International Journal of Special Education and Information Technology

Volume 11, Issue 1, (2025) 21-37

www.jeset.eu

Examining the relationship between language ability and social skills in children with mild intellectual disabilities

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Suggested Citation:

Al Dhamit, Y.A. (2025). Examining the relationship between language ability and social skills in children with mild intellectual disabilities. *International Journal of Special Education and Information Technology, 11*(1), 21-37. https://doi.org/10.18844/jeset.v11i1.9878

Received from April 11, 2025; revised from July 28, 2025; accepted from October 24, 2025.

Selection and peer review under the responsibility of Prof. Dr. Adile Askim Kurt, Editor-in-Chief, Anadolu University, Turkey

iThenticate Similarity Rate: 4%

Abstract

This study investigated the relationship between language skills and social skills among children with mild intellectual disabilities and examined the extent to which language skills predict social functioning. Although existing research acknowledges the importance of language competence for social interaction, there is limited empirical clarity regarding the strength of this association and its predictive capacity within this population. Addressing this gap, the study aimed to determine the level of language and social skills and explore the predictive contribution of language development to social skill performance. The sample consisted of forty-eight children with mild intellectual disabilities. Data were collected using researcher-developed measures of language skills and social skills, following procedures that ensure validity and reliability. The findings indicated that children demonstrated moderate language development and social functioning, and that a direct and meaningful relationship exists between the two variables. Furthermore, the results revealed that language skills serve as a substantial predictor of social skills. The study concludes that strengthening language competence can contribute to improvements in social interaction, highlighting the need for integrated intervention approaches that prioritize communication development to enhance social participation.

***Keywords*:** Intellectual disabilities; language skills; prediction; social interaction; social skills.

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1. INTRODUCTION

Language and social skills represent central topics of concern among ancient and modern linguists, speech therapists, physicians, psychologists, educationalists, and sociologists. Scholarly contributions consistently emphasize the significance of language and speech in communication, social compatibility, and mental, social, psychological, and educational development. Language is recognized as a defining characteristic and a distinct manifestation of the human species, serving as a fundamental means for liberation, expression of feelings, ideas, and needs, and the exchange of information. Language is regarded as a mechanism for communication and adjustment between the individual and the surrounding environment, and any partial or total deprivation results in negative consequences for individual development and societal integration (Davidson, 2014).

Functional language skills represent essential competencies required for student development. Accordingly, the provision of vocabulary must prioritize items relevant to daily life contexts. Instruction in expressive skills, whether oral or written, assumes a functional orientation strongly associated with realistic communicative situations. Instructional practice includes exposure to language events similar to those encountered beyond educational settings. In oral expression, instructional activities typically encompass discussion, narration, reporting events, and formal speaking, in addition to expressions related to congratulations, public circumstances, and commentary. Written expression instruction encompasses personal and official correspondence, telegram composition, advertisement construction, and invitation card writing (De Oliveira and Smith, 2019).

In view of the substantial difficulties confronting students with intellectual incapacities, particularly in linguistic acquisition and vulnerability to social isolation, highlighting the connection between linguistic skills and social communication is vital. This is especially relevant within centers serving individuals with intellectual disabilities, where increased knowledge assists in constructing environments that foster language development and social integration (Huseyin and Gönül, 2020). Clarification of the relationship between linguistic competence and social communication enables educators and caregivers to design targeted interventions intended to enhance social participation and overall well-being among individuals with intellectual disabilities (Hofmann and Müller, 2021).

Intellectual disability represents a complex global condition affecting cognitive abilities, daily functioning, and social interaction. Historical academic discourse reflects an evolving conceptualization of intellectual disability, yielding more sophisticated recognition and support frameworks (Schalock et al., 2021). The condition is characterized by reduced mental ability, quantified as performance at 70 and below on the Stanford Binet and Wechsler scales, accompanied by significant deficiencies in adaptive behavior. These deficiencies encompass language and communication skills, self-care, social functioning, self-guidance, community utilization, health and safety, academic functioning, and leisure and occupational skills (Silverman et al., 2010; Ozcan and Uzunboylu, 2020; Zare et al., 2025).

