE SPEECH AND LANGUAGE WITH HL	
499	4	M	KANNADA	DSL WITH HL	
500	6	M	KANNADA	DSL WITH HL	
501	12	M	KANNADA	DSL WITH HL	
502	4	M	HINDI	DSL WITH HL	
503	6	F	KANNADA	DSL WITH HL	
504	7	F	KANNADA	DSL WITH HL	
505	2.6	F	KANNADA	DSL WITH HL	
506	3	M	KANNADA	DSL WITH HL	
507	2	F	MALAYALAM	DSL WITH HL	
508	11	F	KANNADA	DSL WITH HL	
509	3.6	F	KANNADA	DSL WITH HL	
510	6	M	MALAYALAM	DSL WITH HL	
511	5	M	MALAYALAM	DSL WITH HL	
512	3.6	F	KANNADA	DSL WITH HL	
513	6	M	MALAYALAM	DSL WITH MISARTICULATION	
514	2	M	MALAYALAM		
515	6	M	KANNADA	DSL WITH MISARTICULATION	
516	3	F	KANNADA	DSL WITH HL	
517	8	M	KANNADA	DSL WITH HL	
518	4	F	TAMIL	DSL WITH HL	
519	3.8	M	MALAYALAM	DSL WITH HL	
520	4	M	KANNADA	DSL WITH HL	
521	2	M	KANNADA	DSL WITH HL	
522	4	F	KANNADA	DSL WITH HL	
523	3	F	KANNADA	DSL WITH HL	
524	6	M	HINDI	DSL WITH HL	
525	2.6	M	KANNADA	DSL WITH HL	
526	2.6	M	KANNADA	DSL WITH HL	
527	12	G	KANNADA	DSL WITH HL	
528	8	M	KANNADA	DSL WITH HL	
529	6	M	KANNADA	DSL WITH HL	
530	4.6	M	TAMIL	DSL WITH HL	
531	2.6	F	MALYALAM	DSL WITH HL	
532	10	M	KANNADA	DSL WITH HL	
533	2.6	F	KANNADA	DSL WITH HL	
534	9	M	KANNADA	DSL WITH HL	
535	3	F	KANNADA	DSL WITH HL	
536	4	F	KANNADA	DSL WITH HL	
537	6	M	HINDI	DSL WITH HL	
538	3.6	M	MALAYALAM	DSL WITH HL	
539	5	M	KANNADA	DSL WITH HL	
540	2.6	M	HINDI	DSL WITH HL	
541	4	F	KANNADA	DSL WITH HL	
542	4	F	MALAYALAM	DSL WITH HL	
543	4	M	MALAYALAM	DSL WITH HL	
544	4	M	MALAYALM	DSL WITH HL	
545	5	M	MALAYALAM	DSL WITH HL	

546	8	M	MALAYALAM	DSL WITH HL	
547	12	M	MALAYALAM	DSL WITH HL	
548	5	F	MALAYALAM	DSL WITH HL	
549	3	M	MALAYALAM	DSL WITH HL	
550	3	F	MALAYALAM	DSL WITH HL	
551	7	M	MALAYALAM	DSL WITH HL	
552	9	M	MALAYALAM	DSL WITH HL	
553	3	M	MALAYALAM	DSL WITH HL	
554	7.6	M	MALAYALAM	DSL WITH HL	
555	8	M	MALAYALAM	DSL WITH HL	
556	4	M	MALAYALAM	DSL WITH HL	
557	4	M	MALAYALAM	DSL WITH HL	
558	5	M	MALAYALAM	DSL WITH HL	
559	8	F	MALAYALAM	DSL WITH HL	
560	4.9	F	MALAYALAM	DSL WITH HL	
561	11	F	MALAYALAM	DSL WITH HL	
562	7	M	KANNADA	DSL WITH HL	
563	3	F	MALAYALAM	DSL WITH HL	
564	4.6	M	KANNADA	DSL WITH HL	
565	4.6	M	KANNADA	DSL WITH HL	
566	5	M	KANNADA	DSL WITH MISARTICULATION	
567	3	F	KANNADA	DSL WITH HL	
568	6	F	KANNADA	DSL WITH HL	
569	4	F	KANNADA	DSL WITH HL	
570	3.6	F	MALAYALAM	DSL WITH HL	
571	3.6	F	MALAYALAM	DSL WITH HL	
572	9	F	KANNADA	————	DSL WITH CEREBRAL PALSY WITH HL
573	3.6	M	MALAYALAM	DSL WITH HL	
574	3.6	F	KANNADA	DSL WITH HL	
575	3.6	M	KANNADA	DSL WITH HL	
576	4	F	KANNADA	DSL WITH HL	
577	5	M	KANNADA	DSL WITH HL	
578	9	F	MALAYALAM	DSL WITH HL	
579	10	F	KANNADA	DSL WITH HL	
580	4.6	F	MALAYALAM	DSL WITH HL	
581	2.3	M	KANNADA	DSL WITH HL	
582	5	M	KANNADA	DSL WITH HL	
583	6	F	KANNADA		DSL WITH HL WITH REPAIRED CLEFT LIP
584	6	M	KANNADA	DSL WITH HL	
585	4	M	KANNADA	DSL WITH HL	
586	4	M	MALAYALM	DSL WITH HL	
587	3.6	M	KANNADA	DSL WITH HL	
588	12	M	KANNADA	DSL WITH HL	
589	3	F	MALAYALAM	DSL WITH HL	
590	6	M	KANNADA	DSL WITH HL	
591	6	M	KANNADA	DSL WITH HL	
592	8	M	KANNADA	DSL WITH HL	
593	3.6	M	KANNADA	DSL WITH HL	
594	3	M	KANNADA	DSL WITH HL	
595	6	M	KANNADA	DSL WITH HL	
596	3.4	M	KANNADA	DSL WITH HL	

597	3	F	KANNADA	DSL WITH HL	
598	12	M	KANNADA	DSL WITH HL	
599	4	M	MALAYALAM	DSL WITH HL	
600	2.1	M	KANNADA	DSL WITH HL	
601	5	M	KANNADA	DSL WITH HL	
602	3	F	KANNADA	DSL WITH HL	
603	7	F	KANNADA	DSL WITH HL	
604	10	F	KANNADA	DSL WITH HL	
605	2	M	KANNADA	DSL WITH HL	
606	5	F	MALAYALAM	DSL WITH HL	
607	8	M	KANNADA	DSL WITH HL	
608	5.6	M	KANNADA	DSL WITH HL	
609	6	F	KANNADA		DSL WITH HL WITH CLEFT LIP AND PALATE
610	10	M	KANNADA	DSL WITH HL	
611	11	F	KANNADA	DSL WITH HL	
612	9	F	KANNADA	DSL WITH HL	
613	2.6	F	KANNADA	DSL WITH HL	
614	6	M	KANNADA	DSL WITH HL	
615	4	M	KANNADA	DSL WITH HL	
616	4	M	HINDI	DSL WITH HL	
617	4	M	TELUGU	DSL WITH HL	
618	7	F	HINDI	DSL WITH HL	
619	5	F	HINDI	DSL WITH HL	
620	4	M	KONKANI	DSL WITH HL	
621	3.6	F	KANNADA	DSL WITH HL	
622	10	F	KANNADA	DSL WITH HL	
623	9	M	KANNADA	DSL WITH HL	
624	2.2	M	MALAYALAM	DSL WITH HL	
625	2	M	TAMIL	DSL WITH HL	
626	4	F	KANNADA	DSL WITH HL	
627	6	M	MALAYALAM	DSL WITH HL	
628	9	F	TELUGU	DSL WITH HL	
629	6	F	KANNADA	DSL WITH HL	
630	2	F	KANNADA	DSL WITH HL	
631	8	F	KANNADA		HL WITH CEREBRAL PALSY
632	3.6	M	KANNADA	DSL WITH HL	
633	2.6	M	KANNADA	DSL WITH HL	
634	2.5	M	KANNADA	DSL WITH HL	
635	8	F	KANNADA	DSL WITH HL	
636	3.6	F	MALAYALAM	DSL WITH HL	
637	6	M	KANNADA	DSL WITH HL	
638	2.6	F	TAMIL	DSL WITH HL	
639	9	M	KANNADA	DSL WITH HL	
640	3.6	M	MALAYALAM	DSL WITH HL	
641	9	F	KANNADA	DSL WITH HL	
642	4	F	KANNADA	DSL WITH HL	
643	8	F	KANNADA	DSL WITH HL	
644	3	M	MALAYALAM	DSL WITH HL	
645	10	M	NEPALI	DSL WITH HL	
646	10	M	KANNADA	DSL WITH HL	
647	3	F	MALAYALAM	DSL WITH HL	

648	8	M	KANNADA	DSL WITH HL	
649	10	M	URDU	DSL WITH HL	
650	3.6	F	MALAYALAM	DSL WITH HL	
651	9	M	MALAYALAM	DSL WITH HL	
652	5	M	KANNADA	DSL WITH HL	
653	4.4	F	KANNADA		HL WITH MISARTICULATION
654	3.3	F	KANNADA	DSL WITH HL	
655	6	M	KANNADA	DSL WITH HL	
656	6	F	KANNADA	DSL WITH HL	
657	1.2	F	MALAYALAM	DSL WITH HL	
658	5	M	KANNADA	DSL WITH HL	
659	2	M	KANNADA	DSL WITH HL	
660	7	M	MALAYALAM	DSL WITH HL	
661	6	F	KANNADA	DSL WITH HL	
662	9	F	KANNADA	DSL WITH HL	
663	7	M	KANNADA	DSL WITH HL	
664	10	F	KANNADA	DSL WITH HL	
665	3	M	KANNADA	DSL WITH HL	
666	2.6	M	KANNADA	DSL WITH HL	
667	2.6	M	KANNADA	DSL WITH HL	
668	6	M	KANNADA	DSL WITH HL	
669	3	M	KANNADA	DSL WITH HL	
670	7	F	KANNADA	DSL WITH HL	
671	4	F	KANNADA	DSL WITH HL	
672	4.6	M	KANNADA	DSL WITH HL	
673	7	F	KANNADA		DSL WITH HL WITH MISARTICULATION
674	3.9	F	KANNADA	DSL WITH HL	
675	8	F	KANNADA	DSL WITH HL	
676	5.6	M	KANNADA	DSL WITH HL	
677	5	M	TELUGU	DSL WITH HL	
678	5	M	KANNADA	DSL WITH HL	
679	11	M	KANNADA	DSL WITH HL	
680	8	M	KANNADA	DSL WITH HL	
681	8	F	KANNADA	DSL WITH HL	
682	9	M	KANNADA	DSL WITH HL	
683	3	F	TAMIL	DSL WITH HL	
684	7	M	KANNADA	DSL WITH HL	
685	2	F	KANNADA	DSL WITH HL	
686	3.6	M	KANNADA	DSL WITH HL	
687	5	M	KANNADA	DSL WITH HL	
688	2	F	KANNADA	DSL WITH HL	
689	2.6	F	KANNADA	DSL WITH HL	
690	4	M	KANNADA	DSL WITH HL	
691	4	M	KANNADA	—	DSL WITH HL WITH MISARTICULATION
692	4.6	M	KANNADA	DSL WITH HL	
693	3	F	MALAYALAM	DSL WITH HL	
694	7	M	KANANDA	DSL WITH HL	
695	7	F	MALAYALAM		DSL WITH HL WITH MISARTICULATION
696	10	F	MALAYALAM	....	DSL WITH HL WITH MISARTICULATION

697	3.6	M	MALAYALAM		DSL WITH HL
698	3.3	M	MALAYALAM	DSL WITH HL	
699	12	M	KANNADA	DSL WITH HL	
700	11	M	KANNADA	DSL WITH HL	
701	7	M	KANNADA	DSL WITH HL	
702	7	M	KANNADA	DSL WITH HL	
703	9	M	KANNADA	DSL WITH HL	
704	9	M	KANNADA	DSL WITH HL	
705	7	M	KANNADA	DSL WITH HL	
706	12	M	KANNADA	DSL WITH HL	
707	4	M	HINDI	DSL WITH HL	
708	2.2	M	KANNADA	DSL WITH HL	
709	3.6	F	KANNADA	DSL WITH HL	
710	4.9	F	KANNADA	DSL WITH HL	
711	3	M	KANNADA	DSL WITH HL	
712	9	F	URDU	DSL WITH HL	
713	7	M	URDU	DSL WITH HL	
714	3	M	MALAYALAM	DSL WITH HL	
715	2.8	F	KANNADA	DSL WITH HL[POST MENINGITIS SEQUELAE]	
716	3	F	KANNADA	DSL WITH HL	
717	5	F	HINDI	DSL WITH HL	
718	7	M	HINDI	DSL WITH HL	
719	4	M	MALAYALAM	DSL WITH HL	
720	6.6	M	HINDI	DSL WITH HL	
721	2.6	F	MALAYALAM	DSL WITH HL	
722	5	M	BHOJPURI		INADEQUATE SPEECH AND LANGUAGE WITH MISARTICULATION WITH HL
723	4	M	KANNADA	DSL WITH HL	
724	10	M	KANNADA		INADEQUATE SPEECH AND LANGUAGE WITH HL WITH MISARTICULATION
725	6	M	TELUGU	DSL WITH HL	
726	9	F	KANNADA	DSL WITH HL	
727	9	F	KANNADA	DSL WITH HL	
728	10	F	KANNADA	DSL WITH HL	
729	2.6	M	KANNADA	DSL WITH HL	
730	2.6	F	BENGALI	DSL WITH HL	
731	2.6	F	MALAYALAM	DSL WITH HL	
732	10	F	KANNADA	DSL WITH HL	
733	6	F	KANNADA	DSL WITH HL	
734	7	F	KANNADA	DSL WITH HL	
735	12	F	KANNADA	DSL WITH HL	
736	9	F	KANNADA	DSL WITH HL	
737	11	F	KANNADA	DSL WITH HL	
738	11	F	KANNADA	DSL WITH HL	
739	3.6	M	KANNADA	DSL WITH HL	
740	5	F	KANNADA	DSL WITH HL	
741	5	F	KANNADA	DSL WITH HL	
742	7	M	MALAYALAM	DSL WITH HL	
743	3.6	M	KANNADA	DSL WITH HL	

744	4	M	KANNADA	DSL WITH HL	
745	3.6	M	KANNADA	DSL WITH HL	
746	5.6	M	MALAYALAM		INADEQUATE SPEECH WITH MISARTICULATION WITH HL
747	6.6	F	KANNADA	DSL WITH HL	
748	3	F	KANNADA	DSL WITH HL	
749	5	M	KANNADA	DSL WITH HL[ATRESIA]	
750	7	F	TELUGU	DSL WITH HL	
751	3	F	KANNADA	DSL WITH HL	
752	7	M	MALAYALAM	DSL WITH HL	
753	8	F	KANNADA	DSL WITH HL	
754	8		MALAYALAM	DSL WITH HL	
755	6	F	KANNADA	DSL WITH HL	
756	8	M	KANNADA	DSL WITH HL	
757	6	M	KANNADA	INADEQUATE SPEECH AND LANGUAGE WITH MISARTICULATION WITH HL	
758	4	M	KANNADA	DSL WITH HL	
759	4	F	KANNADA	DSL WITH HL	
760	7	M	KANNADA	DSL WITH HL	
761		F	KANNADA	DSL WITH HL	
762	7	F	HINDI	DSL WITH HL	
763	5	F	HINDI	DSL WITH HL	
764	8	M	KANNADA	INADEQUATE SPEECH WITH HL	
765	3.10	F	MALAYALAM	DSL WITH HL	
766	4	F	MALAYALAM	DSL WITH HL	
767	2.3	F	KANNADA	DSL WITH HL	
768	12	F	HINDI	DSL WITH HL	
769	3.6	F	KANNADA	DSL WITH HL	
770	2.4	F	KANNADA	DSL WITH HL	
771	12	M	KANNADA	DSL WITH HL	
772	3.6	M	KANNADA	DSL WITH HL	
773	3	M	KANNADA	DSL WITH HL	
774	4.1	M	KANNADA	DSL WITH HL	
775	8	M	KANNADA	DSL WITH HL	
776	6	F	KANNADA	DSL WITH HL	
777	9	M	KANNADA	DSL WITH HL	
778	2.6	F	KANNADA	DSL WITH HL	
779	8	M	KANNADA	DSL WITH HL	
780	6	F	TAMIL	DSL WITH HL	
781	6	M	KANNADA	DSL WITH HL	
782	6	F	KANNADA	DSL WITH HL	
783	11	M	ASSAMESE		INADEQUATE SPEECH AND LANGUAGE WITH HL WITH MISARTICULATION
784	9	F	KANNADA	DSL WITH HL	
785	2.6	M	KANNADA	DSL WITH HL	
786	3.6	M	MALAYALAM	DSL WITH HL	
787	4.6	M	MALAYALAM	DSL WITH HL	

788	4.3	F	MALAYALAM	DSL WITH HL	
789	6	M	MARATHI	DSL WITH HL	
790	4	M	RAJASTHANI	DSL WITH HL	
791	3	M	MALAYALAM	DSL WITH HL	
792	10	M	KANNADA	DSL WITH HL	
793	3	M	KANNADA	DSL WITH HL	
794	2	M	KANNADA	DSL WITH HL	
795	7	M	KANNADA		HYPER NASALITY WITH HL
796	11	M	KANNADA	DSL WITH HL	
797	3.6	M	HINDI	DSL WITH HL	
798	9.6	M	KANNADA	REGRESSION OF SPEECH WITH HL	
799	4.6	M	BENGALI	DSL WITH HL	
800	3	M	KANNADA	DSL WITH HL	
801	6	M	KANNADA	DSL WITH HL	
802	6	M	KANNADA	DSL WITH HL	
803	6	F	KANNADA	DSL WITH HL	
804	6	F	KANNADA	DSL WITH HL	
805	4	M	MALAYALAM	DSL WITH HL	
806	2	M	KANNADA	DSL WITH HL	
807	5	F	KANNADA	DSL WITH HL	
808	2.8	F	KANNADA	DSL WITH HL	
809	6	F	KANNADA	DSL WITH HL	
810	4	M	KANNADA	DSL WITH HL	
811	9	M	KANNADA	DSL WITH HL	
812	3	M	KANNADA	DSL WITH HL	
813	5	M	KANNADA	DSL WITH HL	
814	3	M	KANNADA	DSL WITH HL	
815	3.6	M	TAMIL	DSL WITH HL	
816	2	F	MALAYALAM	DSL WITH HL	
817	3	M	KANNADA	DSL WITH HL	
818	2.1	F	KANNADA	DSL WITH HL	
819	4	M	KANNADA	DSL WITH HL	
820	7	F	KANNADA	DSL WITH HL	
821	8	F	KANNADA	DSL WITH HL	
822	5	F	KANNADA	DSL WITH HL	
823	3.6	F	KANNADA	DSL WITH HL	
824	3.6	F	MALAYALAM	DSL WITH HL	
825	3	M	KANNADA	DSL WITH HL	
826	3	F	KANNADA	DSL WITH HL	
827	2	M	KANNADA	DSL WITH HL	
828	5.6	M	KANNADA	DSL WITH HL	
829	10.6	F	KANNADA	DSL WITH HL	
830	5	M	KANNADA	DSL WITH HL	
831	5	F	KANNADA	DSL WITH HL	
832	9	F	KANNADA	DSL WITH HL	
833	3.6	F	TELUGU	DSL WITH HL	
834	4	F	KANNADA	DSL WITH HL	
835	7	M	KANNADA	DSL WITH HL	
836	2	F	KANNADA	DSL WITH HL	
837	6	M	KANNADA	DSL WITH HL	
838	3.10	F	KANNADA	DSL WITH HL	
839	3.6	M	MALAYALAM	DSL WITH HL	

