

## **INTRODUCTION & AIM OF THE WORK**

Language and Learning Disorders (LLDs) are among the most common developmental and psychiatric disorders that a clinician is likely to encounter. Many children who are referred for evaluation because of behavioral difficulties at school or conflicts around completing homework have unrecognized language or learning difficulties

*(Kauffman, 1997).*

Indeed, some studies have shown that as many as one third of children referred to mental health centers have undiagnosed speech and language problems. Children with early language disorder, even if they develop normal language competence later in life, are at risk for Learning disorders. *(Majsterek & Ellenwood, 1995 ; Wallach & Butler, 1994)*

Disorders of language and Learning are similar in a variety of ways, including the essential and associated features, risk factors, prevalence in epidemiological samples, and possible etiological factors. Similarities also are found in the assessment techniques that are needed, outcomes, and natural history. The central clinical feature of a language or learning disorders is the lack of normal development of a particular developmental skill, either cognitive or linguistic. The nature of the skill differs with each disorder, Developmental expressive language disorder, for example, is an impairment in the acquisition of language production ability (e.g. Aphasia). Developmental reading disorder, on the other hand, is a significant impairment in reading acquisition that is not due to a physical, neurological, or environmental cause (Alexia), some (LLDs) are easily observable on clinical assessment while others are diagnosable only through “ standardized testing”. *(Obrzut & Bolieck, 1991)*

Each of (LLDs) may be found with a wide range of severity of functional impairment as well as a wide range of outcomes. The diagnosis of an LLD requires a discrepancy, based on age and intelligence, between potential and achievement. The clinician collaborates with parents and school personnel to clarify the diagnosis, implement appropriate treatment and remediation, and monitor progress. The clinician is instrumental in identifying and treating comorbid conditions, including determining the appropriateness of medication.

Long-term prognosis depends on the type and severity of the LLD, the availability of remediation, and the presence of a supportive family and school environment. Outcome is affected by the nature and severity of (LLDs), comorbidity and presence of other risk factors

*(Beitchman et al., 1996; Forness & Kavale, 1996)*

Early recognition and remediation may affect outcome in all Language and Learning Disorders (LLDs).

*(Mac Donald & Cornwall, 1995; Felton, 1993)*

*So, this review introduces an updated overview to help this aim.*