Research by Shree and Shukla (2016) demonstrates reduced reasoning capacity among children with intellectual disabilities, exemplified by limited efficiency in acquiring, retaining, and applying new information. Intellectual disability exerts substantial influence not only on affected individuals but also on families and society. Findings by Patel et al. (2020) and Sönmez and Alptekin (2025) reveal lower-than-average overall performance associated with deficits in adaptive behavior during developmental periods,

significantly affecting educational performance. The concept of educable individuals with intellectual incapacities incorporates medical, psychometric, social, and educational dimensions.

Most educational systems employ the American Psychological Association classification of mild intellectual disability with intelligence quotients between 50 and 70, moderate between 35 and 50, severe between 20 and 35, and profound below 20 (Hallahan et al., 2013). More than 95 percent of students with intellectual incapacity fall within the mild category (Smith et al., 2018). Physical and social characteristics of individuals in this category appear largely comparable to typical developmental indicators of corresponding age groups, although distinct difficulties exist in visual motor coordination, daily life skills, language competencies, responsibility skills, and socialization. Educational profiles indicate relative capacity for development of basic academic skills such as reading and mathematics among individuals with mild to moderate intellectual disabilities. The severity of speech and language impairments frequently corresponds to the origin and degree of the intellectual disability, with moderate levels generally associated with fewer language challenges and more effective communication. These findings underscore the necessity for specialized education and focused support to optimize developmental potential (Moore Brown and Montgomery, 2018).

Regarding linguistic characteristics and associated challenges, Fabiano Smith (2019) contends that linguistic features constitute a distinct representation of intellectual disability. Therefore, language performance among children with intellectual disabilities is substantially below that of their typically developing peers. Variations in language performance are evident in the degree and pace of language development, including deficiencies in language output, expressive performance, articulation, vocabulary simplicity, functional vocabulary, and functional language skills. Feldman (2019) asserts that linguistic characteristics among individuals with intellectual disability include delayed and deficient speech, slow overall language development, limited outcomes compared to typically developing children, delayed communication patterns, and difficulties in wording. As confirmed in prior research, students with intellectual disabilities frequently utilize nonverbal communication modalities such as symbolic gestures and sign-based systems, along with assistive tools including picture exchange, coded systems, and advanced communication devices (Bernadt, 1995).

Marrus and Hall (2017) stated that the language features of persons with intelligent incapacities, rendering to the language levels mentioned by the American Association of Hearing, Speech, and Language Sciences (ASHA), are as follows:

- Phonology and Morphology Level: Where individuals with intellectual disabilities have more difficulty in producing speech than others, according to the degree of disability severity. They further have problems interpreting phonological symbols and delays in word formation that affect their aptitude to succeed in school and in social interactions.

- Syntactic Level: Where individuals with intellectual disabilities have problems with delayed grammatical skills and the formation of sentences, requiring their teachers to simplify their language and written texts.

- Semantic Level: There is little research at this level compared to other language levels. In this respect, children with intellectual disabilities have the advantage of being abstract in understanding words and interpreting metaphors because of their difficulty in developing and using semantics.

- The Pragmatic Level: Studies indicate difficulties in understanding messages, delayed responses, and conversations among children with intellectual disabilities compared to others. Individuals with intellectual disabilities similarly show delayed performance in this aspect, such as role-play, choosing adequate themes for chat, meaningful after to express and once to keep hushed, and background services (Haring & McCormick, 1986). The pragmatic aspect of articulation among children with Down syndrome is not affected, especially with mild disability (Gréaux et al., 2023).