840	3	M	KANNADA	DSL WITH HL	
841	3.6	M	KANNADA	DSL WITH HL	
842	3.6	M	MALAYALAM	DSL WITH HL	
843	3.6	M	KANNADA	DSL WITH HL	
844	4	F	MALAYALAM	DSL WITH HL	
845	4	F	MALAYALAM		INADEQUATE SPEECH WITH HL WITH MISARTICULATION
846	4	M	KANNADA	DSL WITH HL	
847	2.2	M	KANNADA	DSL WITH HL	
848	4	F	KANNADA	DSL WITH HL	
849	4	F	KANNADA	DSL WITH HL	
850	4	F	KANNADA	DSL WITH HL	
851	3	M	KANNADA	DSL WITH HL	
852	5.6	M	KANNADA	DSL WITH HL	
853	10	M	URDU	DSL WITH HL	
854	10	M	KANNADA		DSL WITH HL WITH MISARTICULATION
855	3.6	F	KANNADA	DSL WITH HL	
856	4.6	M	KANNADA	DSL WITH HL	
857	7	F	TAMIL	DSL WITH HL	
858	4	F	HINDI	DSL WITH HL	
859	5	M	KANNADA	DSL WITH HL	
860	3	F	KANNADA	DSL WITH HL	
861	10	F	KANNADA	DSL WITH HL	
862	8	M	KANNADA	DSL WITH HL	
863	7	F	KANNADA	DSL WITH HL	
864	12	M	KANNADA	NO SPEECH WITH HL	
865	10	M	KANNADA		
866	10	M	KANNADA		DSL WITH HL WITH CEREBRAL PALSY
867	4	F	KANNADA	DSL WITH HL	
868	6	M	KANNADA	DSL WITH HL	
869	9	M	KANNADA	DSL WITH HL	
870	8	M	TAMIL		HL WITH MISARTICULATION
871	2.3	M	KANNADA	DSL WITH HL	
872	3	F	KANNADA	DSL WITH HL	
873	9	F	TAMIL	DSL WITH HL	
874	3.6	F	KANNADA	DSL WITH HL	
875	8	M	TELUGU	DSL WITH HL	
876	5	M	HINDI	DSL WITH HL	
877	3	F	HINDI	DSL WITH HL	
878	12	M	HINDI	INADEQUATE SPEECH AND LANGUAGE WITH HL	
879	11	F	KANNADA	INADEQUATE SPEECH WITH HL	
880	3	F	HINDI	DSL WITH HL	
881	3	F	MALAYALAM	DSL WITH HL	
882	3.6	F	HINDI	DSL WITH HL	
883	2.6	M	HINDI	DSL WITH HL	
884	7	M	KANNADA	DSL WITH HL	
885	9	F	KANNADA	DSL WITH HL	
886	7	M	KANNADA	DSL WITH HL	

887	3.3	M	MALAYALAM	DSL WITH HL	
888	3.3	M	MALAYALAM	DSL WITH HL	
889	2	F	KANNADA	DSL WITH HL	
890	11	F	KANNADA	DSL WITH HL	
891	8	F	KANNADA	DSL WITH HL	
892	11	M	KANNADA	INADEQUATE SPEECH WITH HL	
893	11	F	KANNADA	DSL WITH HL	
894	8	M	KANNADA	DSL WITH HL	
895	2	M	KANNADA	DSL WITH HL	
896	2	M	MALAYALAM	DSL WITH HL	
897	2.4	F	KANNADA	DSL WITH HL	
898	9	M	TELUGU	DSL WITH HL	
899	9	M	KANNADA	DSL WITH HL	
900	4	M	KANNADA	DSL WITH HL	
901	2.6	M	MALAYALAM	DSL WITH HL	
902	2	F	KANNADA	DSL WITH HL	
903	4	M	KANNADA	DSL WITH HL	
904	6	F	MALAYALAM		DSL WITH MISARTICULATION WITH HL
905	5	M	KANNADA	DSL WITH HL	
906	7	F	HINDI	INADEQUATE SPEECH AND LANGUAGE WITH HL	
907	3	F	HINDI	DSL WITH HL	
908	2.6	F	KANNADA	DSL WITH HL	
909	5	M	KANNADA	DSL WITH HL	
910	4	F	KANNADA	DSL WITH HL	
911	9	F	KANNADA	DSL WITH HL	
912	4	M	KANNADA	DSL WITH HL	
913	10	F	KANNADA	DSL WITH HL	
914	2.6	M	KANNADA	DSL WITH HL	
915	5	M	KANNADA	DSL WITH HL	
916	5	F	KANNADA	DSL WITH HL	
917	7	M	KANNADA	DSL WITH HL	
918	12	F	KANNADA	DSL WITH HL	
919	7	F	BENGALI	INADEQUATE SPEECH AND LANGUAGE WITH HL	
920	8	M	KANNADA	DSL WITH HL	
921	9	M	KANNADA	DSL WITH HL	
922	9	F	KANNADA	DSL WITH HL	
923	8	F	KANNADA	DSL WITH HL	
924	5	M	KANNADA	DSL WITH HL	
925	4	F	KANNADA	DSL WITH HL	
926	10	F	KANNADA	DSL WITH HL	
927	8	M	KANNADA	DSL WITH HL	
928	4	F	KANNADA	DSL WITH HL	
929	2.6	M	KANNADA	DSL WITH HL	
930	3	F	KANNADA	DSL WITH HL	
931	8	M	KANNADA	DSL WITH HL	
932	5.6	F	MALAYALAM	DSL WITH HL	
933	6	F	MALAYALAM	DSL WITH HL	
934	5	M	TAMIL	DSL WITH HL	
935	5	M	MALAYALAM	DSL WITH HL	

936	4.6	M	HINDI	DSL WITH HL	
937	2.3	F	TAMIL	DSL WITH HL	
938	4	F	MALAYALAM	DSL WITH HL	
940	5	M	TAMIL	DSL WITH HL	
941	11	F	KANANDA	DSL WITH HL	
942	3	M	HINDI	DSL WITH HL	
943	4	M	KANNADA	DSL WITH HL	
944	2	F	MALAYALAM	DSL WITH HL	
945	4	F	KANNADA	DSL WITH HL	
946	4	F	KANNADA	DSL WITH HL	
947	4	M	KANNADA	DSL WITH HL	
948	6	F	KANNADA	DSL WITH HL	
949	5	M	KANNADA	DSL WITH HL	
950	5	M	KANNADA	DSL WITH HL	
951	3	M	KANNADA	DSL WITH HL	
952	2	M	KANNADA	DSL WITH HL	
953	2.6	M	KANNADA	DSL WITH HL	
954	3	M	MALAYALAM	DSL WITH HL	
955	4.6	M	MALAYALAM	DSL WITH HL	
956	4.6	M	MALAYALAM	DSL WITH HL	
957	6	M	MALAYALAM	DSL WITH HL	
958	4	F	KANNADA	DSL WITH HL	
959	6	F	KANNADA	DSL WITH HL	
960	4	M	KANNADA	DSL WITH HL	
961	12	F	KANNADA		INADEQUATE SPEECH WITH HL WITH MISARTICULATION
962	5	M	KANNADA	DSL WITH HL	
963	6	M	KANNADA	DSL WITH HL	
964	4	F	KANNADA	DSL WITH HL	
965	2.2	M	KANNADA	DSL WITH HL	
966	10	M	KANNADA	DSL WITH HL	
967	5	M	KANNADA	DSL WITH HL	
968	5	F	BENGALI	DSL WITH HL	
970	3	F	TELUGU		DSL WITH HL WITH CEREBRAL PALSY
971	4	M	KANNADA	DSL WITH HL	
972	6	F	KANNADA	DSL WITH HL	
973	5	M	KANNADA	DSL WITH HL	
974	3	M	KANNADA	DSL WITH HL	
975	8	M	TAMIL	DSL WITH HL	
976		M	MALAYALAM	DSL WITH HL	
977	2	F	KANNADA		DSL WITH CEREBRAL PALSY WITH HL
978	10	M	KANNADA	DSL WITH HL	
979	9	M	KANNADA	DSL WITH HL	
980	4	F	KANNADA	DSL WITH HL	
981	3	M	KANNADA	DSL WITH HL	
982	2	M	KANNADA	DSL WITH HL	
983	2	M	MALAYALAM	DSL WITH HL	
984	2	M	MALAYALAM	DSL WITH HL	
985	8	F	KANNADA	DSL WITH HL	
986	2	M	KANNADA	DSL WITH HL	
987	2.11	M	TAMIL	DSL WITH HL	

988	8	F	KANNADA	DSL WITH HL	
989	4	F	TAMIL	DSL WITH HL	
990	3	M	MALAYALAM	DSL WITH HL	
991	2.9	F	MALAYALAM	DSL WITH HL	
992	3	M	MALAYALAM	DSL WITH HL	
993	6.6	F	HINDI	DSL WITH HL	
994	4.6	M	MALAYALAM	DSL WITH HL	
995	10	M	KANNADA	DSL WITH HL	
996	3	M	KANNADA	—————	DSL WITH HL WITH IMP. VISION
997	4	M	MALAYALAM	DSL WITH HL	
998	2.9	M	KANNADA	DSL WITH HL	
999	5	F	KANNADA	DSL WITH HL	
1000	2	M	MALAYALAM	DSL WITH HL	
1001	2	M	KANNADA	DSL WITH HL	
1002	4	M	MALAYALAM	REGRESSION OF SPEECH WITH HL[POST MUMPS]	
1003	5	M	KANNADA	DSL WITH HL	
1004	8	M	KANNADA		DSL WITH HL WITH MISARTICULATION
1005	4	M	TAMIL	DSL WITH HL	
1006	2.3	F	KANNADA	DSL WITH HL	
1007	7	M	KANNADA	DSL WITH HL	
1008	10	M	KANNADA	DSL WITH HL	
1009	5	F	KANNADA	DSL WITH HL	
1010	2.5	M	KANNADA	DSL WITH HL	
1011	12	F	KANNADA	DSL WITH HL	
1012	4	M	MALAYALAM	DSL WITH HL	
1013	2.6	M	MALAYALAM	DSL WITH HL	
1014	8	F	KANNADA	DSL WITH HL	
1015	3	F	KANNADA	DSL WITH HL	
1016	7	F	KANNADA	DSL WITH HL	
1017	5	M	KANNADA	DSL WITH HL	
1018	3.6	M	MALAYALAM	DSL WITH HL	
1019	7	M	KANNADA	DSL WITH HL	
1020	8	M	KANNADA	DSL WITH HL	
1021	3.8	M	KANNADA	DSL WITH HL	
1022	4.6	M	KANNADA	DSL WITH HL	
1023	3	M	KANNADA	DSL WITH HL	
1024	5.6	F	KANNADA	DSL WITH HL	
1025	2.9	M	KANNADA	DSL WITH HL	
1026	4	M	URDU	DSL WITH HL	
1027	3.6	M	KANNADA	DSL WITH HL	
1028	4	M	MARATHI	DSL WITH HL	
1029	5	F	KANNADA	DSL WITH HL	
1030	3	M	KANNADA	DSL WITH HL	
1031	10	M	KANNADA	DSL WITH HL	
1032	4	M	KANNADA	DSL WITH HL	
1033	5	F	TELUGU	DSL WITH HL	
1034	3	M	KANNADA	DSL WITH HL	
1035	10	F	KANNADA	DSL WITH HL	
1036	4	F	KANNADA	DSL WITH HL	
1037	5	i M	TAMIL	DSL WITH HL	
1038	3	M	BENGALI	DSL WITH HL	

1039	4	M	MALAYALAM	DSL WITH HL	
1040	5	M	KANNADA	DSL WITH HL	
1041	2	M	BENGALI	DSL WITH HL	
1042	12	M	MALAYALAM	DSL WITH HL	
1043	7	F	KANNADA	DSL WITH HL	
1044	9	F	KANNADA	DSL WITH HL	
1045	8	M	KANNADA	DSL WITH HL	
1046	7	M	KANNADA	DSL WITH HL	
1047	7	M	KANNADA	DSL WITH HL	
1048	10	M	KANNADA	DSL WITH HL	
1049	7	M	KANNADA	DSL WITH HL	
1050	7	M	KANNADA	DSL WITH HL	
1051	6	M	KANNADA	DSL WITH HL	
1052	7	M	KANNADA	DSL WITH HL	
1053	7	F	KANNADA	DSL WITH HL	
1054	7	F	KANNADA	DSL WITH HL	
1055	9	F	KANNADA	DSL WITH HL	
1056	7	F	KANNADA	DSL WITH HL	
1057	10	F	KANNADA	DSL WITH HL	
1058	3	F	KANNADA	DSL WITH HL	
1059	7	M	KANNADA	DSL WITH HL	
1060	5	M	TAMIL		DSL WITH HL WITH TONGUE TIE
1062	2.6	M	KANNADA	DSL WITH HL	
1063	12	M	KANNADA	DSL WITH HL	
1064	5	M	KANNADA	DSL WITH HL	
1065	3	M	KANNADA	DSL WITH HL	
1066	12	M	KANNADA	DSL WITH HL	
1067	5	F	KANNADA	DSL WITH HL	
1068	3	F	KANNADA	DSL WITH HL	
1069	5	M	KANNADA	DSL WITH HL	
1070	6	M	KANNADA	DSL WITH HL	
1071	9	M	KANNADA	DSL WITH HL	
1072	3.3	M	KANNADA	DSL WITH HL	
1073	4	M	HINDI	DSL WITH HL	
1074	11	M	HINDI	DSL WITH HL	
1075	8	M	KANNADA	DSL WITH HL	
1076	2	M	KANNADA	DSL WITH HL	
1077	11	F	KANNADA	DSL WITH HL	
1078	6	F	KANNADA	DSL WITH HL	
1079	4.6	M	MALAYALAM	DSL WITH HL	
1080	3	F	HINDI	DSL WITH HL	
1081	6	M	KANNADA	DSL WITH HL	
1082	5	M	KANNADA	DSL WITH HL	
1083	3	M	KANNADA	DSL WITH HL	
1084	4	M	KANNADA	DSL WITH HL	
1085	3	M	MALAYALAM	DSL WITH HL	
1086	5	F	KANNADA	DSL WITH HL	
1087	5	F	MALAYALAM	DSL WITH HL	
1088	7	M	MALAYALAM	DSL WITH HL	
1089	3.6	M	MALAYALAM	DSL WITH HL	
1090	2	M	KANNADA	DSL WITH HL	
1091	2.5	M	KANNADA	DSL WITH HL	
1092	8	F	KANNADA	DSL WITH HL	

1093	4.6	M	KANNADA	DSL WITH HL	
1094	4.6	M	KANNADA	DSL WITH HL	
1095	4	M	KANNADA	DSL WITH HL	
1096	5	M	KANNADA	DSL WITH HL	
1097	2.6	M	KANNADA	DSL WITH HL	
1098	4	M	KANNADA	DSL WITH HL	
1099	5	F	KANNADA	DSL WITH HL	
1100	8	M	MALAYALAM	DSL WITH HL	
1101	6	M	KANNADA	DSL WITH HL	
1102	3	M	MALAYALAM	DSL WITH HL	
1103	5	F	KANNADA	DSL WITH HL	
1104	5	M	KANNADA	DSL WITH HL	
1105	6	F	KANNADA	DSL WITH HL	
1106	6	F	KANNADA	DSL WITH HL	
1107	2	F	MALAYALAM	DSL WITH HL	
1108	4	F	MALAYALAM	DSL WITH HL	
1109	2.6	F	MALAYALAM	DSL WITH HL	
1110	7	M	MALAYALAM	DSL WITH HL	
1111	5	M	MALAYALAM	DSL WITH HL	
1112	4	M	MALAYALAM	DSL WITH HL	
1113	4	F	MALAYALAM	DSL WITH HL	
1114	4	M	MALAYALAM	DSL WITH HL	
1115	12	F	MALAYALAM	DSL WITH HL	
1116	5	M	MALAYALAM	DSL WITH HL	
1117	9	M	MALAYALAM	DSL WITH HL	
1118	3	F	MALAYALAM	DSL WITH HL	
1119	7	M	MALAYALAM	DSL WITH HL	
1120	7	M	MALAYALAM	DSL WITH HL	
1121	5	F	MALAYALAM	DSL WITH HL	
1122	8	M	MALAYALAM	DSL WITH HL	
1123	12	M	MALAYALAM	DSL WITH HL	
1124	11	M	TELUGU	DSL WITH HL	
1125	3	M	MALAYALAM	DSL WITH HL	
1126	2	M	HINDI	DSL WITH HL	
1127	9	M	TAMIL	DSL WITH HL	
1128	6	M	TAMIL	DSL WITH HL	
1129	3	M	KANNADA	DSL WITH HL	
1130		M	KANNADA	DSL WITH HL	
1131	11	M	MALAYALAM	DSL WITH HL	
1132	2.6	M	HINDI	DSL WITH HL	
1133	6	M	KANNADA	DSL WITH HL	
1134	2	M	KANNADA	DSL WITH HL	
1135	6	M	MALAYALAM	DSL WITH HL	
1136	6	F	URDU	DSL WITH HL	
1137	6	M	TAMIL	REGRESSION OF SPEECH WITH HL	
1138	8	M	TAMIL	DSL WITH HL	
1139		M	MALAYALAM	DSL WITH HL	
1140	7	F	KANNADA	DSL WITH HL	
1141	4.6	M	MALAYALAM	DSL WITH HL	
1142	2	M	MALAYALAM	DSL WITH HL	
1143	9	M	MALAYALAM	DSL WITH HL	
1144	9	M	KANNADA	DSL WITH HL	
1145	6	F	KANNADA	DSL WITH HL	

1146	3	M	KANNADA	DSL WITH HL	
1147	8	M	KANNADA	DSL WITH HL	
1148	12	M	KANNADA	DSL WITH HL	
1149	7	F	KANNADA	DSL WITH HL	
1150	12	M	KANNADA	DSL WITH HL	
1151	6.6	M	KANNADA	DSL WITH HL	
1152	3	F	KANNADA	DSL WITH HL	
1153	10	M	KANNADA	DSL WITH HL	
1154	4	M	MALAYALAM	DSL WITH HL	
1155	5	F	MALAYALAM	DSL WITH HL	
1156	11	F	KANNADA	DSL WITH HL	
1157	5	F	KANNADA	DSL WITH HL	
1158	3	M	KANNADA	DSL WITH HL	
1159	10	M	HINDI	DSL WITH HL	
1160	3	M	HINDI	DSL WITH HL	
1161	12	M	KANNADA	DSL WITH HL	
1162	6	M	KANNADA	DSL WITH HL	
1163	3	M	KANNADA	DSL WITH HL [POST FEVER]	
1164	4.6	M	HINDI	DSL WITH HL	
1165	7	F	TAMIL	DSL WITH HL	
1166	5	M	KANNADA	DSL WITH HL	
1167	6	F	KANNADA	DSL WITH HL	
1168	8.6	F	PUNJABI	DSL WITH HL	
1169	4.6	M	MALAYALAM	DSL WITH HL	
1170	3.6	M	MALAYALAM	DSL WITH HL	
1171	5	F	KANNADA	SPEECH REGRESSION WITH HL(MUMPS)	
1172	5	F	HINDI	DSL WITH HL	
1173	7	F	HINDI	DSL WITH HL	
1174	6	M	TELUGU	DSL WITH HL	
1175	4	F	KANNADA	DSL WITH HL	
1176	5	F	KANNADA	DSL WITH HL	
1177	10	F	GUJARATHI	DSL WITH HL	
1178	3	F	MALAYALAM	DSL WITH HL	
1179	4.4	F	KASHMIRI	DSL WITH HL	
1180	11	M	HINDI	INADEQUATE SPEECH AND LANGUAGE WITH HL	
1181	3	M	KANNADA	DSL WITH HL	
1182	3.6	M	TAMIL	DSL WITH HL	
1183	11	M	KANNADA	DSL WITH HL	
1184	4	F	SANKRITH	_____	MISARTICULATION WITH HL
1185	2.6	F	KANNADA	DSL WITH HL	
1186	8	M	KANNADA	DSL WITH HL	
1187	2.3	M	KANNADA	DSL WITH HL	
1188	8	M	MALAYALAM	DSL WITH HL	
1189	10	M	KANNADA	DSL WITH HL	
1190	9	M	KANNADA	DSL WITH HL	
1191	7	M	TELUGU	DSL WITH HL	
1192	5	M	TAMIL	DSL WITH HL	
1193	2.3	F	KANNADA	DSL WITH HL	
1194	3	M	KANNADA	DSL WITH HL	
1195	8	M	KANNADA	DSL WITH HL	