Sullivan et al. (1994) stated that between three and five years of age, typically developing children master fundamental language components, including vocabulary, grammar, and syntax. In contrast, children with intellectual disabilities exhibit delayed language development characterized by limited vocabulary acquisition. At this developmental stage, acquisition often involves only a small set of essential words, including names of family members and basic objects. Such delayed development necessitates targeted interventions and structured support intended to enhance communication abilities and reduce developmental gaps relative to typically developing peers, thereby supporting social interaction and comprehensive development. Delays include sound production, babbling, acquisition of letter pronunciation, production of initial words, oral expression of thoughts and emotions, and development of linguistic structures. The language structure of individuals with intellectual disabilities is not inherently abnormal but represents a simplified and primitive form of typical language. Although development is delayed, progression occurs along a normative trajectory. The primary distinction lies in developmental pace, with linguistic milestones achieved significantly later than age level expectations. Vocabulary, grammatical forms, and syntactic patterns tend to be less complex, yet remain aligned with conventional linguistic rules. These observations reinforce the importance of individualized language intervention programs that build upon existing linguistic foundations to strengthen communicative competencies and support holistic development.

Similarly, the World Health Organization (2004) emphasized that language acquisition among children and adolescents with intellectual disabilities is significantly delayed, noting that many individuals with intellectual disabilities rarely attain levels comparable to those who develop language proficiency within typical developmental ranges. Taylor (2014) indicated that educational priorities for individuals with intellectual disabilities should emphasize information acquisition and employment-related skills, where independent functioning in domestic and community environments requires communicative competence, social functioning, occupational readiness, recreation, and management of leisure time.

Findings from multiple studies confirm reduced language abilities among children with intellectual disabilities (Ishizuka and Yamamoto, 2016). These studies reported numerous linguistic difficulties that impede communication with others and restrict the ability to express thoughts and emotions. Consequently, the central objective of language acquisition involves interaction with individuals in the surrounding social environment. Interactive theories of language development assert that social interaction functions as the driving mechanism for linguistic growth. Engagement in social exchanges provides opportunities to observe communicative models, practice communicative skills, and refine linguistic performance, enabling acquisition of essential communication abilities through dynamic environmental participation (Rhees and Phillips, 2008; Lieven and Tomasello, 2008).

Wu et al. (2020) emphasized existing disagreements among researchers regarding the conceptualization of social skills, noting behavioral, cognitive, and integrative theoretical perspectives. Social and adaptive skills are defined as observable and measurable performances that promote individuality, social acceptance,

and overall quality of life (Barrouillet, 2015). Ruggiero et al. (2018) argued that conceptual disagreement is influenced by variations in social expectations and the nature of responses required to address social demands. Social skills encompass socially appropriate habits and behaviors acquired through training in everyday situations that support relationship formation. These skills represent internal psychological preparedness preceding responses to social circumstances. Inadequate development of effective social relationships constitutes a natural outcome of mental deficiency, resulting in difficulty maintaining interaction with typically developing peers.

Matson and Wilkins (2007) defined social skills as a collection of spoken and nonverbal abilities used to initiate and manage relationships. Lecavalier and Butter (2009) reported pervasive deficits in broad ranges of social and adaptive behaviors among individuals with intellectual disabilities. A comprehensive assessment of intellectual disability must include evaluation of communicative skills and fine motor social abilities, including adaptability and response to situational change, which demonstrate the capacity to navigate complex social conditions and manage uncertainty. Disinterest in activities, fear of change, and rigid routines negatively affect daily functioning and integration, offering valuable indicators of severity and guiding intervention planning (De Bildt et al., 2005). The most common methods for assessing social functioning involve direct observation, behavioral evaluations across controlled conditions, and social behavior assessment during role-play situations (Matson and Wilkins, 2009). Socially appropriate behaviors include demonstrating affection toward familiar individuals, sharing voluntarily, and adhering to socially established rules, while socially inappropriate behaviors may manifest as avoidance of eye contact, refusal to follow instructions, disruption of others, and repetitive intrusive actions. Identification of these contrasting behaviors supports strategic intervention to develop social competence and strengthen positive relationships with peers, families, and communities (Matson et al., 2003).