1196	6	F	HINDI	DSL WITH HL	
1197	5.8	M	KANNADA	DSL WITH HL	
1198	5	M	KANNADA	DSL WITH HL	
1199	2.6	M	KANNADA	DSL WITH HL	
1200	9	M	KANNADA	DSL WITH HL	
1201	3	M	KANNADA	————	DSL WITH CEREBRAL PALSY WITH HL
1202	2	F	KANNADA	DSL WITH HL	
1203	3.3	M	MALAYALAM	DSL WITH HL	
1204	5	M	KANNADA	DSL WITH HL	
1205	12	M	BENGALI	DSL WITH HL	
1206	4	F	HINDI	DSL WITH HL	
1207	5	M	KANNADA		DSL WITH HL WITH CEREBRAL PALSY
1208	5.6	M	KANNADA	DSL WITH HL	
1209	7	M	KANNADA	DSL WITH HL	
1210	5	M	KANNADA	DSL WITH HL	
1211	2.6	F	KANNADA	DSL WITH HL	
1212	12	F	KANNADA	DSL WITH HL	
1213	8	M	KANNADA	DSL WITH HL	
1214	7	F	HINDI	DSL WITH HL	
1215	10	M	KANNADA	DSL WITH HL	
1216	9	F	KANNADA	DSL WITH HL	
1217	8	M	KANNADA	DSL WITH HL	
1218	6	M	TAMIL	DSL WITH HL	
1219	7	M	KANNADA	DSL WITH HL	
1220	7	M	KANNADA	DSL WITH HL	
1221	9	F	KANNADA	DSL WITH HL	
1222	6	F	KANNADA	DSL WITH HL	
1223	8	F	KANNADA	DSL WITH HL	
1224	7	F	KANNADA	DSL WITH HL	
1225	2.6	M	MALAYALAM	DSL WITH HL	
1226	5	M	MALAYALAM	DSL WITH HL	
1227	10	M	KANNADA	DSL WITH HL	
1228	7	F	KANNADA	DSL WITH HL	
1229	3	M	KANNADA	DSL WITH HL	
1230	11	M	KANNADA	DSL WITH HL	
1231	3.6	M	TAMIL	DSL WITH HL	
1232	2	M	MALAYALAM	DSL WITH HL	
1233	10	M	KANNADA	DSL WITH HL	
1234	3	M	KANNADA	DSL WITH HL	
1235	5.9	F	KANNADA	DSL WITH HL	
1236	11	M	KANNADA	DSL WITH HL	
1237	5	M	KANNADA	DSL WITH HL	
1238	5	M	KANNADA	DSL WITH HL	
1239	3	F	KANNADA	DSL WITH HL	
1240	3	M	KANNADA	DSL WITH HL	
1241	10	M	KANNADA	DSL WITH HL	
1242	3	M	TAMIL	DSL WITH HL	
1243	10	M	KANNADA	DSL WITH HL	
1244	2	M	MALAYALAM	DSL WITH HL	
1245	3	M	TAMIL	DSL WITH HL	
1246	4.6	M	MALAYALAM	DSL WITH HL	

1247	3.9	M	MALAYALAM	HL WITH MISARTICULATION	
1248	5	F	KANNADA	DSL WITH HL	
1249	3	F	KANNADA	DSL WITH HL	
1250	7	F	KANNADA	DSL WITH HL	
1251	5.3	F	KANNADA	DSL WITH HL	
1252	2	M	KANNADA	DSL WITH HL	
1253	11	M	KANNADA	DSL WITH HL	
1254	3	M	KANNADA	DSL WITH HL	
1255	8	M	KANNADA	DSL WITH HL	
1256	7	F	KANNADA	DSL WITH HL	
1257	4.8	M	KANNADA	MISARTICULATION WITH HL	
1258	8	F	KANNADA	DSL WITH HL	
1259	4	F	URDU	DSL WITH HL	
1260	6	F	MALYALAM	DSL WITH HL	
1261	8	M	KANNADA	DSL WITH HL	
1262	11	M	KANNADA	INADEQUATE SPEECH WITH HL	
1263	8	M	KANNADA	DSL WITH HL	
1264	5	M	KANNADA	DSL WITH HL	
1265	8	M	HINDI	DSL WITH HL	
1266	8	F	KANNADA	DSL WITH HL	
1267	10	M	MALAYALAM	DSL WITH HL	
1268	12	M	KANNADA	DSL WITH HL	
1269	4	M	KANNADA	DSL WITH HL	
1270	8	M	KANNADA	DSL WITH HL	
1271	3	F	KANNADA	DSL WITH HL	
1272	5	F	KANNADA	DSL WITH HL	
1273	9	M	KANNADA	DSL WITH HL	
1274	6	F	KANNADA	DSL WITH HL	
1275	11	F	KANNADA	DSL WITH HL	
1276	2.8	F	HINDI	DSL WITH HL	
1277	6	F	KANNADA	DSL WITH HL	

SL NO	AGE	SEX	MOTHER TONGUE	PARTICULAR TYPE OF SPEECH AND LANGUAGE DIS-ORDERS	OTHERS
1	9	M	TELUGU		DSL WITH CEREBRAL PALSY WITH MR
2	3.6	F	KANNADA	DSL WITH MR	
3	3.5	M	TAMIL	DSL WITH MR	
4	3	M	KANNADA		DSL WITH CEREBRAL PALSY WITH MR
5	8	M	KANNADA	DSL WITH MR	
6	3	M	KANNADA	DSL WITH MR	
7	5	M	KANNADA	DSL WITH MR	DSL WITH HL WITH MR
8	4	F	KANNADA	DSL WITH MR	
9	3.6	M	KANNADA		DSL WITH MR WITH AUTISTIC FEATURES
10	5	M	KANNADA	DSL WITH MR	
11	3.6	M	KANNADA	DSL WITH MR	
12	2	F	KANNADA		DSL WITH HL WITH MR
13	10	M	KANNADA	DSL WITH MR	
14	3	M	KANNADA		DSL WITH HL WITH MR WITH VISION PROBLEM
15	6	M	KANNADA	DSL WITH MR	
16	3.7	F	MALAYALAM		DSL WITH HL WITH MR
17	6	M	KANNADA	DSL WITH MR	
18	12	F	TAMIL	DSL WITH MR	
19	7	M	KANNADA		DSL WITH MR WITH REPAIRED CLEFT LIP
20	6	M	KANNADA	DSL WITH MR	
21	6	M	KANNADA	DSL WITH MR	
22	4.6	F	TAMIL	DSL WITH MR	
23	5	M	KANNADA	DSL WITH MR	
24	12	M	KANNADA	DSL WITH MR	
25	3.6	F	KANNADA	DSL WITH MR	
26	5.6	M	KANNADA	..—..	INADEQUATE SPEECH WITH CP WITH MR
27	4	M	KANNADA	DSL WITH MR	
28	11	F	HINDI	DSL WITH MR	
29	5	M	KANNADA	DSL WITH MR	
30	7	F	KANNADA	DSL WITH MR	
31	7	M	KANNADA	DSL WITH MR	
32	4	M	MALAYALAM	DSL WITH MR	
33	7	M	KANNADA		INADEQUATE SPEECH WITH CP WITH MR WITH STUTTERING
34	4	M	KANNADA	DSL WITH MR	
35	6	F	KANNADA	DSL WITH MR	
36	11.6	M	KANNADA	DSL WITH MR	
	6	F	KANNADA		DSL WITH MR WITH MA
37	9	M	KANNADA	DSL WITH MR	
38	10	M	KANNADA	DSL WITH MR	
39	7	M	KANNADA	DSL WITH MR	

40	4.6	M	KANNADA	DSL WITH MR	
41	4	F	KANNADA		DSL WITH HL WITH MR
42	4	F	MARATHI	DSL WITH MR	
43	4.6	F	KANNADA		DSL WITH MR WITH HL
44	5	M	KANNADA		DSL WITH MR WITH CP
45	4	M	KANNADA		DSL WITH HL WITH MR
46	6	M	TAMIL	DSL WITH MR	
47	10	M	KANNADA		STG WITH MA WITH MR
48	11	M	KANNADA		DSL WITH MR WITH CP
49	4	M	KANNADA	DSL WITH MR	
50	7	F	KANNADA	DSL WITH MR	
51	4	F	KANNADA		DSL WITH MR WITH HL
52	6.6	M	KANNADA		DSL WITH MR WITH BP
53	2.10	F	KANNADA	DSL WITH MR	
54	7	F	KANNADA		DSL WITH MR WITH HL
55	2	F	KANNADA	DSL WITH MR	
56	4	M	KANNADA	DSL WITH MR	
57	10	F	BENGALI	DSL WITH MR	
58	6	M	KANNADA	DSL WITH MR	
59	9	F	KANNADA	DSL WITH MR	
60	2	M	KANNADA		DSL WITH HL WITH VP WITH MR
61	11	F	ORIYA		DSL WITH HL WITH MR
62	4	M	KANNADA		DSL WITH CP WITH MR
63	8	F	URDU		DSL WITH HL WITH MR
64	2	F	KANNADA		DSL WITH MR WITH CP
65	7	M	HINDI		DSL WITH CP WITH MR
66	5	M	KANNADA	DSL WITH MR	
67	6	M	KANNADA	DSL WITH MR	
68	11	M	KANNADA	————	DSL WITH MR WITH CLEFT PALATE
69	7	M	KANNADA	DSL WITH MR	
70	2.5	M	KANNADA		DSL WITH HL WITH MR
71	7	F	KANNADA	DSL WITH MR	
72	9	F	KANNADA		DSL WITH MA WITH MR
73	4	M	KANNADA	DSL WITH MR	
74	2.3	F	KANNADA	DSL WITH MR	
75	9	F	KANNADA	DSL WITH MR	
76	4	F	KANNADA	DSL WITH MR	
77	8	M	KANNADA	DSL WITH MR	
78	4.7	M	HINDI	DSL WITH MR	
79	10	M	KANNADA	DSL WITH MR	
80	10	F	KANNADA	DSL WITH MR	
81	4.6	F	MALAYALAM	DSL WITH MR	
82	6	M	HINDI	DSL WITH MR	
83	7	F	KANNADA	DSL WITH MR	
84	3.8	M	KANNADA	DSL WITH MR	
85	7.6	M	KANNADA	DSL WITH MR	
86	2	M	KANNADA		DSL WITH MR WITH CP
87	2.11	M	KANNADA		DSL WITH MR WITH CP
88	6	M	KANNADA	DSL WITH MR	
89	6	M	KANNADA	DSL WITH MR	
90	4	M	KANNADA		DSL WITH AUTISTIC FEATURES WITH MR

91	5	F	URDU		DSL WITH HL WITH CP WITH BLINDNESS WITH MR
92	9	F	TELUGU		DSL WITH MR WITH CP
93	8	M	KANNADA	DSL WITH MR	
94	10	M	TAMIL	DSL WITH MR	
95	5	M	KANNADA		DSL WITH MR WITH CP
96	6	M	KANNADA		DSL WITH MR WITH CP
97	7	F	KANNADA	DSL WITH HL	
98	9	M	KANNADA		DSL WITH MR WITH CP
99	4.2	M	KANNADA	DSL WITH HL	
100	10.6	F	KANNADA		DSL WITH HL WITH MR
101	4.6	M	KANNADA	DSL WITH MR	
102	9	M	KANNADA	DSL WITH MR	
103	12	F	MALAYALAM		DSL WITH HL WITH MR
104	2	M	KANNADA	DSL WITH MR	
105	4	M	KANNADA	DSL WITH MR	
106	4	F	KANNADA	DSL WITH MR	
107	10	M	KANNADA	DSL WITH MR	
108	4.6	M	KANNADA		DSL WITH HL WITH MR
109	3	F	KANNADA	DSL WITH MR	
110	9	M	HINDI	DSL WITH MR	
111	9	F	HINDI		DSL WITH MR WITH BP
112	12	F	KANNADA	DSL WITH MR	
113	8	F	KANNADA	DSL WITH MR	
114	8	F	KANNADA	DSL WITH MR	
115	9	F	KANNADA	DSL WITH MR	
116	8	M	KANNADA	DSL WITH MR	
117	6	F	KANNADA	DSL WITH MR	
118	4	F	KANNADA	DSL WITH MR	
119	6	M	KANNADA	DSL WITH MR	
120	8	M	KANNADA		DSL WITH MR WITH CP
121	4	F	MALAYALAM	DSL WITH MR	
122	2	F	MALAYALAM		DSL WITH HL WITH MR
123	9	F	TAMIL	DSL WITH MR	
124	3.6	F	MARATHI	DSL WITH MR	
125	10	F	KANNADA	DSL WITH MR	
126	8	F	KANNADA	DSL WITH MR	
127	8	F	URDU	DSL WITH MR	
128	4	M	KANNADA	DSL WITH MR	
129	3	F	KANNADA	DSL WITH MR	
130	7	M	MALAYALAM	DSL WITH MR	
131	11	F	KANNADA	DSL WITH MR	
132	7	M	KANNADA	DSL WITH MR	
133	4	M	MALAYALAM	—————	DSL WITH MR WITH HL WITH CP
134		M	HINDI	DSL WITH MR	
135	9	M	KANNADA	DSL WITH MR	
136	4	M	KANNADA	DSL WITH MR	
137	7	F	KANNADA		DSL WITH MR WITH MA
138	10	F	KANNADA		STUTTERING WITH MR
139	10	M	KANNADA		DSL WITH CP WITH MR
140	3	F	KANNADA	DSL WITH MR	
141	5	F	KANNADA	DSL WITH MR	

142	8	M	KANNADA	DSL WITH MR	
143	12	F	URDU	DSL WITH MR	
144	3	M	KANNADA		DSL WITH HL WITH MR
145	12	M	MALAYALAM	DSL WITH MR	
146	5	F	KANNADA	DSL WITH MR	
147	9	F	KANNADA	DSL WITH MR	
148	5	F	KANNADA		DSL WITH HL WITH CP
149	6	M	TAMIL	DSL WITH MR	
150	6	M	MALAYALAM	DSL WITH MR	
151	10	M	KANNADA		DSL WITH MR WITH CP
152	5	F	KANNADA		DSL WITH CP WITH MR
153	6	M	KANNADA	DSL WITH MR	
154	7	F	KANNADA	DSL WITH MR	
155	2.6	F	KANNADA		DSL WITH CP WITH MR
156	9	M	KANNADA	DSL WITH MR	
157	2.6	M	KANNADA	DSL WITH MR	
158	5.2	M	KANNADA	DSL WITH MR	
159	4	M	KANNADA	DSL WITH MR	
160	8.3	M	KANNADA		DSL WITH CP WITH MR
161	6	M	KANNADA		DSL WITH CP WITH MR WITH HL WITH BP
162	7	M	MALAYALAM	DSL WITH MR	
163	8	M	MALAYALAM	DSL WITH MR	
164	6	F	KANNADA	DSL WITH MR	
165	2.6	M	KANNADA	DSL WITH MR	
166	8	M	KANNADA	DSL WITH MR	
167	10	M	MALAYALAM	DSL WITH MR	
168	7	M	HINDI	DSL WITH MR	
169	6.6	M	KANNADA	DSL WITH MR	
170	10	F	KANNADA	DSL WITH MR	
171	8	F	KANNADA	DSL WITH MR	
172	12	F	KANNADA	DSL WITH MR	
173	4	F	KANNADA		DSL WITH HL WITH MR
174	4	F	MALAYALAM		DSL WITH HL WITH MR
175	5	M	HINDI		DSL WITH CP WITH MR
176	11	M	KANNADA	DSL WITH MR	
177	3	M	KANNADA		DSL WITH CP WITH MR
178	4.6	F	KANNADA	DSL WITH MR	
179	3	F	MALAYALAM	DSL WITH MR	
180	7	F	MALAYALAM	DSL WITH MR	
181	11	M	MALAYALAM	DSL WITH MR	
182	6	M	KANNADA		DSL WITH HL WITH MR
183	9	M	KANNADA		DSL WITH HL WITH MR
184	12	M	KANNADA	DSL WITH HL	
185	11	F	TAMIL		DSL WITH HL WITH MR
186	j	F	MALAYALAM	DSL WITH MR	
187	7	M	HINDI	DSL WITH MR	
188	5	F	TAMIL		DSL WITH HL WITH CP
189	9	M	KANNADA	DSL WITH HL	
190	8	M	MARATHI		DSL WITH HL WITH MR WITH CP
191	8	F	KANNADA	DSL WITH MR	
192	10	F	KANNADA	DSL WITH MR	
193	7	F	KANNADA	DSL WITH MR	

194	10	F	KANNADA	DSL WITH MR	
195	3.6	F	KANNADA		
196	3	M	KANNADA		
197	8	F	KANNADA		
198	9	M	KANNADA		
199	4	F	KANNADA		
200	4	M	KANNADA		DSL WITH HL WITH MR
201	6	M	KANNADA		
202	2	M	KANNADA		DSLW ITH MR WITH HL
203	7.4	F	KANNADA		
204	5	M	KANNADA		
205	8	M	KANNADA		
206	8	F	KANNADA		
207	12	F	KANNADA		DSL WITH HLW ITH MR
208	3	M	KANNADA		
209	6	M	KANNADA		
210	10	F	KANNADA		
211	4	F	KANNADA		
212	10	F	KANNADA		
213	9	M	KANNADA		DSL WITH CP* WITH MR
214	3	F	TAMIL		
215	2.3	M	MALAYALAM		
216	6	F	KANNADA		
217	8	M	KANNADA		
218	4.6	M	KANNADA		
219	7	F	KANNADA		
220	12	M	KANNADA		
221	5	M	KANNADA		
222	9	M	KANNADA		
223	3.3	M	KANNADA		
224	6	M	KANNADA		
225	3	F	KANNADA		DSLW ITH MR WITH CP
226	7	F	KANNADA		DSL WITH MR WITH CP
227	8	M	KANNADA		
228	8	M	KANNADA		
229	7	M	KANNADA		DSL WITH MR WITH MA
230	10	M	KANNADA		
231	6	M	TAMIL		DSLWITH MA WITH MR
232	12	M	KANNADA		
233	6	F	MALAYALAM		
234	8	M	KANNADA		
235	4	F	KANNADA		
236	11	F	KANNADA		
237	2.3	M	MALAYALAM		DSL WITH HL WITH MR
238	4	F	KANNADA		DSL WITH MR WITH CP
239	6	M	KANNADA		
240	4	M	KANNADA		
241	10	M	KANNADA		
242	7	M	KANNADA		DSL WITH MR WITH CP
243	10	M	KANNADA		
244	3	M	KANNADA		
245	4	M	TAMIL		
246	3	F	KANNADA		

247	4	M	KANNADA		DSL WITH CP WITH MR
248	7	F	TAMIL		DSLW ITH HL WITH MR
249	7	M	KANNADA	DSL WITH MR	
250	8	M	KANNADA		DSLW ITH HL WITH MR
251	8	M	KANNADA		DSL WITH HL WITH MR
252	9	M	KANNADA		DSL WITH HL WITH MR
253	10	M	KANNADA	DSL WITH MR	
254	3	F	MALAYALAM	DSL WITH MR	
255	3	M	KANNADA		DSLW ITH HL WITH MR WITH CP
256	8	M	KANNADA	DSL WITH MR	
257	9	M	KANNADA	DSL WITH MR	
258	3.6	M	KANNADA	DSL WITH MR	
259	4	M	KANNADA	DSL WITH MR	
260	5	F	KANNADA	DSL WITH MR	
261	5	M	KANNADA	DSL WITH MR	
262	8	F	KANNADA	DSL WITH MR	
263	12	F	KANNADA		DSLW ITH HL WITH MR
264	9	F	KANNADA	DSL WITH MR	
265	2	M	KANNADA	DSL WITH MR	
266	7	M	MALAYALAM	DSL WITH MR	
267	5	M	MALAYALAM	DSL WITH MR	
268	10	M	KANNADA	DSL WITH MR	
269	5	F	TAMIL	DSL WITH MR	
270	8	M	KANNADA	DSL WITH MR	
271	12	M	KANNADA	DSL WITH MR	
272	8	M	TELUGU	DSL WITH MR	
273	8	F	KANNADA		DSL WITH HL WITH MR
274	5	F	KANNADA		DSL WITH HL WITH MR
275	8	M	KANNADA		DSL WITH HL WITH MR WITH CP
276	12	M	KANNADA	DSL WITH MR	
111	6	M	KANNADA	DSL WITH MR	
278	10	M	KANNADA	DSL WITH MR	
279	9	M	KANNADA		DSL WITH HL WITH MR
280	3.6	M	KANNADA	DSL WITH MR	
281	9	M	KANNADA	DSL WITH MR	
282	5	F	KANNADA		DSL WITH HL WITH MR WITH BP
283	12	F	KANNADA		DSL W ITH HL WITH MR
284	8	M	KANNADA		DSL WITH HL WITH MR
285	9	M	KANNADA	DSL WITH MR	
286	3	M	KANNADA		DSL WITH HL WITH MR
287	9	M	KANNADA	DSL WITH MR	
288	10	F	KANNADA	DSL WITH MR	
289	12	M	KANNADA	DSL WITH MR	
290	2	M	KANNADA	DSL WITH MR	
291	4	M	COORGI	DSL WITH MR	
292	8	F	KANNADA	DSL WITH MR	
293	10	M	KANNADA		DSLW ITH HL WITH MR
294	8	M	KANNADA	DSL WITH MR	
295	10	F	KANNADA	DSL WITH MR	
296	5	M	KANNADA	DSL WITH MR	

297	8	M	KANNADA	DSL WITH MR	
298	6	M	KANNADA	DSL WITH MR	
299	10	M	MALAYALAM		DSL WITH HL WITH MR
300	4	F	KANNADA	DSL WITH MR	
301	8	M	KANNADA	DSL WITH MR	
302	5.6	M	KANNADA	DSL WITH MR	
303	3	F	HINDI	DSL WITH MR	
304	5	M	KANNADA	DSL WITH MR	
305	3.6	F	KANNADA	DSL WITH MR	
306	2.6	M	MALAYALAM	DSL WITH MR	
307	6	F	HINDI	DSL WITH MR	
308	2.6	F	KANNADA		DSLW ITH HL WITH MR
309	3.10	F	KANNADA	DSL WITH MR	
310	9	F	KANNADA	DSL WITH MR	
311	2.4	M	KANNADA	DSL WITH MR	
312	11	F	HINDI	DSL WITH MR	
313	10	F	KANNADA	DSL WITH MR	
314	9	M	KANNADA	DSL WITH MR	
315	11	M	KANNADA	DSL WITH MR	
316	8	M	KANNADA	DSL WITH MR	
317	4.11	F	KANNADA	—————	DSL WITH HL WITH MR WITH BP
318	2.6	F	KANNADA	DSL WITH MR	
319	8	M	KANNADA	DSL WITH MR	
320	9	F	KANNADA	DSL WITH MR	
321	5	M	HINDI	DSL WITH MR	
322	2.3	M	KANNADA	DSL WITH MR	
323	5	M	KANNADA	DSL WITH MR	
324	4	F	TAMIL	DSL WITH MR	
325	9	F	TAMIL		DSL WITH MR WITH CP WITHHL
326	9	M	KANNADA	DSL WITH MR	
327	8	M	KANNADA	DSL WITH MR	
328	2	F	KANNADA	DSL WITH MR	
329	8	M	KANNADA	DSL WITH MR	
330	6	M	KANNADA	DSL WITH MR	
331	12	M	KANNADA	DSL WITH MR	
332	8	M	KANNADA	DSL WITH MR	
333	11	M	KANNADA	DSL WITH MR	
334	3.6	F	KANNADA	DSL WITH MR	
335	9	M	KANNADA	DSL WITH MR	
336	6	M	KANNADA	DSL WITH MR	
337	8	F	MALAYALAM		DSL WITH HL WITH MR
338	6	M	KANNADA	DSL WITH MR	
339	8	M	KANNADA	DSL WITH MR	
340	12	M	KANNADA	DSL WITH MR	
341	6	M	KANNADA	DSL WITH MR	
342	8	M	KANNADA	DSL WITH MR	
343	7	M	KANNADA	DSL WITH MR	
344	3.6	F	KANNADA	DSL WITH MR	
345	6	F	KANNADA	DSL WITH MR	
346	4	F	KANNADA	DSL WITH MR	
347	6	F	KANNADA	DSL WITH MR	
348	6	F	KANNADA		DSLW ITH HLW ITH MR

349	9	M	TAMIL		DSL WITH CP WITH MR
350	5.10	M	KANNADA	DSL WITH MR	
351	5	F	MALAYALAM	DSL WITH MR	
352	9	F	KANNADA	—————	DSL WITH MR WITH MA
353	7	M	KANNADA		DSL WITH CP WITH MR
354	2.4	F	KANNADA	DSL WITH MR	
355	5	M	KANNADA	DSL WITH MR	
356	11	F	KANNADA	DSL WITH MR	
357	10	M	KANNADA	DSL WITH MR	
358	4.9	M	KANNADA	DSL WITH MR	
359	8	M	KANNADA	DSL WITH MR	
360	6	F	KANNADA	DSL WITH MR	
361	8	F	MALAYALAM	DSL WITH MR	
362	10	F	TAMIL	DSL WITH MR	
363	5	M	KANNADA		DSLW ITH MR WITH AUTISTIC FEATURES
364	10	F	MALAYALAM	DSL WITH MR	
365	4.5	F	KANNADA	DSL WITH MR	
366	7	M	KANNADA	—————	DSL WITH STUTTERING WITH MR
367	9	M	MALAYALAM	DSL WITH MR	
368	9	M	MALAYALAM	DSL WITH MR	
369	8	M	KANNADA	DSL WITH MR	
370	10	F	KANNADA		DSL WITH MR WITH CP
371	7	F	TAMIL		DSLW ITH MR WITH HL
372	7	F	TAMIL	DSL WITH MR	
373	5	M	KANNADA	DSL WITH MR	
374	8	F	KANNADA	DSL WITH MR	
375	10	M	TELU		DSL WITH HL WITH MR
376	2.6	M	KANNADA		REGRESSION IN SPEECH WTTTHL WITH MR
377	7	F	KANNADA	DSL WITH MR	
378	5.6	M	KANNADA	DSL WITH MR	
379	6	M	KANNADA	—————	DSL WITH HL WITH MR WTTTDCP
380	11	M	KANNADA	DSL WITH MR	
381	5	M	KANNADA	DSL WITH MR	
382	10	F	KANNADA	DSL WITH MR	
383	4	F	KANNADA	DSL WITH MR	
384	6	M	KANNADA	DSL WITH MR	
385	4	F	KANNADA		DSL WITH HN WITH MR WITH REPAIRED CP*
386	9	F	KANNADA	DSL WITH MR	
387	7	M	KANNADA		DSL WITH HL WITH MR
388	3	F	KANNADA	DSL WITH MR	
389	10	M	KANNADA	DSL WITH MR	
390	8	M	KANNADA	DSL WITH MR	
391	4	M	KANNADA	DSL WITH MR	
392	4.6	M	KANNADA	DSL WITH MR	
393		M	KANNADA	DSL WITH MR	
394	5	M	KANNADA		DSLW ITH CP WITH MR

395	4	F	KANNADA	DSL WITH MR	
396	5	F	KANNADA	DSL WITH MR	
397	12	F	KANNADA	DSL WITH MR	
398	10	F	KANNADA	————	DSL WITH HL WITH MR WITH MA
399	4	M	KANNADA		
400	3.6	M	KANNADA		DSL WITH CP WITH MR
401	2	M	KANNADA	—.....—	DSL WITH MR WITH CP*
402	2.6	F	KANNADA		DSLW ITH HL WITH MR
403	12	F	KANNADA		DSL WITH MR WITH HN
	8		KANNADA		DSL WITH MR WITH VP
404	4	M	KANNADA	DSL WITH MR	
405	5	M	KANNADA	DSL WITH MR	
406	12	M	KANNADA	DSL WITH MR	
407	12	M	KANNADA	DSL WITH MR	
408	8	M	KANNADA	DSL WITH MR	
409	5.6	F	KANNADA	DSL WITH MR	
410	4.6	M	URDU	DSL WITH MR	
411	12	M	KANNADA		DSL WITH HL WITH MR
412	6	M	KANNADA		DSL WITH CP WITH MR
413	12	F	TELUGU	DSL WITH MR	
414	2	M	HINDI	DSL WITH MR	
415	2	M	MALAYALAM	-----	DSL WITH MR WITH AUTISTIC FEATURES
416	8	F	KANNADA	DSL WITH MR	
417	10	M	KANNADA		DSL WITH HL WITH MR
418	3.4	M	KANNADA		DSL WITH HL WITH MR
419	10	M	HINDI	—	DSLW ITH CP WITH MR WITH HL
420	6	F	KANNADA		DSL WITH MR WITH AUTISTIC FEATURES
421	4	M	KANNADA		DSL WITH MR WITH CP
422	5	F	KANNADA	DSL WITH MR	
423	12	M	KANNADA	DSL WITH MR	
424	8	M	KANNADA	DSL WITH MR	
425	4	M	KANNADA	DSL WITH MR	
426	10	F	KANNADA		HIGH PITCH WEAK VOICE WITH MR WITH DSL
427	3	M	KANNADA	DSL WITH MR	
428	10	M	KANNADA		DSL WITH CP* WITH HN
429	3	M	KANNADA	DSL WITH MR	
430	10	F	KANNADA	DSL WITH MR	
431	7	M	KANNADA	DSL WITH MR	
432	11	M	KANNADA		DSL WITH HL WITH MR
433	8	M	KANNADA	DSL WITH MR	
434	11	M	KANNADA	DSL WITH MR	
435	8	F	KANNADA	DSL WITH MR	
436	8	F	KANNADA	DSL WITH MR	
437	10	M	KANNADA	DSL WITH MR	
438	10	F	KANNADA	DSL WITH MR	
439	9.6	F	KANNADA	DSL WITH MR	
440	4.3	F	MALAYALAM	DSL WITH MR	

441	3	M	KANNADA	DSL WITH MR	
442	2	M	KANNADA	DSL WITH MR	
443	3.6	M	KANNADA	DSL WITH MR	
444	4	F	KANNADA	DSL WITH MR	
445	7	M	KANNADA	DSL WITH MR	
446	2	M	URDU		DSL WITH CP* WITH MR
447	9	F	KANNADA	DSL WITH MR	
448	3.11	M	KANNADA	DSL WITH MR	
449	8.8	F	MALAYALAM	DSL WITH MR	
450	8	F	KANNADA		DSL WITH MA WITH MR
451	9	M	KANNADA	DSL WITH MR	
452	7	F	KANNADA		DSL WITH MR WITH MA
453	8	F	KANNADA		DSL WITH HL WITH MR
454	9	M	KANNADA	DSL WITH MR	
455	9	M	KANNADA	DSL WITH MR	
456	6	M	KANNADA		DSL WITH MR WITH CP
457	8	M	KANNADA	DSL WITH MR	
458	2	F	URDU		DSL WITH CP* WITH MR
459	10	F	KANNADA	DSL WITH MR	
460	6	M	KANNADA	DSL WITH MR	
461	8	M	KANNADA		DSL WITH MA WITH MR
462	6	M	KANNADA		DSL WITH CP WITH MR
463	5	M	MALAYALAM	REGRESSION OF SPEECH WITH MR	
464	3.10	F	KANNADA	DSL WITH MR	
465	6	F	KANNADA	DSL WITH MR	
466	3	F	KANNADA	DSL WITH MR	
467	5	M	KANNADA	DSL WITH MR	
468	8	F	KANNADA	DSL WITH MR	
469	6	M	KANNADA	DSL WITH MR	
470	7	M	KANNADA	DSL WITH MR	
471	10	M	KANNADA		DSL WITH MR WITH HL
472	12	M	KANNADA	DSL WITH MR	
473	9.6	M	KANNADA	DSL WITH MR	
474	4.10	F	KANNADA	DSL WITH MR	
475	7	F	KANNADA	DSL WITH MR	
476	8	M	KANNADA		DSL WITH CP WITH MR
477	7	F	MALAYALAM		
478	9	M	TAMIL	—	DSL WITH MA WITH MR
479	10	M	KANNADA	DSL WITH MR	
480	12	M	MALAYALAM	DSL WITH MR	
481	4	M	TELUGU	DSL WITH MR	
482	2	M	KANNADA		DSL WITH MR WITH CP
483	12	M	KANNADA	DSL WITH MR	
484	12	F	KANNADA	DSL WITH MR	
485	7	M	KANNADA	DSL WITH MR	
486	6	F	KANNADA	DSL WITH MR	
487	7	F	KANNADA	DSL WITH MR	
489	12	F	KANNADA	DSL WITH MR	

490	10	F	KANNADA	DSL WITH MR	
491	4	M	KANNADA	DSL WITH MR	
492	6	F	KANNADA	DSL WITH MR	
493	3	F	KANNADA	DSL WITH MR	
494	8	M	KANNADA	DSL WITH MR	
495	6.6	F	HINDI	DSL WITH MR	
496	8	F	KANNADA	DSL WITH MR	
497	6	M	KANNADA		DSL WITH MA WITH MR
498	7	M	KANNADA	—————	DSLW ITH MA WITH CP WITH MR
499	6	M	KANNADA		DSL WITH CP WITH MR
500	7.3	F	KANNADA	DSL WITH MR	
501	2.6	M	KANNADA	DSL WITH MR	
502	3.6	M	KANNADA	DSL WITH MR	
503	7	M	KANNADA	DSL WITH MR	
504	9	M	TAMIL	DSL WITH MR	
505	12	M	KANNADA	DSL WITH MR	
506	5	M	HINDI	DSL WITH MR	
507	8	M	KANNADA	DSL WITH MR	
508	4	M	KANNADA	DSL WITH MR	
509	5	F	KANNADA	DSL WITH MR	
510	7	F	URDU		DSL WITH MR WITH BP
511	7	M	MALAYALAM	DSL WITH MR	
512	9.6	M	KANNADA	DSL WITH MR	
513	3	M	MALAYALAM	DSL WITH MR	
514	9	F	KANNADA	DSL WITH MR	
514	12	M	KANNADA	DSL WITH MR	
515	3.6	M	HINDI		DSL WITH MR WITH AUTISTIC FEATURES
516	12	F	KANNADA	DSL WITH MR	
517	6	F	KANNADA	DSL WITH MR	
518	10	M	KANNADA	DSL WITH MR	
519	10	M	KANNADA	DSL WITH MR	
520	7	M	KANNADA	DSL WITH MR	
521	3.6	F	KANNADA	DSL WITH MR	
522	2	M	KANNADA	DSL WITH MR	
523	9	F	KANNADA	DSL WITH MR	
524	7	M	HINDI	DSL WITH MR	
525	6	M	KANNADA	DSL WITH MR	
526	6	M	HINDI	DSL WITH MR	
527	5	M	KANNADA	DSL WITH MR	
528	6	M	TAMIL	DSL WITH MR	
529	6	F	KANNADA	DSL WITH MR	
530	5.6	F	KANNADA	DSL WITH MR	
531	7	M	KANNADA		DSL WITH CP WITH MR
532	3.4	M	HINDI	DSL WITH MR	
533	10	F	KANNADA	DSL WITH MR	
534	6	F	KANNADA	DSL WITH MR	
535	7	M	KANNADA	DSL WITH MR	
536	7	M	KANNADA		DSL WITH MR WITH BP
537	7	F	KANNADA		DSL WITH HL WITHSUBMUCOUS CLEFT
538	4	M	KANNADA	DSL WITH MR	

539	3	M	KANNADA		DSL WITH MR WITH CP
540	7	M	KANNADA	DSL WITH MR	
541	9	M	KANNADA	DSL WITH MR	
542	11	F	KANNADA	DSL WITH MR	
543	7	M	KANNADA	DSL WITH MR	
544	2.6	M	KANNADA	DSL WITH MR	
545	12	M	KANNADA	DSL WITH MR	
546	10	M	KANNADA	DSL WITH MR	
547	7	M	KANNADA	DSL WITH MR	
548	4	M	KANNADA	DSL WITH MR	
549	5	M	KANNADA	DSL WITH MR	
550	4.11	F	KANNADA	DSL WITH MR	
551	8	F	KANNADA	DSL WITH MR	
552	7	F	HINDI	DSL WITH MR	
553	4.6	M	MALAYALAM	DSL WITH MR	
554	3	M	KANNADA	DSL WITH MR	
555	9	F	KANNADA	DSL WITH MR	
556	8	M	MALAYALAM	DSL WITH MR	
557	6	M	KANNADA	DSL WITH MR	
558	6	F	KANNADA		DSLW ITH MR WITH CP
559	5	F	BHOJPURI	DSL WITH MR	
560	10	M	KANNADA	DSL WITH MR	
561	5	F	KANNADA	DSL WITH MR	
562	5	F	KANNADA		DSL WITH CP WITH MR
563	7	F	KANNADA		DSL WITH CP WITH MR
564	5	M	KANNADA	DSL WITH MR	
565	7	M	TAMIL	DSL WITH MR	
566	6	M	KANNADA	DSL WITH MR	
567	8	M	KANNADA	DSL WITH MR	
568	6	M	KANNADA	DSL WITH MR	
569	4	F	KANNADA	DSL WITH MR	
570	10	F	KANNADA	DSL WITH MR	
571	5	M	KANNADA		DSL WITH MR WITH HL
572	6	F	KANNADA	DSL WITH MR	
573	4	F	KANNADA	DSL WITH MR	
574	7.6	M	KANNADA		DSLW ITH MR WITH CP
575	3	M	KANNADA		DSLW ITH MR WITH CP
576	2.6	M	KANNADA		DSL WITH MR WITH CP
577	7	M	KANNADA	DSL WITH MR	
578	12	M	KANNADA		DSLW ITH MR WITH HL
579	9	M	KANNADA	—————	DSL WITH MR WITH HOARSENESS
580	7	M	KANNADA		DSLWITH MA WITH MR
581	9	M	KANNADA	DSL WITH MR	
582	6	F	KANNADA		DSL WITH HL WITHMR
583	9	M	KANNADA		DSL WITH HL WITH MR
584	7	F	KANNADA	DSL WITH MR	
585	8	M	KANNADA		DSLWITH HL WITHMR
586	5	M	TAMIL		DSLWITH MR WITH CP
587	3.3	F	KANNADA	DSL WITH MR	
588		F	KANNADA	DSL WITH MR	
589		M	MALAYALAM	DSL WITH MR	
590	6	F	KANNADA	DSL WITH MR	
591	4	M	HINDI	DSL WITH MR	