The development of social skills plays a critical role in forming relationships, resolving conflicts, and promoting independence. Babik and Gardner (2021) demonstrated reduced social skill levels among children with intellectual disabilities, particularly males. Kulnazarova et al. (2023) utilized modeling and psychodrama to improve social performance among children with intellectual disabilities, reporting significant gains. Pérez Jorge et al. (2021) found a positive influence of structured promotional programming on social skill development, while Jacob et al. (2022) reported significant declines in communication and social interaction abilities among children with intellectual disabilities.

Cillessen and Marks (2017) examined longitudinal interactions through the investigation of the association between social communication and language abilities among students with mild intellectual disabilities in specialized educational settings. Contrary to earlier studies, this work incorporated an integrated assessment of both language and social performance. Results revealed moderate correlations, underscoring the value of combined support strategies. Identification of specific strengths and limitations enables educators to design interventions aimed at improving communication, language acquisition, and academic outcomes in special education environments.

Considering the substantial challenges associated with delayed language acquisition and the risk of social isolation among students with intellectual disabilities, further emphasis on the interrelationship between language proficiency and social communication is essential, particularly within centers serving individuals with mild intellectual disabilities, representing approximately 95 percent of this population. Language communication constitutes a foundational factor in establishing social contexts that promote independent and cognitive skill development and foster societal integration. A comprehensive understanding of

psycholinguistic and social characteristics is required, since language abilities critically influence social skill acquisition. Language features represent distinct indicators of intellectual disability, with affected individuals experiencing difficulty in comprehension and expression and demonstrating tendencies to express negative emotions associated with impaired communication effectiveness, frequently substituting signs for verbal output. Challenges commonly include limited vocabulary, weak grammatical structure, and speech disorders such as impairments in articulation, sound production, and fluency. Deficiencies in language and social skills contribute to feelings of inferiority, social withdrawal, isolation, and embarrassment, ultimately increasing avoidance of verbal interaction and disengagement from the surrounding environment. Many special education programs insufficiently address comprehensive instruction in language and social competencies, thereby restricting the development of essential life skills and limiting opportunities for independent functioning.

1.1. Theoretical and procedural definitions

Language skills are defined theoretically as linguistic performance, vocal or non-vocal, characterized by speed, accuracy, efficiency, and adherence to sound and written grammatical structures. Procedurally, language skills are defined by the scores obtained within the context of this study. Language skills and social skills are operationally defined as follows. Language Skills refer to performance measured through the Language Skills Scale developed for the purposes of this research, designed to assess verbal communication abilities among children with intellectual disabilities. Social Skills refer to verbal and nonverbal abilities required to interact and communicate effectively with others and are evaluated using the Social Skills Scale employed in this study. The study population consists of children with mild intellectual disabilities between six and eighteen years of age who are enrolled in special education centers in Maan Governorate, with the aim of generating insights that contribute to the enhancement of communication and interpersonal functioning.

1.2. Purpose of study

This study aims to investigate the interplay between language and social skills in this population, addressing a critical gap in current educational practices and informing more effective support strategies.

Accordingly, the study problem is determined by answering the following questions:

1. What is the degree of language skills for children with mild intellectual disabilities?
2. What is the degree of social skills for children with mild intellectual disabilities?
3. Is there a statistically significant correlation at the level of ($\alpha \leq 0.05$) between the degree of language and social skills among individuals with mild intellectual disabilities?
4. What is the predictive ability of language skills on social skills for children with mild intellectual disabilities?

2. METHODS AND MATERIALS

The descriptive-correlational research approach was used, whose role is limited to identifying and measuring the relationship between two or more variables and determining the extent and direction of this relationship based on data collected from the study sample. Through this research approach, the relationship between language and social skills among children with mild intellectual disabilities could be

described. The study variables included the independent variable: language skills of children with mild intellectual disabilities. Dependent variable: Social skills of children with mild intellectual disabilities.