592	5	M	KANNADA	DSL WITH MR	
593	9	M	KANNADA		
594	4	M	KANNADA		
595	2.7	F	KANNADA		
596	6	F	KANNADA		
597	4	F	KANNADA		DSL WITH MR WITH CP
598	3	M	KANNADA		DSLWTHH MR WITH CP
599	12	F	KANNADA		
600	8	F	KANNADA		DSL WITH MR WITH CP
601	7	F	KANNADA		DSLW ITH CP WITH MR
602	11	F	TAMIL		
603	7	M	KANNADA		
604	3	F	KANNADA		
605	2	F	MALAYALAM		DSLWITH CP WITH MR
606	5	F	MALAYALAM		
607	7	M	KANNADA		
608	6	F	KANNADA		
609	3	F	KANNADA		DSL WITH CP WITH MR
610	9	M	KANNADA		INADEQUATE SPEECH WITH DYSARTHRIA WITH MR
611	2.6	F	KANNADA		DSL WITH MR WITH CP WITHHL
612	3	F	KANNADA		
613	12	M	KANNADA		DSL WITH HL WITHMR
614	6	M	TAMIL		
615	5	F	KANNADA		
616	2	F	KANNADA		DSL WITH CP WITH MR
617	4.6	F	MALAYALAM		
618	5	F	KANNADA		
619	4	F	HINDI		DSLW ITH MR WITH CP
620	2	M	KANNADA		DSLW ITH HL WITH MR
621	9	M	KANNADA		
622	6	M	KANNADA		DSLW ITH HL WITH CP
623	10	F	KANNADA		
624	10	M	KANNADA		
625	4.6	F	KANNADA		DSLWITH MA WITH MR
626	5	M	KANNADA		
627	8	M	KANNADA		
628	4	F	KANNADA		
629	3.10	M	HINDI		
630	7	M	KANNADA		
631	10	M	KANNADA		
632	9	M	KANNADA		
633	10	M	KANNADA		
634	11	M	KANNADA		DSL WITH HL WITH MR
635	5	M	MALAYALAM		DSLW ITH HL WITH MR
636	7	F	KANNADA		DSLWITH MR WITH MA
637	7	F	KANNADA		DSLWITH MR WITH MA
638	3	M	URDU		DSLW ITH CP WITH MR
639	3.6	M	KANNADA		
640	10	M	KANNADA		MA WITH MR
641	12	M	HINDI		
642	5.6	M	KANNADA		DSLW ITH MR WITH BP

643	10	F	KANNADA		DSL WITH HL WITH MR
644	4	F	KANANDA		DSLW ITH HL WITH MR
645	4	M	KANNADA		DSLW ITH MR WITH CP
646	10	M	KANNADA	DSL WITH MR	
647	4	M	URDU	DSL WITH MR	
648	10	M	KANNADA	DSL WITH MR	
649	4	F	KANNADA	DSL WITH MR	
650	12	M	KANNADA	DSL WITH MR	
651	3	F	KANNADA	DSL WITH MR	
652	9	M	KANNADA	DSL WITH MR	
653	6	M	KANNADA	DSL WITH MR	
654	6	M	KANNADA	DSL WITH MR	
655	9	M	KANNADA	DSL WITH MR	
656	5	M	KANNADA	DSL WITH MR	
657	7	F	KANNADA	DSL WITH MR	
658	12	F	KANNADA	————	DSLW ITH HL WITH MA WITH MR
659	5.6	F	HINDI	DSL WITH MR	
670	6	M	KANNADA		DSLW ITH CP WITH MR
671	7	M	MALAYALAM	DSL WITH MR	
672	2	M	KANNADA	————	LOWPITCHED HOARSE VOICE WITH MR
673	6	F	KANNADA	DSL WITH MR	
674	7	M	KANNADA	DSL WITH MR	
675	5	M	KANNADA	DSL WITH MR	
676	3	M	KANNADA	DSL WITH MR	
678	6	M	KANNADA	DSL WITH MR	
679	12	M	KANNADA	———	DSL WITHMR WITH HL WITHCP
680	5	M	KANNADA		DSL WITH HL WITH MR
681	7	F	KANNADA	DSL WITH MR	
682	7	M	KANNADA	DSL WITH MR	
683	12	M	KANNADA	DSL WITH MR	
684	4.6	M	KANNADA	——~	DSL WITH HL WITH MR WITHCP
685	3.8	M	KANNADA	DSL WITH MR	
686	8	F	KANNADA	DSL WITH MR	
687	5	F	KANNADA	DSL WITH MR	
688	6	M	KANNADA		DSLW ITH MR WITH HL
689	4	F	MALAYALAM		DSL WITH HL WITH MR WITHBP
690	8	F	KANNADA	DSL WITH MR	
691	9	F	KANNADA	DSL WITH MR	
692	7	F	KANNADA	DSL WITH MR	
693	6	M	KANNADA		DSL WITH CP WITH MR
694	8	M	KANNADA	DSL WITH MR	
695	4.6	F	KANNADA	DSL WITH MR	
696	9	M	KANNADA	DSL WITH MR	
697	9	F	KANNADA	DSL WITH MR	
698	7	M	TAMIL	DSL WITH MR	
699	7	F	KANNADA	DSL WITH MR	
700	6	M	MALAYALAM	DSL WITH MR	
701	7	F	TAMIL		DSLW ITH CPW ITH MR
702	10	F	MALAYALAM	DSL WITH MR	

703	10	M	KANNADA	DSL WITH MR	
704	3	F	KANNADA	DSL WITH MR	
705	4	M	KANNADA	DSL WITH MR	
706	12	F	KANNADA	DSL WITH MR	
707	7	M	KANNADA	DSL WITH MR	
708	4.1	F	KANNADA		DSLW ITH HLW ITH MR
709	2	M	KANNADA		DSLWITH MR WITH VP
710	5	M	KANNADA		DSL WITH MA WITH MR
711	4	M	KANNADA	DSL WITH MR	
712	10	M	KANNADA	DSL WITH MR	
713	8	M	KANNADA	DSL WITH MR	
714	10	F	KANNADA		DSLW ITH MR WITH CP
715	6	M	KANNADA	DSL WITH MR	
716	7	F	KANNADA	DSL WITH MR	
717	9	M	KANNADA	DSL WITH MR	
718	6	F	KANNADA	DSL WITH MR	
719	5	M	KANNADA	DSL WITH MR	
720	4.4	M	KANNADA		DSLW ITH HL WITH MR
721	5	M	KANNADA	DSL WITH MR	
722	3.6	M	KANNADA		DSLWITH CP WITH MR
723	4	F	KANNADA	DSL WITH MR	
724	12	F	KANNADA	DSL WITH MR	
725	7	M	KANNADA	DSL WITH MR	
726	12	F	KANNADA	DSL WITH MR	
727	2.6	F	MALAYALAM	DSL WITH MR	
728	6	M	KANNADA	DSL WITH MR	
729	5	M	KANNADA	DSL WITH MR	
730	2	F	KANNADA	DSL WITH MR	
731	6	F	KANNADA	DSL WITH MR	
732	6	M	KANNADA		DSLW ITH CP WITH MR
733	4.6	M	KANNADA		DSLWITH HL WITHMR
734	3	M	KANNADA		DSL WITH MR WITH CP
735	7	M	KANNADA	DSL WITH MR	
736	12	F	KANNADA	DSL WITH MR	
737	8	M	KANNADA	DSL WITH MR	
738	5	M	KANNADA		DSLWITH MR WITH CP
739	5	M	MALAYALAM	DSL WITH MR	
740	7	F	KANNADA		DSLW ITH MR WITH HL
741	10	F	KANNADA	DSL WITH MR	
742	6.6	M	KANNADA	DSL WITH MR	
743	12	M	KANNADA		DSLW ITH CP WITHMR
744	6	M	KANNADA	DSL WITH MR	
745	9	M	KANNADA	DSL WITH MR	
746	5	F	KANNADA	DSL WITH MR	
747	2.6	F	KANNADA		DSLWITH CP WITH MR
748	9	F	KANNADA	DSL WITH MR	
749	7	F	KANNADA		DSLWITH MRWITH CP
750	7	F	KANNADA	DSL WITH MR	
751	4	M	KANNADA	DSL WITH MR	
752	8	M	KANNADA	DSL WITH MR	
753	3.2	M	HINDI	DSL WITH MR	
754	6	F	KANNADA	DSL WITH MR	

1	7	F	KANNADA		MA WITH DENASALITY
2	11	M	KANNADA	-----	INADEQUATE SPEECH WITH MA WITH CP
3	2.5	M	KANNADA	MISARTICULATION	MA WITH HN
4	6	M	TAMIL	MISARTICULATION	
5	9	M	MALAYALAM		MA WITH HN
6	4	F	KANNADA	MISARTICULATION	
7	6	F	KANNADA	MISARTICULATION	
8	11	F	KANNADA	MISARTICULATION	
9	9	M	KANNADA	MISARTICULATION	
10	9	M	KANNADA	MISARTICULATION	
11	6.6	F	KANNADA	INADEQUATE SPEECH AND LANGUAGE WITH MA	
12	6	M	KANNADA	INADEQUATE SPEECH AND LANGUAGE WITH MA	
13	5	M	HINDI	MISARTICULATION	
14	4	M	HINDI	MISARTICULATION	
15	5	M	HINDI		STUTTERING WITH MA
16	6	M	HINDI	MISARTICULATION	
17	7	F	KANNADA	MISARTICULATION	
18	6	M	KANNADA	MISARTICULATION	
19	4	F	HINDI	MISARTICULATION	
20	5	F	HINDI	MISARTICULATION	
21	6	M	TAMIL		MA WITH HN
22	6	M	KANNADA	MISARTICULATION	
23	8	M	KANNADA	MISARTICULATION	
24	10	F	KANNADA	MISARTICULATION	
25	10	F	BENGALI		MA WITH HN
26	4	F	HINDI	MISARTICULATION	
27	8	F	URDU	MISARTICULATION	
28	4	M	KANNADA	MISARTICULATION	
29	5	M	TELUGU	MISARTICULATION	
30	9	M	MALAYALAM		MA WITH HN WITH REPAIRED CP*
31	7	M	KANNADA	MISARTICULATION	
32	6	F	KANNADA		MA WITH HN WITH CP*
33	7	M	KANNADA		MA WITH HV
34	10	M	KANNADA	MISARTICULATION	
35	6	F	HINDI	DSL WITH MA	
36	10.6	M	MALAYALAM	MISARTICULATION	
37	3.3	M	KANNADA	MISARTICULATION	
38	7	F	TAMIL	MISARTICULATION	
39	11	M	KANNADA	MISARTICULATION	
40	9	M	KANNADA	MISARTICULATION	
41	5	F	KANNADA		MA WITH HN
42	7	M	KANNADA	MISARTICULATION	
43	9	M	KANNADA	MISARTICULATION	
44	5	F	KANNADA	MISARTICULATION WITH HYPER NASALITY	
45	8	M	KANNADA	MISARTICULATION	
46	9	M	MALAYALAM	MISARTICULATION	
47	6	M	KANNADA	MISARTICULATION	

48	4	M	KANNADA	-----	NORMAL NON FLUENCY WITH MISARTICULATION
49	5	M	MALAYALAM	MISARTICULATION	
50	8	M	KANNADA	-----	MA WITH HOARSE VOICE
51	11	M	MALAYALAM	MISARTICULATION	
52	4	F	KANNADA		MA WITH STUTTERING
53	4.6	M	KANNADA	MISARTICULATION	
54	8	M	KANNADA		INADEQUATE SPEECH AND LANGUAGE WITH MA
55	5	M	KANNADA	MISARTICULATION	
56	4	F	KANNADA	MISARTICULATION	
57	6	M	KANNADA	MISARTICULATION	
58	10	M	MANIPURI	MISARTICULATION	
59	4.6	M	KANNADA	.....	MA WITH NORMAL NON FLUENCY
60	11	F	HINDI	MISARTICULATION	
61	5	M	KANNADA		MA WITH CP*
62	6	M	KANNADA	MISARTICULATION	
63	12	M	KANNADA		MA WITH HN WITH REPAIRED CP* & LIP
64	12	M	KANNADA		MA WITH HN
65	10	F	KANNADA		MA WITH HN WITH CP*
66	8	F	KANNADA		MA WITH HN
67	6	M	KANNADA		INADEQUATE SPEECH WITH MA WITH HN
68	4.6	M	KANNADA	MISARTICULATION	
69	7	F	KANNADA	MISARTICULATION	
70	8	M	KANNADA	MISARTICULATION	
71	7	M	KANNADA	MISARTICULATION	
72	5	F	KANNADA	INADEQUATE SPEECH WITH MA	
73	10	M	BIHARI		MA WITH HN
74	9	M	KANNADA	MISARTICULATION	
75	5.6	M	KANNADA		MA WITH HN
76	9	M	KANNADA		MA WITH SMC
77	6	M	KANNADA	-----	SEVERE STUTTERING WITH MA
78	10	M	KANNADA	MISARTICULATION	
79	4	F	KANNADA	MISARTICULATION	
80	4	M	MALAYALAM	-----	MA WITH HN WITH REPAIRED CP*
81	5	F	KANNADA	MISARTICULATION	
82	4	F	KANNADA	MISARTICULATION	
83	6.6	M	KANNADA	-----	MA WITH REPAIRED CLEFT LIP & PALATE
84	4.9	F	KANNADA	-----	MA WITH HYPER NASALITY
85	3.6	F	KANNADA	MISARTICULATION	
86	3.6	M	KANNADA	MISARTICULATION	
87	6	M	KANNADA	MISARTICULATION	
88	9	M	KANNADA	MISARTICULATION	

89	5	M	KANNADA	MISARTICULATION	
90	6	M	KANNADA	MISARTICULATION	
91	7	M	KANNADA		SEVERE STUTTERING WITH MA
92	6	F	KANNADA		CP WITH MA
93	8	M	KANNADA	DSL WITH MA	
94	2.8	M	KANNADA	MISARTICULATION	
95	7	F	KANNADA		STUTTERING WITH MA
96	4	F	MALAYALAM	MISARTICULATION	
97	4.6	M	KANNADA	MISARTICULATION	
98	4	F	KANNADA	MISARTICULATION	
99	6	F	KANNADA	INADEQUATE SPEECH WITH MA	
100	2	M	KANNADA		REPAIRED CP* WITH MA
101	7.6	M	KANNADA	MISARTICULATION	
102	4.6	M	KANNADA	MISARTICULATION	
103	4	F	KANNADA		MA WITH HV WITH NASALIZATION WITH REPAIRED CLEFT
104	4.10	M	KANNADA		NNFWITHMA
105	9	M	KANNADA	MISARTICULATION	
106	5	M	KANNADA		STUTTERING WITH MA
107	4	F	KANNADA	MISARTICULATION	
108	7	F	MALAYALAM	MISARTICULATION	
108	9	M	KANNADA		MA WITH HN WITH CP*
110	7	M	KANNADA	MISARTICULATION	
111	3.6	F	MALAYALAM		MA WITH HN WITH CP* &LIP
112	6	M	KANNADA	MISARTICULATION	
113	2.1	F	KANNADA	MISARTICULATION	
114	5	M	KANNADA		MA WITH STUTTERING
115	9	M	KANNADA		SEVERE STUTTERING WITH MA
116	5	M	KANNADA	MISARTICULATION	
117	4	F	KANNADA		MA WITH LOW PITCHED VOICE
118	9	M	KANNADA	————	MA WITH MILD STUTTERING
119	6	F	KANNADA	MISARTICULATION	
120	5	F	KANNADA		
121	5	M	KANANDA	MISARTICULATION	
122	3	M	KANNADA		DSL WITH MA
123	3	M	KANNADA	MISARTICULATION	
124	5	M	KANNADA	MISARTICULATION	
125	7	M	KANNADA		HYPER NASALITY WITH SOFT VOICE WITH MA
126	3.6	M	MALAYALAM	MISARTICULATION	
127	6	F	KANNADA	MISARTICULATION	
128	12	M	KANNADA	-----	MA WITH HOARSE VOICE
129	6	M	MALAYALAM	-----	MODERTE STUTTERING &MA

130	5	M	KANNADA		DSL WITH MA
131	10	M	KANNADA	MISARTICULATION	
132	6	M	HINDI		MILD STUTTERING WITH MA
133	3.6	M	KANNADA	-----	REPAIRED CLEFT LIP WITH MA
134	4	M	KANNADA	MISARTICULATION	
135	3.6	F	KANNADA		MA WITHNNF
136	8	M	KANNADA	MISARTICULATION	
137	9	M	KANNADA	MISARTICULATION	
138	4	M	HINDI	— . —	MA WITH HOARSE VOICE
139	8	M	KANNADA		MA WITH CP* & LIP
140	6	F	RAJASTHANT	MISARTICULATION	
141	7	F	KANNADA	MISARTICULATION	
142	4	F	MALAYALAM		MA WITH REPAIRED CLEFT
143	5	M	KANNADA	MISARTICULATION	
144	4	F	KANNADA	---	MODERATE STUTTERING WITH MA
145	6	M	KANNADA	MISARTICULATION	
146	5	M	HINDI	MISARTICULATION	
147	9	M	KANNADA	MISARTICULATION	
148	3.2	M	KANNADA	MISARTICULATION	
149	6	F	KANNADA		MA WITH HYPER NASALITY WITH REPAIRED CP*
150	8	F	KANNADA	MISARTICULATION	
151	5	M	KANNADA		MAWITHNNF
152	7	M	KANNADA	MISARTICULATION	
153	8	M	KANNADA		MA WITH DYSLEXIA
154	5	F	KANNADA		MA WITH TONGUE TIE
155	8	F	KANNADA		MA WITH DYSLEXIA
156	4.6	F	KANNADA		MA WITH CLEFT OF SPEECH WITH NASALITY
157	8	F	TAMIL	MISARTICULATION	
158	4.4	F	KANNADA	MISARTICULATION	
159	8	M	KANNADA	MISARTICULATION	
160	5	F	KANNADA		INADEQUATE SPEECH AND LANGUAGE WITH CP WITH HYPER NASALITY
161	12	F	KANNADA		MA WITH NASALITY
162	9	M	KANNADA	MISARTICULATION	
163	7	F	KANNADA	MISARTICULATION	
164	7	M	HINDI	MISARTICULATION	
165	7	M	KANNADA		STUTTERING WITH MA
166	7	F	KANNADA	MISARTICULATION	
167	5	M	KANNADA		STUTTERING WITH MA
168	8	M	KANNADA	MISARTICULATION	
169	3.6	M	KANNADA	MISARTICULATION	
170	12	M	KANNADA		STUTTERING WITH MA
171	4	M	KANNADA	MISARTICULATION	

172	9	F	TAMIL	-----	MA WITH REPAIRED CP* WITH NASALITY
173	8	M	KANNADA	INADEQUATE SPEECH & LANGUAGE WITH MA	
174	12	M	KANNADA		CP* WITH MA
175	9	M	KANNADA		MA WITH LD
176	5	M	KANNADA	MISARTICULATION	
177	11	M	KANNADA		MA WITH HN WITH CP*
178	9	M	HINDI	MISARTICULATION	
179	6	M	KANNADA		MA WITH RD
180	6	M	KANNADA	MISARTICULATION	
181	5.6	F	HINDI	-----	MA WITH HN WITH REPAIRED CL*
182	3.8	M	KANNADA	-----	INADEQUATE SPEECH WITH HOARSE VOICE
183	10	M	KANNADA	MISARTICULATION	
184	4.2	M	KANNADA	MISARTICULATION	
185	6.6	F	KANNADA	MISARTICULATION	
186	6	M	KANNADA	MISARTICULATION	
187	5	M	KANNADA	MISARTICULATION	
188	5	M	KANNADA	MISARTICULATION	
189	11	M	KANNADA		MA WITH HN
190	9	M	KANNADA	MISARTICULATION	
191	5	F	KANNADA	MISARTICULATION	
192	10	M	KANNADA	MISARTICULATION	
193	3	F	KANNADA	MISARTICULATION	
194	5	M	KANNADA	MISARTICULATION	
195	5	M	KANNADA	MISARTICULATION	
196	6	M	KANNADA		MA WITH NASALITY
197	5	F	KANNADA	MISARTICULATION	
198	7	M	TULU		MA WITH STUTTERING
199	8	M	KANNADA	MISARTICULATION	
200	8	M	KANNADA		MA WITH HN
201	4	M	KANNADA	MISARTICULATION	
202	12	M	KANNADA	MISARTICULATION	
203	7	F	KANNADA	-----	MA WITH HN WITH HOARSE VOICE
204	4	F	KANNADA	.....	MODERATE STUTTERING WITH MA
205	10	M	KANNADA	MISARTICULATION	
206	11	M	KANNADA	MA WITH DSL	
207	9	M	KANNADA	MISARTICULATION	
208	6	M	KANNADA	DSL WITH MA	
209	6	M	KANNADA		MA WITH DYSLEXIA
210	7	F	KANNADA		MA WITH SOFT VOICE
211	11	M	KANNADA	MISARTICULATION	-
212	2.7	M	KANNADA	MISARTICULATION	
213	2	F	KANNADA		MA WITH HN WITH CP*
214	5	F	KANNADA		REPAIRED CP* WITH MA WITH NASALITY
215	10	M	KANNADA		MA WITH CP*
216	12	M	KANNADA	MISARTICULATION	
217	8	M	KANNADA		MA WITH HN
218	4.6	M	KANNADA	MISARTICULATION	