2.1. Participants

The research population consisted of all children with mild intellectual disabilities in special education centers in Ma'an Governorate, which included 74 children. After excluding the pilot sample that consisted of (26) children, the research sample was selected, including (48) children with mild intellectual disabilities whose age range was between 6-18 years old, of whom (29) were males and (19) females, distributed among four centers dealing with people with intellectual disabilities in Ma'an Governorate. Table 1 Shows the distribution of the study sample according to the demographic variables:

Table 1

The distribution of the study sample according to the demographic variables

Variable & Levels		Number	Percentage
Age	6 – less than 12 years old	25	52.1
	12-18 years old	23	47.9
Gender	Male	29	60.4
	Female	19	39.6
Duration of enrollment in special education programs	Less than 5 years old	28	58.3
	Above 5 years old	20	41.7
Total Sample		48	100

2.2. Data collection instrument

For the sake of achieving the objectives of the study, an instrument for measuring the language skills of individuals with intellectual disabilities and another instrument for measuring the social skills of individuals with mild intellectual disabilities were developed. After reviewing the previous studies and research and some measuring instruments related to the theme of the present study, such as the Portage Side Image scale (O'Brien et al., 2022), and other instruments (Kuder, 2003). The language skills measuring scale consisted of (22) items, whereas the social skills measuring scale consisted of (17) items. Each item in both instruments corresponds to a four-point rating scale where 4 is the highest and 1 is the lowest. The four ratings are as follows: (applies to a large degree (4), applies to an average degree (3), applies to a small degree (2), and does not apply (1). The mean has been used as a criterion for judging the level of language and social skills according to the following equation: The highest weight - the lowest weight divided by the number of categories, (4-1 = 3, 3/3 = 1). Accordingly, the total grade (1- 2) indicates a low skill level, the grade between (2.01- 3) indicates a moderate skill level, and the grade (3.01- 4) indicates a high skill level.

Instruments validity was verified as follows:

First: Apparent validity (the arbitrators): The validity of the two scales was verified by presenting them to eight expert professors in the fields of special education and psychology at Al-Hussein Bin Talal University and the University of Jordan. They were asked to express their opinion on the accuracy and validity of the content of both scales, the clarity of the items, the wording, and the extent to which the items are related to each scale. The arbitrators raised some remarks, which were considered by the researchers who adopted 80% as a criterion for the agreement between the arbitrators. Secondly: The validity of the building up of the

instruments: The validity of the building up of the instruments was verified by calculating the correlation coefficient between the item and the total score, where the scale was applied to a pilot sample of the study population and an external sample whose total size was (26) children with intellectual disabilities as illustrated by tables 2 and 3.

Table 2

Correlation coefficients between items and the total score of the language skills scale

Item	Correlation coefficient	Item	Correlation coefficient	Item	Correlation coefficient	Item	Correlation coefficient
1	.702**	7	.757**	13	.856**	19	.887**
2	.813**	8	.745**	14	.762**	20	.821**
3	.824**	9	.741**	15	.813**	21	.870**
4	.598**	10	.538**	16	.668**	22	.833**
5	.823**	11	.668**	17	.698**		
6	.820**	12	.420**	18	.834**		

** Statistically significant at the level of (0.01)

Table 3

Correlation coefficients between items and the total score of the social skills scale

Item	Correlation coefficient	Item	Correlation coefficient	Item	Correlation coefficient	Item	Correlation coefficient
1	.835**	6	.930**	11	.778**	16	.906**
2	.846**	7	.791**	12	.845**	17	.868**
3	.810**	8	.773**	13	.827**		
4	.839**	9	.847**	14	.902**		
5	.798**	10	.865**	15	.893**		

** Statistically significant at the level of (0.01)

The results of tables (2) and (3) show that the correlation coefficients of all items with the total score of the two scales are statistically significant at the significance level of ($\alpha \leq 0.01$), and this indicates that both scales are valid.