219	6	M	HINDI	MISARTICULATION	
220	4	M	KANNADA		MA WITH DENASALITY
221	5	F	KANNADA		MA WITH DENASALITY
222	4	F	KANNADA	INADEQUATE SPEECH WITH MA	
223	2	F	HINDI	MISARTICULATION	
224	6	F	KANNADA	MISARTICULATION	
225	8	M	TELUGU	DSL WITH MA	
226	4	F	KANNADA	MISARTICULATION	
227	3	F	KANNADA		MA WITHSREPAIRED CP*
228	12	M	KANNADA	MISARTICULATION	
229	7	M	KANNADA	MISARTICULATION	
230	5.4	M	HINDI	MISARTICULATION	
231	9	F	TELUGU		MA WITH STUTTERING
232	10.6	M	KANNADA		MA WITH DYSLEXIA
233	11	M	KANNADA		MA WITH STUTTERING
234	5	M	TAMIL	MISARTICULATION	
235	9	F	KANNADA	MISARTICULATION	
236	4	F	MARATHI		INADEQUATE SPEECH &LANGUAGE WITH MA WITH HN WITH SMC
237	4.6	M	MALAYALAM	MISARTICULATION	
238	4	M	KANNADA		MA WITHNNF
239	7	M	KANNADA	MISARTICULATION	
240	5	M	KANNADA	MISARTICULATION	
241	8	M	KANNADA	MISARTICULATION	
242	8	F	URDU		CP* WITH MA
243	11	M	KANNADA	DSL WITH MA	
244	9	M	KANNADA	DSL WITH MA	
245	4.3	M	KANNADA	MISARTICULATION	
246	10	M	KANNADA	————	MA WITH NASALITY WITH CP* & LIP
247	8	F	KANNADA	MISARTICULATION	
248	5	M	URDU	MISARTICULATION	
249	11	M	KANNADA	MISARTICULATION	
250	5	F	TELUGU		MA WITH HN
251	10	M	KANNADA		STUTTERING WITH MA
252	8	F	KANNADA		MA WITH TONGUE TIE
253	7.6	F	MARATHI		HN WITH MA
254	5	M	KANNADA		DSL WITH MA

1	3	M	MALAYAALM	DSL	
2	3	M	MALAYALAM	DSL	
3	3	M	KANNADA	DSL	
4	3	F	HINDI	DSL	
5	2.6	M	KANNADA	DSL	
6	2.1	M	KANNADA	DSL	
7	3.2	M	KANNADA	DSL	
8	3	M	KANNADA	DSL	
9	3.6	M	KANNADA	DSL	
10	5.6	M	KANNADA	DSL	
11	4.6	M	KANNADA	DSL	
12	2.6	M	KANNADA	DSL	
13	2.2	M	KANNADA	DSL	
14	4	M	KANNADA	DSL	
15	4	F	KANNADA	DSL	
16	2.6	M	KANNADA	DSL	
17	2	M	KANNADA	DSL	
18	2.6	M	KANNADA	DSL	
19	3	F	KANNADA	DSL	
20	2.6	M	KANNADA	DSL	
21	3	M	KANNADA	DSL	
22	5	F	KANNADA	DSL	
23	4	F	KANNADA	DSL	
24	2.3	M	KANNADA	DSL	
25	3	M	KANNADA	DSL	
26	2.2	M	KANNADA	DSL	
27	2	F	MALAYALAM	DSL	
28	2.6	F	MALAYALAM	DSL	
29	2	M	HINDI	DSL	
30	4	F	KANNADA	DSL	
31	2.6	M	KANNADA	DSL	
32	4	M	KANNADA	DSL	
33	2	M	KANNADA	DSL	
34	2	M	KANNADA	DSL	
35	2.10	M	MALAYALAM	DSL	
36	2	M	KANNADA	DSL	
37	3.10	F	KANNADA	DSL	
38	3	M	KANNADA	DSL	
39	10	M	KANNADA	DSL	
40	3	F	KANNADA	DSL	
41	2.5	M	MALAYALAM	DSL	
42	2.3	M	TAMIL	DSL	
43	2	M	KANNADA	DSL	
44	3.6	M	KANNADA	DSL	
45	2.8	M	KANNADA	DSL	
46	2.5	M	KANNADA	DSL	
47	3	M	KANNADA	DSL	
48	3.3	F	KANNADA	DSL	
49	4	F	KANNADA	DSL	
50	3	F	KANNADA	DSL	
51	5	M	KANNADA	DSL	
52	2.4	M	KANNADA	DSL	
53	2	M	KANNADA	DSL	

54	3	F	KANNADA	DSL	
55	7	M	KANNADA	DSL	
56	2.3	M	MALAYALAM	DSL	
57	3.6	M	KANNADA	DSL	
58	2.3	M	MALAYALAM	DSL	
59	3	M	KANNADA	DSL	
60	3	F	KANNADA	DSL	
61	2.9	F	KANNADA	DSL	
62	4	F	KANNADA	DSL	
63	3.1	M	KANNADA	DSL	
64	2.2	M	KANNADA	DSL	
65	2.4	F	KANNADA	DSL	
66	4	M	MALAYALAM	DSL	
67	3	M	KANNADA	DSL	
68	4	M	KANNADA	DSL	
69	3.4	M	KANNADA	DSL	
70	3	F	KANNADA	DSL	
71	2.3	F	KANNADA	DSL	
72	2.5	F	MARATHI	DSL	
73	4	F	KANNADA	DSL	
74	3	M	KANNADA	DSL	
75	3.2	M	KANNADA	DSL	
76	6	F	KANNADA	DSL	
77	3	M	KANNADA	DSL	
78	3	M	KANNADA	DSL	
79	2	M	KANNADA	DSL	
80	3	M	KANNADA	DSL	
81	4	M	KANNADA	DSL	
82	4	M	TAMIL	DSL	
83	2	F	KANNADA	DSL	
84	3	M	KANNADA	DSL	
85	2.3	M	KANNADA	DSL	
86	6	M	MALAYALAM	DSL	
87	3	M	KANNADA	DSL	
88	4	M	KANNADA	DSL	
89	3	M	COORGI	DSL	
90	3	M	KANNADA	DSL	
91	2.6	M	KANNADA	DSL	
92	4	F	KANNADA	DSL	
93	5	M	KANNADA	DSL	
94	2.6	M	KANNADA	DSL	
95	2.3	M	KANNADA	DSL	
96	2	F	KANNADA	DSL	
97	2.1	F	KANNADA	DSL	
98	5	M	KANNADA	DSL	
99	4	M	TAMIL	DSL	
100	2	M	KANNADA	DSL	
101	5	F	KANNADA	DSL	
102	4	F	KANNADA	DSL	
103	2	M	KANNADA	DSL	
104	2.6	M	KANNADA	DSL	
105	2.9	F	KANNADA	DSL	
106	3.2	M	KANNADA	DSL	

107	3.9	F	MALAYALAM	DSL	
108	2.6	M	MALAYALAM	DSL	
109	3	M	KANNADA	DSL	
110	3.2	M	KANNADA	DSL	
111	3	M	KANNADA	DSL	
112	2	M	MALAYALAM	DSL	
113	3	M	MALAYALAM	DSL	
114	3.6	F	KANNADA	DSL	
115	3.6	M	KANNADA	DSL	
116	3	M	KANNADA	DSL	
117	4	M	KANNADA	DSL	
118	2.4	F	KANNADA	DSL	
119	8	M	KANNADA	DSL	
120	3	F	KANNADA	DSL	
121	2.4	M	KANNADA	DSL	
122	3	M	KANNADA	DSL	
123	3.4	M	MITHILI	DSL	
124	10	M	LAMBANI	DSL	
125	3.4	M	KANNADA	DSL	
126	2.5	M	KANNADA	DSL	
127	2	M	KANNADA	DSL	
128	5	M	KANNADA	DSL	
129	2.6	M	KANNADA	DSL	
130	3	F	KANNADA	DSL	
131	3	M	KANNADA	DSL	
132	3.6	M	KANNADA	DSL	
133	8	M	MALAYALAM	DSL	
134	2	F	KANNADA	DSL	
135	8	F	KANNADA	DSL	
136	4.6	F	KANNADA	DSL	
137	2	M	KANNADA	DSL	
138	2.2	M	KANNADA	DSL	
139	2.1	M	KANNADA	DSL	
140	9	F	KANNADA	DSL	
141	4	F	HINDI	DSL	
142	5	F	TAMIL	DSL	
143	2.3	M	KANNADA	DSL	
144	5	M	KANNADA	DSL	
145	2.6	M	KANNADA	DSL	
146	2.6	M	KANNADA	DSL	
147	5	M	KANNADA	DSL	
148	6	F	KANNADA	DSL	
149	3	F	KANNADA	DSL	
150	2.8	M	MALAYALAM	DSL	
151	5	M	KANNADA	DSL	
152	2.6	M	KANNADA	DSL	
153	2	M	KANNADA	DSL	
154	2	M	KANNADA	DSL	
155	4	M	KANNADA	DSL	
156	3	M	HINDI	DSL	
157	4	M	MALAYALAM	DSL	
158	3.4	M	KANNADA	DSL	
159	2	M	KANNADA	DSL	

160	3.6	F	MALAYALAM	DSL	
161	3.3	M	KANNADA	DSL	
162	2.10	M	KANNADA	DSL	
163	3	F	KANNADA	DSL	
164	3.3	M	KANNADA	DSL	
165	2.9	F	KANNADA	DSL	
166	3.6	F	HINDI	DSL	
167	2.6	F	MALAYALAM	DSL	
168	2	F	KANNADA	DSL	
169	3.4	M	KANNADA	DSL	
170	2	M	KANNADA	DSL	
171	4	M	KANNADA	DSL	
172	4.4	F	KANNADA	DSL	
173	3.1	M	KANNADA	DSL	
174	3	F	KANNADA	DSL	
175	2.6	M	HINDI	DSL	
176	6	M	KANNADA	DSL	
177	2.11	M	KANNADA	DSL	
178	2.6	M	KANNADA	DSL	
179	2.4	M	KANNADA	DSL	
180	2.6	M	HINDI	DSL	
181	2.3	F	GUJARATHI	DSL	
182	2	F	KANNADA	DSL	
183	3	M	KANNADA	DSL	
184	2.4	M	KANNADA	DSL	
185	3.4	M	MALAYALAM	DSL	
186	2	F	KANNADA	DSL	
187	3	F	KANNADA	DSL	
188	3.2	M	KANNADA	DSL	
189	2	M	KANNADA	DSL	
190	2	M	KANNADA	DSL	
191	3	M	KANNADA	DSL	
192	2.6	F	KANNADA	DSL	
193	6	F	KANNADA	DSL	
194	4	M	KANNADA	DSL	
195	2.6	F	KANNADA	DSL	
196	2	M	KANNADA	DSL	
197	3	M	KANNADA	DSL	
198	4	F	KANNADA	DSL	
199	2.11	F	KANNADA	DSL	
200	2.10	F	KANNADA	DSL	
201	3	F	MALAYALAM	DSL	
202	3.6	M	URDU	DSL	
203	5	M	KANNADA	DSL	
204	3	M	HINDI	DSL	
205	2	M	KANNADA	DSL	
206	2.6	M	TELUGU	DSL	
207	4	M	KANNADA	DSL	
208	2.2	M	KANNADA	DSL	
209	2.8	M	TAMIL	DSL	
210	2.6	M	TELUGU	DSL	
211	3	M	KANNADA	DSL	
212	2.6	F	KANNADA	DSL	

213	2.6	M	KANNADA	DSL	
214	8	F	KANNADA	DSL	
215	2	M	KANNADA	DSL	
216	3	M	TAMIL	DSL	
217	3	M	KANNADA	DSL	
218	3	F	KANNADA	DSL	
219	2.6	M	KANNADA	DSL	
220	5.3	F	KANNADA	DSL	
221	2.3	M	KANNADA	DSL	
222	3	F	KANNADA	DSL	
223	3	F	KANNADA	DSL	
224	3	M	URDU	DSL	
225	2.6	F	KANNADA	DSL	
226	2	F	KANNADA	DSL	
227	4	F	KANNADA	DSL	
228	5	F	URDU	DSL	
229	2.7	F	TELUGU	DSL	
230	3	F	HINDI	DSL	
231	5.3	M	URDU	DSL	
232	3	M	KANNADA	DSL	
233	4	M	TAMIL	DSL	
234	9	M	KANNADA	DSL	
235	4	F	KANNADA	DSL	
236	2.2	F	KANNADA	DSL	
237	2.6	F	URDU	DSL	
238	2.2	M	KANNADA	DSL	
239	2.3	M	KANNADA	DSL	
240	2.6	M	KANNADA	DSL	
241	4	M	KANNADA	DSL	
242	2.6	M	KANNADA	DSL	
243	2.6	F	KANNADA	DSL	
244	4	M	KANNADA	DSL	
245	2	M	KANNADA	DSL	
246	2.6	M	HINDI	DSL	
247	3.6	M	KANNADA	DSL	
248	2.4	M	KANNADA	DSL	
249	4	M	KANNADA	DSL	
250	6	M	KANNADA	DSL	
251	4.9	M	KANNADA	DSL	
252	3	M	KANNADA	DSL	
253	6	M	KANNADA	DSL	
254	2.4	M	KANNADA	DSL	
255	2	F	KANNADA	DSL	
256	3	M	KANNADA	DSL	
257	2	M	KANNADA	DSL	
258	3	M	KANNADA	DSL	
259	2.6	M	KANNADA	DSL	
260	2	M	HINDI	DSL	
261	4	M	KANNADA	DSL	
262	2.11	M	KANNADA	DSL	
263	3.6	M	KANNADA	DSL	
264	2	M	KANNADA	DSL	
265	2.9	M	KANNADA	DSL	

266	3	M	HINDI	DSL	
267	5	F	KANNADA	DSL	
268	7	M	TAMIL	DSL	
269	2	F	KANNADA	DSL	
270	5	M	KANNADA	DSL	
271	5	M	KANNADA	DSL	
272	4.6	M	KANNADA	DSL	
273	7	M	KANNADA	DSL	
274	3	M	KANNADA	DSL	
275	12	M	KANNADA	DSL	
276	2	F	HINDI	DSL	
277	4	M	HINDI	DSL	
278	2.2	M	TAMIL	DSL	
279	3	F	KANNADA	DSL	
280	3	F	KANNADA	DSL	
281	3	F	KANNADA	DSL	
282	4	F	KANNADA	DSL	
283	2.4	F	RAJASTHANI	DSL	
284	5	M	KANNADA	DSL	
285	2.2	M	KANNADA	DSL	
286	3.6	M	KANNADA	DSL	
287	5	F	KANNADA	DSL	
288	2	F	HINDI	DSL	
289	3	F	HINDI	DSL	
290	4	F	TELUGU	DSL	
291	3	F	KANNADA	DSL	
292	2.2	M	KANNADA	DSL	
293	3	M	KANNADA	DSL	
294	2	F	KANNADA	DSL	
295	3	M	KANNADA	DSL	
296	11	M	HINDI	DSL	
297	3	M	KANNADA	DSL	
298	2	F	KANNADA	DSL	
299	2.6	F	KANNADA	DSL	
300	2.6	F	KANNADA	DSL	
301	2	F	LAMBANI	DSL	
302	3	M	KANNADA	DSL	
303	2.7	F	KANNADA	DSL	
304	3	M	KANNADA	DSL	
305	2.9	M	KANNADA	DSL	
306	7	M	KANNADA	DSL	
307	2	F	KANNADA	DSL	
308	2.8	M	KANNADA	DSL	
309	2.2	M	KANNADA	DSL	
310	2	M	KANNADA	DSL	
311	8	M	KANNADA	DSL	
312	5	M	KANNADA	DSL	
313	4	M	KANNADA	DSL	
314	7.6	M	KANNADA	DSL	
315	3	F	KANNADA	DSL	
316	3.6	M	KANNADA	DSL	
317				DSL	
318	2.2	F	KANNADA	DSL	

319	4	M	KANNADA	DSL	
320	11	M	KANNADA	DSL	
321	3.5	F	KANNADA	DSL	
322	7	F	KANNADA	DSL	
323	2.6	M	TELUGU	DSL	
324	2.4	M	HINDI	DSL	
325	4	F	KANNADA	DSL	
326	3	M	KANNADA	DSL	
327	2.2	M	TAMIL	DSL	
328	7.6	M	KANNADA	DSL	
329	4	M	KANNADA	DSL	
330	2.6	F	KANNADA	DSL	
331	5	M	KANNADA	DSL	
332	2	M	KANNADA	DSL	
333	8	F	KANNADA	DSL	
334	3.7	M	KANNADA	DSL	
335	3.6	F	KANNADA	DSL	
336	2	M	TAMIL	DSL	
337	2.6	F	KANNADA	DSL	
338	3.6	F	KANNADA	DSL	
339	2.3	M	KANNADA	DSL	
340	3	M	KANNADA	DSL	
341	5	M	KANNADA	DSL	
342	2.6	M	MALAYALAM	DSL	
343	5	F	KANNADA	DSL	
344	3	F	KANNADA	DSL	
345	4	M	KANNADA	DSL	
346	3	M	MARATHI	DSL	
347	2	M	KANNADA	DSL	
348	3	F	KANNADA	DSL	
349	2	M	MARVADI	DSL	
350	2	M	KANNADA	DSL	
351	6	F	KANNADA	DSL	
352	4.6	M	KANNADA	DSL	
353	3	M	URDU	DSL	
354	2.2	M	KANNADA	DSL	
355	2	M	KANNADA	DSL	
356	2.9	F	KANNADA	DSL	
357	2.6	M	KANNADA	DSL	
358	2	M	MALAYALAM	DSL	
359	3.6	M	SINDHI	DSL	
360	2.6	M	MALAYALAM	DSL	
361	2.6	F	KANNADA	DSL	
362	3	F	KANNADA	DSL	
363	9	M	KANNADA	DSL	
364	3	F	KANNADA	DSL	
365	3	M	KANNADA	DSL	
366	3	M	HINDI		DSL WITH BP

1	5	F	URDU	MILD STUTTERING	
2	5	M	KANNADA		
3	11	M	KANNADA	MODERATE STUTTERING	
4	10	F	KANNADA	MODERATE STUTTERING	
5	9	M	KANNADA	MILD STUTTERING	
6	3.4	M	HINDI	MILD STTTTERING	
7	12	M	KANNADA	MILD STITTERING	
8	9	M	KANNADA	MILD STITTERING	
9	11	M	KANNADA	SEVERE STUTTERING	
10	6	F	KANNADA	MODERATE STUTTERING	
11	9	M	KANNADA	STUTTERING	
12	8	M	KANNADA	STUTTERING	
13	9	M	KANNADA	MODERATE STUTTERING	
14	7	M	MALAYALAM	MILD STUTTERING	
15	9	M	TAMIL	STUTTERING	
16	7	M	KANNADA	MILD STUTTERING	
17	3.4	M	KANNADA	MILD STUTTERING	
18	12	M	KANNADA	MILD STUTTERING	
19	12	M	HINDI	MODERATE STUTTERING	
20	8	F	KANNADA	MILD STUTTERING	
21	5	M	MITHILI	STUTTERING	
22	6	F	KANNADA	MELD STUTTERING	
23	9	M	MALAYALAM	MELD STUTTERING	
24	11	F	KANNADA	STUTTERING	
25	7	M	KANNADA	STUTTERING	
26	10	F	KANNADA	STUTTERING	
27	5	M	KANNADA	MODERATESTUTTERING	
28	12	M	KANNADA	MELD STUTTERING	
29	5	M	KANNADA	MELD STUTTERING	
30	4	M	KANNADA	MELD STUTTERING	
31	7	M	KANNADA	SEVERE STUTTERING	
32	12	M	KANNADA	SEVERE STUTTERING	
33	3.6	F	KANNADA	MELD STUTTERING	
34	4.8	M	HINDI	MELD STUTTERING	
35	10	M	KANNADA	STUTTERING	
36	4.6	F	HINDI	MILD STUTTERING	
37	12	F	KANNADA	STUTTERING	
38	6	F	KANNADA	SEVERE STUTTERING	
39	5.6	M	KANNADA	MODERATE STUTTERING	
40	12	M	KANNADA	MODERATE STUTTERING	
41	4	M	KANNADA	MILD STUTTERING	
42	11.5	F	KANNADA	MILD STUTTERING	
43	10	F	KANNADA	MODERATE STUTTERING	
44	12	M	KANNADA	SEVERE STUTTERING	
45	6	M	HINDI	SEVERE STUTTERING	
46	10	M	KANNADA	SEVERE STUTTERING	
47	10	F	KANNADA	STUTTERING	
48	12	M	TELUGU	MODERATE STUTTERING	
49	9	M	KANNADA	STUTTERING	
50	10	F	KANNADA	MODERATE STUTTERING	
51	12	M	KANNADA	MELD STUTTERING	
52	12	M	KANNADA	SEVERE STUTTERING	
53	5.3	M	KANNADA	MODERATE STUTTERING	

54	5	M	KANNADA	MILD STUTTERING	
55	10	M	KANNADA	STUTTERING	
56	9	M	KANNADA	MODERATE STUTTERING	
57	12	M	KANNADA	MODERATE STUTTERING	
58	5	M	HINDI	STUTTERING	
59	5	F	KANNADA	STUTTERING	
60	5.2	F	KANNADA	STUTTERING	
61	6	M	KANNADA	MILD STUTTERING	
62	4.6	M	KANNADA	STUTTERING	
63	9	M	KANNADA	STUTTERING	
64	7	M	KANNADA	MODERATE STUTTERING	
65	6	M	KANNADA	MILD STUTTERING	
66	5	M	KANNADA	MODERATE STUTTERING	
67	5	M	KANNADA	MILD STUTTERING	
68	3	M	KANNADA	MILD STUTTERING	
69	11	F	KANNADA	MILD STUTTERING	
70	7	M	KANNADA	MILD STUTTERING	
71	9	M	KANNADA	MODERATE STUTTERING	
72	3	F	KANNADA	STUTTERING	
73	2.9	M	KANNADA	MILD STUTTERING	
74	3.6	M	KANNADA	MILD STUTTERING	
75	12	F	KANNADA	SEVERE STUTTERING	
76	7	M	GUJARATHI	STUTTERING	
77	3	M	KANNADA	STUTTERING	
78	11	M	HINDI	MODERATE STUTTERING	
79	12	M	BHOJPURI	MODERATE STUTTERING	
80	4	F	KANNADA	MILD STUTTERING	
81	12	M	KANNADA	MODERATE STUTTERING	
82	12	M	KANNADA	MODERATE STUTTERING	
83	12	M	KANNADA	MODERATE STUTTERING	
84	12	F	KANNADA	SEVERE STUTTERING	
85	11	M	HINDI	MODERATE STUTTERING	
86	4	M	KANNADA	STUTTERING	
87	10	M	MALAYALAM	MILD STUTTERING	
88	5	M	KANNADA	MILD STUTTERING	
89	5	F	KANNADA	MODERATE STUTTERING	
90	4	F	KANNADA	MILD STUTTERING	
91	12	M	KANNADA	MODERATE STUTTERING	
92	8	M	KANNADA	STUTTERING	
93	12	M	KANNADA	MODERATE STUTTERING	
94	7.6	M	KANNADA	STUTTERING	
95	4.6	M	KANNADA	STUTTERING	
96	3	F	KANNADA	STUTTERING	
97	6	M	TULU	MILD STUTTERING	
98	7	M	HINDI	MILD STUTTERING	
99	9	M	KANNADA	MILD STUTTERING	
100	11	M	KANNADA	MODERATE STUTTERING	
101	3	F	HINDI	MILD STUTTERING	
102	6	M	KANNADA	MODERATE STUTTERING	
103	12	M	KANNADA	SEVERE STUTTERING	
104	8	M	KANNADA	MILD STUTTERING	
105	7	M	KANNADA	MILD STUTTERING	
106	10	F	KANNADA	MILD STUTTERING	

107	12	M	KANNADA	MODERATE STUTTERING	
108	9	M	KANNADA	MILD STUTTERING	
109	10	F	KANNADA	MILD STUTTERING	
110	9	M	KANNADA	SEVERE STUTTERING	
111	4.6	F	KANNADA	MODERATE STUTTERING	
112	4	M	KANNADA	MILD STUTTERING	
113	11	M	KANNADA	MODERATE STUTTERING	
114	4	M	KANNADA	STUTTERING	
115	6	F	KANNADA	STUTTERING	
116	10	F	KANNADA	MODERATE STUTTERING	
117	8	F	KANNADA	SEVERE STUTTERING	
118	5	M	KANNADA	MODERATE STUTTERING	
119	3	M	KANNADA	MILD STUTTERING	
120	7	M	KANNADA	STUTTERING	
121	11	F	KANNADA	MODERATE STUTTERING	
122	5	M	URDU	MODERATE STUTTERING	
123	11	M	TAMIL	MILD STUTTERING	
124	8	M	KANNADA	STUTTERING	
125	10	M	KANNADA	MODERATE STUTTERING	
126	4	M	KANNADA	MILD STUTTERING	
127	12	M	URDU	MODERATE STUTTERING	
128	3	M	HINDI	STUTTERING	
129	5	M	KANNADA	MILD STUTTERING	
130	5	M	KANNADA	MODERATE STUTTERING	
131	9	M	HINDI	MODERATE STUTTERING	
132	6	F	HINDI	MILD STUTTERING	
133	7	M	KANNADA	MILD STUTTERING	
134	6.6	F	TELUGU	MILD STUTTERING	
135	12	M	KANNADA	SEVERE STUTTERING	
136	8	M	KANNADA	SEVERE STUTTERING	
137	12	M	KANNADA	STUTTERING	
138	4	M	KANNADA	MILD STUTTERING	
139	8	M	TIBATIAN	STUTTERING	
140	9	F	KANNADA	MILD STUTTERING	
141	2.8	M	KANNADA	MILD STUTTERING	
142	6	M	KANNADA	MILD STUTTERING	
143	7	M	KANNADA		STUTTERING WITH LD
144	3.10	M	KANNADA	MILD STUTTERING	
145	10	M	KANNADA	MODERATE STUTTERING	
146	4	F	TELUGU	MILD STUTTERING	
147	3	F	KANNADA	MODERATE STUTTERING	
148	5.6	M	KANNADA	MILD STUTTERING	
149	9	M	KANNADA	MODERATE STUTTERING	
150	9	M	KANNADA	SEVERE STUTTERING	
151	8	M	HINDI	MILD STUTTERING	
152	8	M	KANNADA	MODERATE STUTTERING	
153	9.7	M	KANNADA	MODERATE STUTTERING	
154	2.1	M	KANNADA	MILD STUTTERING	
155	4	M	KANNADA	MILD STUTTERING	
156	5	F	HINDI	MODERATE STUTTERING	
157	11	M	KANNADA	MODERATE STUTTERING	
158	6	M	KANNADA	MODERATE STUTTERING	
159	3.8	M	KANNADA	STUTTERING	

160	9	F	HINDI	MODERATE STUTTERING	
161	8	M	HINDI	MILD STUTTERING	
162	6	M	KANNADA	MILD STUTTERING	
163	10	M	KANNADA	SEVERE STUTTERING	
164	4.6	F	KANNADA	MILD STUTTERING	
165	5	M	TAMIL	MILD STUTTERING	
166	2.6	F	KANNADA	MILD STUTTERING	
167	10	M	KANNADA	MODERATE STUTTERING	
168	7	F	URDU	MODERATE STUTTERING	
169	11	M	KANNADA	STUTTERING	
170	8	M	HINDI	MODERATE STUTTERING	
171	5	M	HINDI	MILD STUTTERING	
172	8	M	KANNADA	MILD STUTTERING	
173	12	M	KANNADA	MILD STUTTERING	
174	6	M	KANNADA	MODERATE STUTTERING	
175	12	M	KANNADA	MODERATE STUTTERING	
176	5	F	KANNADA	MILD STUTTERING	
177	9	M	KANNADA	MILD STUTTERING	
178	10	M	KANNADA	STUTTERING	
179	10	M	KANNADA	MODERATE STUTTERING	
180	4.8	M	KANNADA	STUTTERING	
181	5	F	KANNADA	MILD STUTTERING	
182	7	M	COORGI	STUTTERING	
183	5	M	KONKANI	MILD STUTTERING	
184	10	M	MALAYALAM	MODERATE STUTTERING	
185	10	M	KANNADA	MILD STUTTERING	
186	4.6	M	KANNADA	MILD STUTTERING	
187	10	M	TAMIL	MILD STUTTERING	
188	12	F	KANNADA	MODERATE STUTTERING	
189	7	M	URDU	MODERATE STUTTERING	
190	8	M	KANNADA	MILD STUTTERING	
191	4	M	KANNADA	—————	MILD STUTTERING WITH HOARSE VOICE

					VOICE DISORDER
1	4	M	KANNADA	HN WITH REPAIRED CP* & LIP	
2	10	M	HINDI		WEAK VOICE
3	10	M	KANNADA		HOARSE VOICE
4	8	F	KANNADA		NASALISED HOARSE VOICE
5	3.9	M	COORGI		DENASAL VOICE
6	5	M	KANNADA	INADEQUATE SPEECH & LANGUAGE WITH CL*	
	9	M	KANNADA		MILD HOARSE VOICE
7	12	M	KANNADA		SEVERE HOARSE VOICE
8	11	F	KANNADA		HOARSE VOICE
9	9	F	KANNADA		LOW PITCHED WITH MILD HORSENESS
10	8	M	MALAYALAM		HOARSE VOICE WITH LOW PITCH
11	8	F	KANNADA	—————	STRAINED HOARSE VOICE
12	11	M	KANNADA	.....	MODERATE HOARSE VOICE
13	3.6	F	KANNADA		HOARSE VOICE
14	2	F	KANNADA	DSL WITH CP*	
15	7	F	KANNADA		LOW PITCHED VOICE
16	6	M	KANNADA	DSL WITH HN	
17	6.6	F	KANNADA	CLEFT LIP	
18	6	M	KANNADA		LOW PITCHED HARSH VOICE
19	12	M	KANNADA	—————	SEVERE HIGH PITCH VOICE
20	4.6	M	MALAYALAM		HOARSE VOICE
21	6	M	HARIYANA	CLEFT LIP AND PALATE	
22	12	M	KANNADA	CP*	
23	12	M	KANNADA		STUTTERING WITH HOARSE VOICE
24	10	M	KANNADA		LOW PITCH HOARSE VOICE
25	2.2	M	KANNADA	DSL WITH REPAIRED CP*	
26	11	M	HINDI		NASALIZED VOICE
27	2	F	KANNADA		DSL WITH HN WITH REPAIRED CP*
28	2	F	KANNADA	DSL WITH REPAIRED CP*	
29	4	K	KANNADA		DSL WITH CP* WITH HN
30	2.9	M	HINDI		NASALITY WITH REPAIRED CP*
31	9	M	MARATHI		MILD HOARSE VOICE
32	3	M	MALAYALAM	DSL WITH REPAIRED CP* WITH LIP	
33	7	F	KANNADA		MILD - MOD HOARSE VOICE
34	4	F	URDU	DSL WITH CP*	
35	5	M	KANNADA	DSL WITH CP*	

36	6	M	KANNADA		HOARSE VOICE
37	11	F	HINDI		MOD HOARSE VOICE
38	6	M	HINDI		DENASALITY
39	10.6	F	KANNADA		LOW PITCHED VOICE
40	5.6	M	KANNADA		HOARSE VOICE
41	2.6	F	KANNADA	CLEFT PALATE	
42	12	M	KANNADA		LOW PITCHED SEVERE HOARSE VOICE
43	10.F	F	KANNADA		HOARSE VOICE
44	4.6	M	KANNADA	DSL WITH REPAIRED CP*	
45	5	F	KANNADA		HOARSE VOICE
46	8	M	KANNADA		HIGH PITCHED SOFT VOICE
47	6	M	KANNADA		HOARSE VOICE
48	10	F	HINDI		HOARSE VOICE
49	10	F	KANNADA	INADEQUATE SPEECH & LANGUAGE WITH CP* & LIP	
50	3	F	KANNADA	DSL WITH REPAIRED CLEFT LIP & PALATE	
51	4	F	HINDI	DSL WITH CP*	
52	2	F	KANNADA	REPAIRED CLEFT LIP & PALATE & NASALITY	•
53	10	F	KANNADA		DSL WITH REPAIRED CL* WITH HN
54	10	M	KANNADA	-----	HN WITH HOARSE VOICE
55	2.9	M	KANNADA	DSL WITH REPAIRED CP*	
56	2	F	KANNADA	DSL WITH HOARSE VOICE	
57	8	F	KANNADA		HOARSE VOICE
58	12	M	KANNADA		HIGH PITCHED WITH WEAK VOICE
59	4.4	M	KANNADA		HOARSE VOICE
60	5	M	KANNADA	DSL WITH CP*	
61	4	M	ORIYA	DSL WITH REPAIRED CP*	
62	12	M	KANNADA	PUBERPHONIA	
63	9	F	KANNADA		MODERATE HOARSE VOICE
64	10	F	KANNADA	DSL WITH REPAIRED CP* & LIP	
65	5	M	KANNADA	DSL WITH REPAIRED CP* & LIP	
66	5	F	KANNADA	CP*	
67	7.6	F	KANNADA	-----	LOW PITCHED HOARSE VOICE
68	5	M	KANNADA	-----	LOW PITCHED MILD HOARSE VOICE
69	10	M	KANNADA	.....	LOW PITCHED HOARSE VOICE
70	4.6	M	KANNADA		MILD HOARSE VOICE
71	5	M	KANNADA		DSL WITH HN WITH CP*
72	10	F	KANNADA	.....	MILD HN WITH REPAIRED CP
73	6	M	KANNADA		HOARSE VOICE
74	3	M	KANNADA	DSL WITH MILD NASALITY	

75	12	M	KANNADA		HN WITH REPAIRED CP
76	2	M	KANNADA		DSL WITH HN WITH CP*
77	7	M	KANNADA		MILD HOARSE VOICE
78	5.6	M	KANNADA		HOARSE VOICE
79	2.10	M	KANNADA		DSL WITH CP*
80	3	M	KANNADA		HN
81	6.6	F	KANNADA		HOARSE VOICE
82	4.6	M	KANNADA		HOARSE VOICE
83	9	M	MALAYALAM		HOARSE VOICE
84	8	M	MALAYALAM		SEVEREHOARSE VOICE
85	2.3	F	KANNADA	DSL WITH REPAIRED CP & PALATE	
86	7	F	MALAYALAM		SEVEREHOARSE VOICE
87	12	F	KANNADA		HN VOICE

1	3	F	KANNADA	DSL WITH CP	
2	7	M	TELGUGU	DSL WITH CP	
3	7	M	KANNADA	DSL WITH CP	
4	9	F	TAMIL	DSL WITH CP	
5	2	M	KANNADA	DSL WITH CP	
6	5	M	KANNADA	DSL WITH CP	
7	3.2	F	HINDI	DSL WITH CP	
8	4.6	M	KANNADA	DSL WITH CP	
9	4	M	KANNADA	DSL WITH CP	
10	8	F	KANNADA	DSL WITH CP	
11	3	F	MALAYALAM	DSL WITH CP	
12	5	F	KANNADA	DSL WITH CP	
13	3.3	M	KANNADA	DSL WITH CP	
14	3.6	F	KANNADA	DSL WITH CP	
15	5	M	KANNADA	DSL WITH CP	
16	7	F	KANNADA7	DSL WITH CP	
17	7	M	KANNADA	DSL WITH CP	
18	7	F	KANNADA	DSL WITH CP	
19	4	M	KANNADA	DSL WITH CP	
20	3.6	M	KANNADA	DSL WITH CP	
21	2.6	M	MALAYALAM	DSL WITH CP	
22	3.7	M	KANNADA	DSL WITH CP	
23	8	M	KANNADA	DSL WITH CP	
24	3	M	KANNADA	DSL WITH CP	
25	2.6	M	KANNADA	DSL WITH CP	
26	2	F	KANNADA	DSL WITH CP	
27	5	F	KANNADA	DSL WITH CP	
28	3.6	M	KANNADA	DSL WITH CP	
29	5	M	KANNADA	DSL WITH CP	
30	3	M	KANNADA	DSL WITH CP	
31	3	F	HINDI	DSL WITH CP	
32	2.6	M	KANNADA	DSL WITH CP	
33	5	M	KANNADA	DSL WITH CP	
34	2	M	KANNADA	DSL WITH CP	
35	4	F	TAMIL	DSL WITH CP	
36	2	F	KANNADA	DSL WITH CP	
37	6	M	TULU	DSL WITH CP	
38	5	M	KANNADA	DSL WITH CP	
39	4	F	NEPALI	DSL WITH CP	
40	2	M	KANNADA	DSL WITH CP	
41	8	M	URDU	DSL WITH CP	
42	3	F	KANNADA	DSL WITH CP	
43	4	M	KANNADA	DSL WITH CP	
44	3	F	KANNADA	DSL WITH CP	
45	2	M	HINDI	DSL WITH CP	
46	2.8	M	KANNADA	DSL WITH CP	
47	5	F	URDU	DSL WITH CP	
48	5	F	KANNADA	DSL WITH CP	
49	4.9	M	KANNADA	DSL WITH CP	
50	2.6	M	KANNADA	DSL WITH CP	

1	5.6	M	KANNADA	DSL WITH AUTIATIC FEATURES	
2	5	M	KANNADA	DSL WITH AUTIATIC FEATURES	
3	3	F		DSL WITH AUTIATIC FEATURES	
4	5	M	TAMIL	DSL WITH AUTIATIC FEATURES	
5	6	M	BENGALI	DSL WITH AUTIATIC FEATURES	
6	7	M	KANNADA	DSL WITH AUTIATIC FEATURES	
7	9	M	KANNADA	DSL WITH AUTIATIC FEATURES	
8	10	F	KANNADA	DSL WITH AUTIATIC FEATURES	
9	11	M	TELUGU	DSL WITH AUTIATIC FEATURES	
10	7	F	KANNADA	DSL WITH AUTIATIC FEATURES	
11	3	M	HINDI	DSL WITH AUTIATIC FEATURES	
12	9	M	URDU	DSL WITH AUTIATIC FEATURES	
13	3	M	KANNADA	DSL WITH AUTIATIC FEATURES	
14	2	M	KANNADA	DSL WITH AUTIATIC FEATURES	
15	5	M	HINDI	DSL WITH AUTIATIC FEATURES	
16	3	F	HINDI	DSL WITH AUTIATIC FEATURES	
17	2	M	KANNADA	DSL WITH AUTIATIC FEATURES	
18	6	F	KANNADA	DSL WITH AUTIATIC FEATURES	
19	3	M	KANNADA	DSL WITH AUTIATIC FEATURES	
20	2	F	KANNADA	DSL WITH AUTIATIC FEATURES	

1	7	M	KANNADA	DYSLEXIA	
2	6	M	KANNADA	DYSLEXIA	
3	12	M	KANNADA	DYSLEXIA	
4	10	F	HINDI	DYSLEXIA	
5	7	M	KANNADA	DYSLEXIA	
6	6		KANNADA	DYSLEXIA	
7	10		KANNADA	DYSLEXIA	
8	11		MALAYALAM	DYSLEXIA	
9	12		KANNADA	DYSLEXIA	
10	8		KANNADA	DYSLEXIA	
11	10		MALAYALAM	DYSLEXIA	
12	9		TAMIL	DYSLEXIA	
13	11		KANNADA	DYSLEXIA	
14	11		KANNADA	DYSLEXIA	
13	12		TELUGU	DYSLEXIA	
16	10		KONKANI	DYSLEXIA	
17	10		KANNADA	DYSLEXIA	
18	9		KANNADA	DYSLEXIA	
19	8		TAMIL	DYSLEXIA	
20	6		KANNADA	DYSLEXIA	
21	7		KANNADA	DYSLEXIA	
22	9		KANNADA	DYSLEXIA	
23	10		KANNADA	DYSLEXIA	
24	11		URDU	DYSLEXIA	
25	12		HINDI	DYSLEXIA	
26	12		KANNADA	DYSLEXIA	
27	11		KANNADA	DYSLEXIA	
28	7		KANNADA	DYSLEXIA	
29	8		URDU	DYSLEXIA	
30	10		KANNADA	DYSLEXIA	

NOTE :

HN -> HYPER NASALITY

CP* -> CLEFT PALATE

CP -> CEREBRAL PALSY

NNF -> NORMAL NON FLUENCY

MA -> MIS ARTICULATION

RESULTS AND DISCUSSION

The main aim of the study was to :

1. Investigate and explore the prevalence of speech and language disabilities in children with respect to their age and sex.
2. Evaluate the percentage variety of speech and language disabilities through survey of around 5000 case files at A.I.I.S.H.

Out of 5000 children 3270 had speech and language disabilities while 1730 cases were scrutinized to have only E.N.T. problems. Out of 3270 children identified as having speech and language disabilities based on provisional diagnosis the following eleven categories were found, then data were further analysed in the tabular form (Table - 1) in order to classify each speech and language disabilities in children as following with respect to total numbers and percentage.

TABLE - 1

Sl.No.	Type of Disorder	Total Number	Percentage
1.	DSL WITH HL	1223	37.40%
2.	DSL WITH MR	460	14.06%
3.	DSL WITH CP	50	1.53%
4.	DSL WITH CP* & LIP	24	0.73%
5.	DSL WITH AUTISM	20	0.61%
6.	DSL	365	11.16%
7.	FLUENCY DISORDERS	225	6.88%
8.	VOICE DISORDERS	64	1.95%
9.	DYSLEXIA	30	0.92%
10.	ARTICULATION DISORDERS	117	3.58%
11.	OTHERS	457	13.97%

It could be seen that the highest number was seen to be the group with DSL with HL. In decreasing order the following groups could be listed as follows in the IInd Table.

TABLE - 2

Decreasing order of each type of Speech & Language Disorders in Children

Sl.No.	Type of Disorder	Total Number	Percentage
1.	DSL WITH HL	1223	37.40%
2.	DSL WITH MR	460	14.06%
3.	OTHERS	457	13.97%
4.	DSL	365	11.16%
5.	FLUENCY DISORDERS	225	6.88%
6.	ARTICULATION DISORDERS	117	3.58%
7.	VOICE DISORDERS	64	1.95%
8.	DSL WITH CP	50	1.53%
9.	DYSLEXIA	30	0.92%
10.	DSL WITH CP* & LIP	24	0.73%
11.	DSL WITH AUTISM	20	0.61%

Third table was formulated for distributing the percentage of the each type of speech and language disabilities with respect to their age and sex and mother tongue.

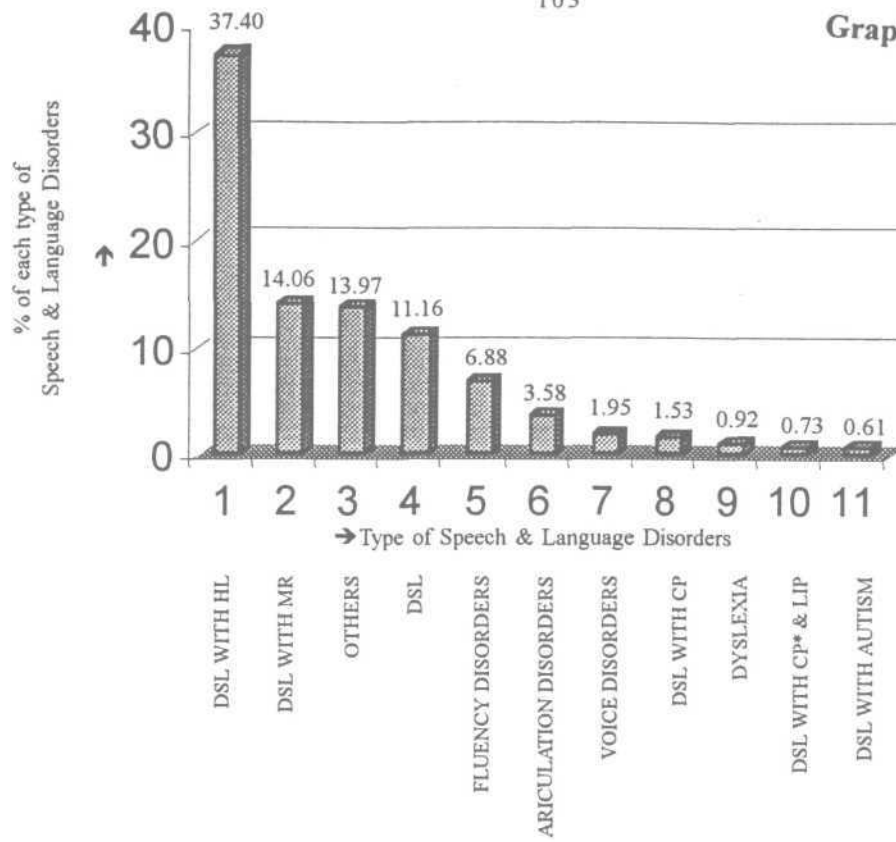
The graphical representation of each analysed percentage of each type of speech and language disorders are shown below with respect to their age, sex and mother tongue. (Graph - 1, 2, 3, 4)

TABLE - 3

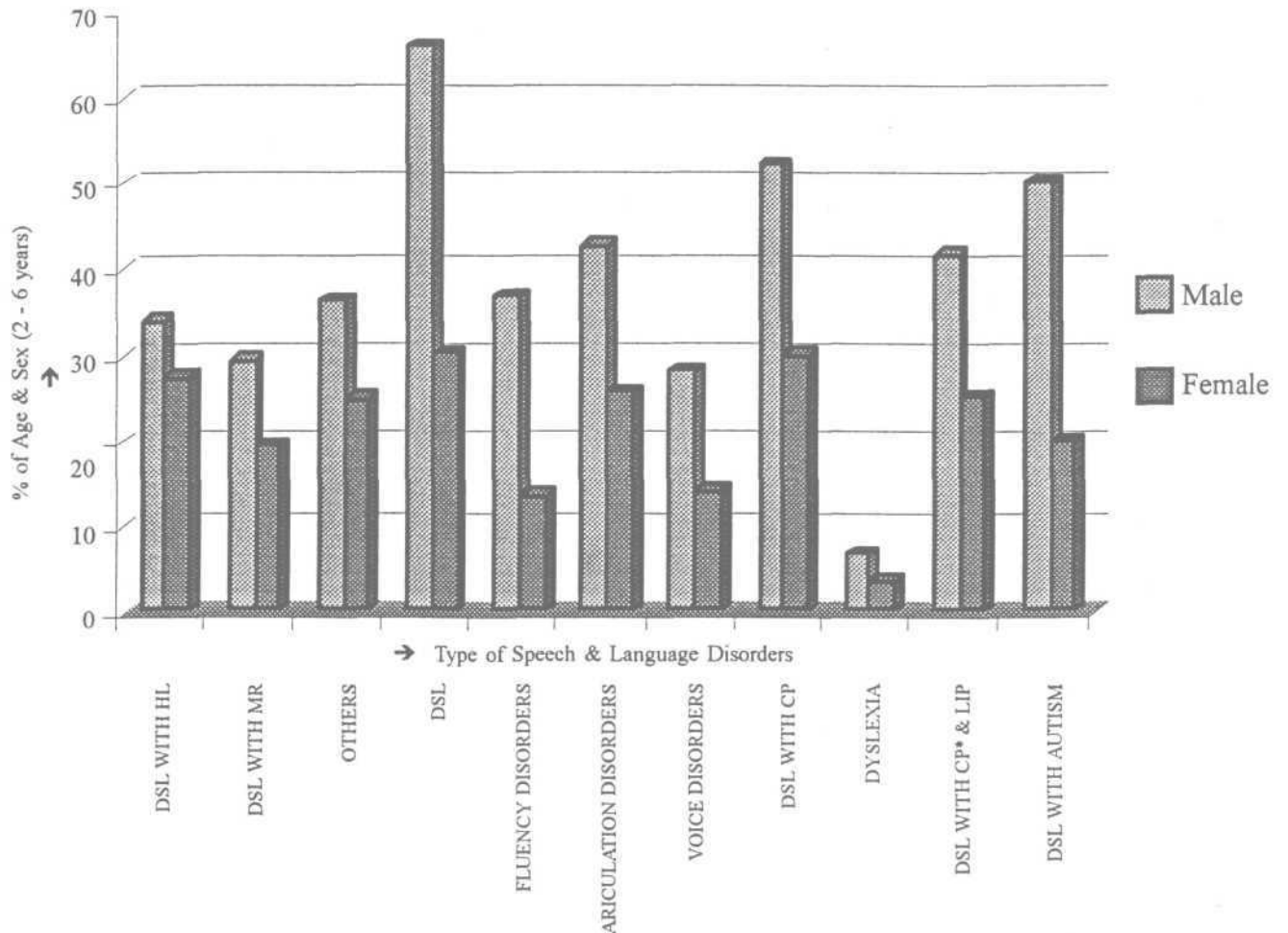
Distributing the percentage of each type of Speech and Language Disabilities in Children with respect to age, sex and mother tongue

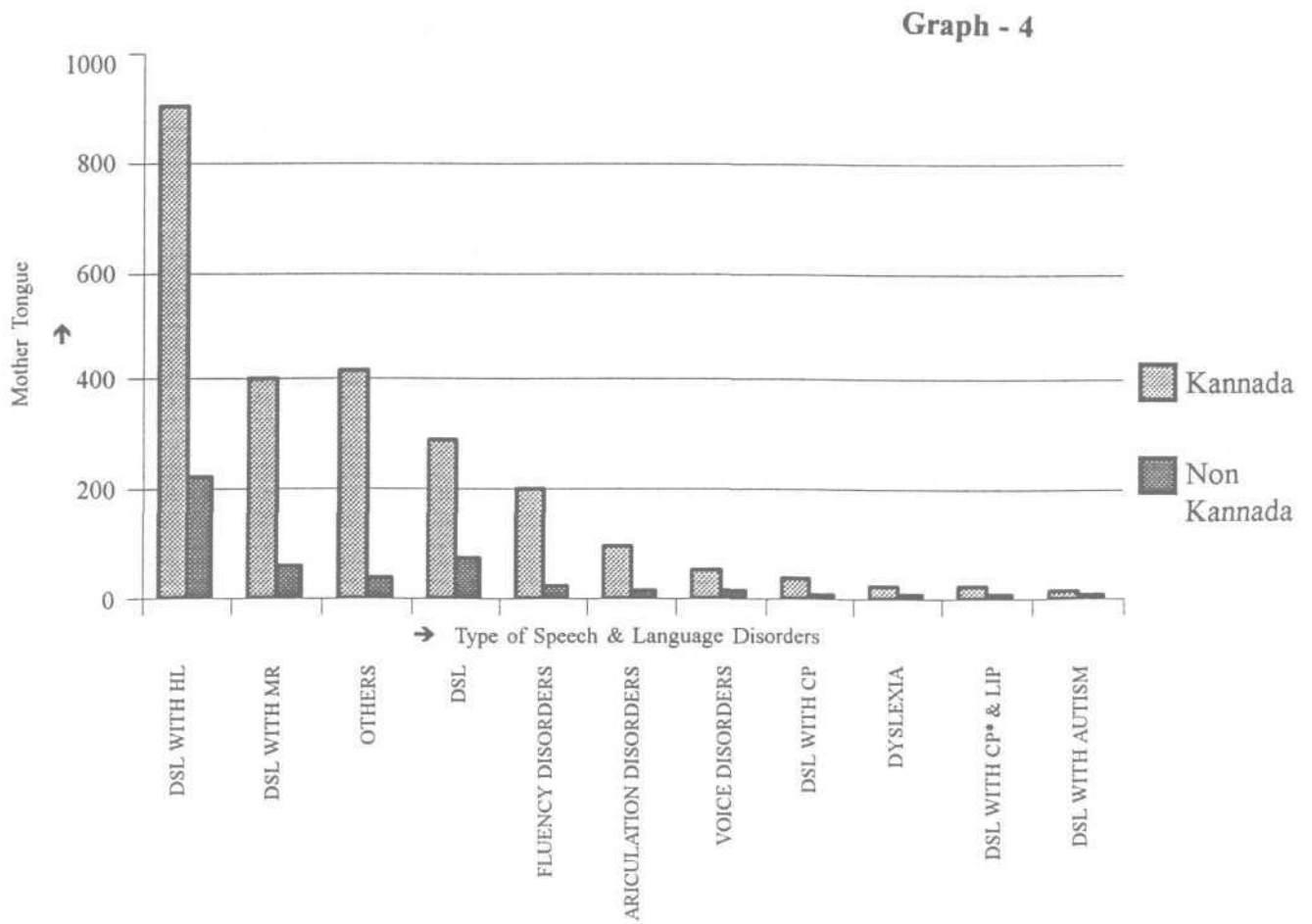
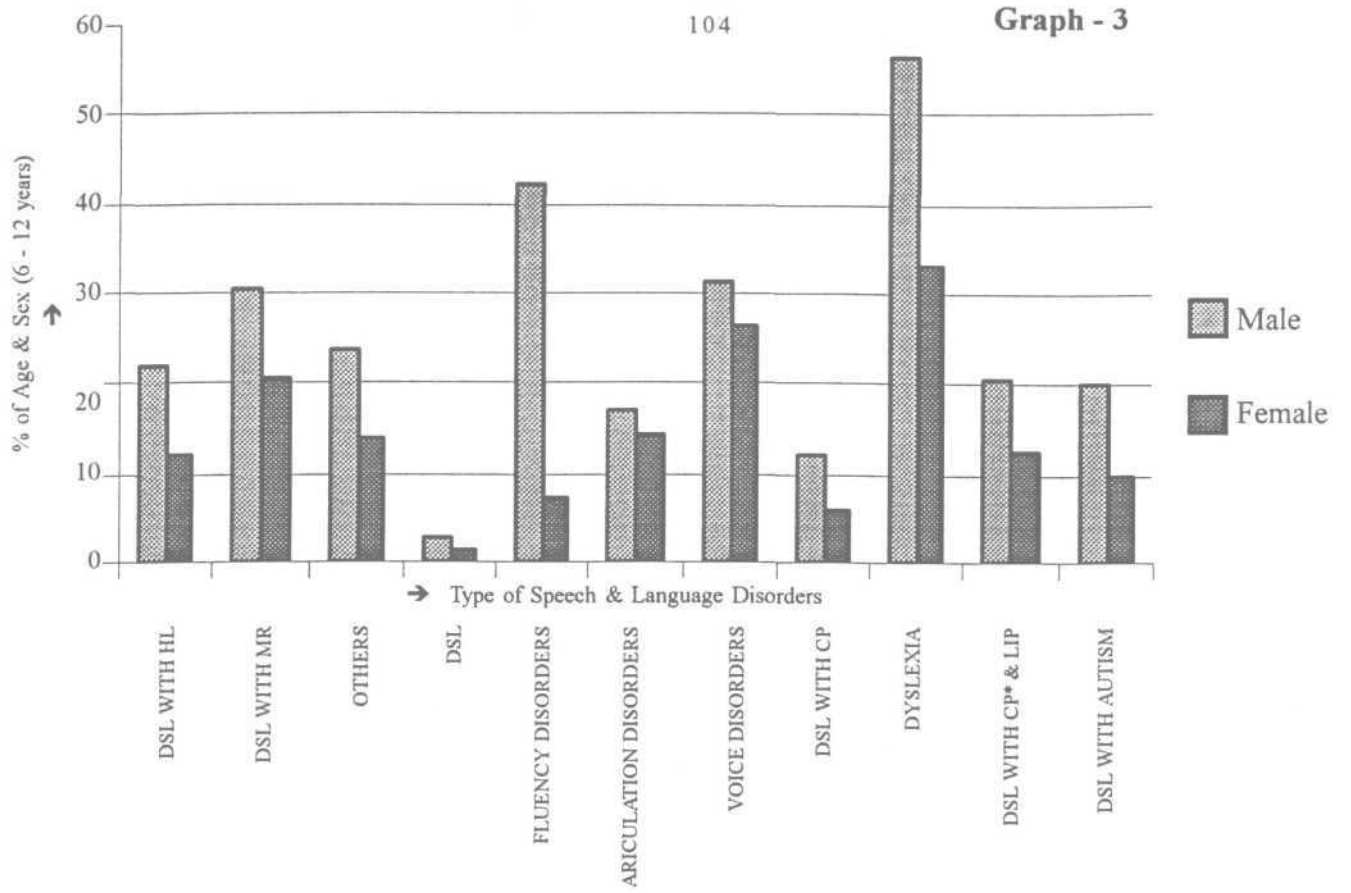
Type of Disorders	Total No.	Age & Sex				Percentage				Mother Tongue	
		2 - 6 Years		6 - 12 Years		2 - 6 Years		6-12Years		Kannada	Non Kannada
		M	F	M	F	M	F	M	F		
DSL WITH HL	1223	415	335	267	146	33.93	27.39	21.83	11.93	900	223
DSL WITH MR	460	135	90	140	95	29.3	19.56	30.43	20.65	400	60
OTHERS	457	170	114	109	64	36.17	24.9	23.8	14.0	420	37
DSL	365	240	110	10	5	65.75	30.13	2.7	1.3	290	75
FLUENCY DISORDERS	225	83	31	95	16	36.8	13.5	42.2	7.1	200	25
ARTICULATION DISORDERS	117	50	30	20	17	42.7	25.6	17.0	14.5	99	18
VOICE DISORDERS	64	18	9	20	17	28.12	14.0	31.2	26.5	50	14
DSL WITH CP	50	26	15	6	3	52.10	30	12	6.0	39	11
DYSLEXIA	30	2	1	17	10	6.6	3.3	56.6	33.3	25	5
DSL WITH CP* & LIP	24	10	6	5	3	41.6	25	20.8	12.5	20	4
DSL WITH AUTISM	20	10	4	4	2	50	20	20	10	15	5

Graph - 1



Graph - 2





It could be seen that of all the analysed percentage of each type of disorder in children males were more dominant than females in comparison with the two age groups.

- Also in Mother tongue, Kannada language is more dominant than Non Kannada language in all the analysed categories of each type of speech and language disabilities in children.

SUMMARY AND CONCLUSION

5000 case files at A.I.I.S.H. Medical record section were selected. Then prevalence of speech and language disorders in children were analysed and percentage of each type of disabilities in children were identified. The findings were reproduced in both Tabular and Graphical Form.

In the present study following types of speech and language disabilities were found among children, they are listed in the decreasing order of prevalence as follows :

- DSL with HL
- DSL with MR
- Others
- DSL
- Fluency Disorders
- Articulation Disorders
- Voice Disorders
- DSL with CP
- Dyslexia
- DSL with CP* & Lip
- DSL with Autism

IMPLICATIONS :

The present study showed that most of cases who reported to A.I.I.S.H. had reported for first clinical intervention after the critical age. So it is very important to make them aware through counselling about the Consanguinity, History, languages also about the applications of our field.

LIMITATIONS:

1. Sampling was limited i.e. limited number 5000 case files only were selected.
2. In the present study we considered only the type of speech and language disabilities in children with respect to their age and sex.
3. Factors like Etiology, History, Socio-Economic status, consanguinity etc were not considered. Only limited number of variables or factors were considered in the study.

FURTHER SUGGESTIONS FOR RESEARCH

1. Future studies can focus on some of the above mentioned factors. Co-variation studies could be conducted with some of the variables.
2. Similar study can be done for adults too, in order to see the prevalence rate, in adults as against children.
3. Such studies can be conducted as; surveys in particular area / school / collages / state etc.
4. Such studies can be conducted for other disabilities too.

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