Instruments reliability of the internal consistency of the two scales was calculated using the Cronbach-Alpha equation by applying it to a pilot sample other than the study sample that consisted of 26 individuals with mild intellectual disabilities, where the internal consistency coefficient in this way for the language skills scale was 0.963, and for the social skills scale was 0.974.

2.3. Data analysis technique

To achieve the objectives of the study and answer its questions, the following were used:

1. Pearson coefficient to verify the validity of the scales.
2. Cronbach's Alpha reliability coefficient to verify the reliability of the scales.
3. Means and standard deviations to answer the first and second study questions.
4. Pearson's correlation coefficient to answer the third study question.
5. Simple linear regression analysis to answer the fourth study question

2.4. Procedures

After developing the two study instruments and verifying their validity and reliability, the researchers distributed the study instruments to the teachers of students with intellectual disabilities in four mental disability centers in Ma'an Governorate. The number of individuals with intellectual disabilities under study was 48. The application of the study lasted for about one month during the first semester of the academic year 2021/2022. All data collected were statistically analyzed to answer the research questions.

3. RESULTS

The results related to the first question: What is the degree of language skills for children with mild intellectual disabilities? To answer this question, the means, obtained from the study sample on each item of the language skills scale and the total scale, standard deviations, rank, and level were calculated as shown in Table 4 Below.

Table 4

Means and standard deviations of the study sample's estimates of the items of the language skills scale and the total scale

Item No.	Item	Mean	Standard Deviation	Rank	Level
16	The child responds to orders like "Come, go, bring."	3.292	.9444	1	High
1	The child usually says his name and surname when asked.	3.063	1.0994	2	High
14	The child recognizes actions (eat, drink, play, color).	2.896	1.0156	3	Moderate
11	The child listens to and understands a cartoon program for at least 10 minutes.	2.583	1.0485	4	Moderate
13	The child names the basic vocabulary of social attitudes and relationships with others (greetings, salutations, and good-bye).	2.542	.9884	5	Moderate
15	The child uses some words, trying to mimic words.	2.500	.9893	6	Moderate
17	The child collects two or more words to form sentences ("go," "give me," "Mohammed needs").	2.458	1.0711	7	Moderate
9	The child understands 3 of the following four non-verbal gestures: Shocking shoulders that mean, "I don't know" or "I'm not sure," stretching out the hand to stop a taxi," raising the thumb" to mean 100%, "eye blinking as a friendly greeting or a sign that he's joking.	2.333	.9302	8	Moderate

21	The child speaks with a clear and appropriate voice without inconvenience.	2.188	1.0243	9	Moderate
2	The child tells a story by looking at the events in the pictures or expressing a graphic tale.	2.146	1.0104	10	Moderate
5	The child tells his age to others (in spoken words or using his fingers).	2.062	1.0191	11	Moderate
19	The child expresses his feelings and emotions in appropriate words and sentences.	2.042	1.0097	12	Moderate
22	The child speaks confidently without fear or shame.	2.042	.9666	13	Moderate
3	The child answers the phone and conveys the right message.	1.938	.9319	14	Low
18	The child speaks at least 50 different words and understands their meaning.	1.833	1.0176	15	Low
10	The child mentions at least two words of the same rhyme.	1.792	.7978	16	Low
4	The child sings a song of at least 30 words.	1.792	.8742	17	Low
6	The child occasionally asks what a word means and uses it when speaking.	1.792	.8982	18	Low
7	The child narrates a story and mentions important events (without helping with photos).	1.708	.8982	19	Low
20	The child arranges and presents his thoughts clearly.	1.646	.7852	20	Low
8	Occasionally, the child uses logic to speak by expressing cause and effect (I can stay up tonight because it is a holiday).	1.563	.9204	21	Low
12	The child writes a short letter and sends it without help.	1.146	.3567	22	Low
	Total Scale	2.1525	.71283		Moderate

Analysis of Table 4 shows that the mean scores of individuals with intellectual disabilities on the items of the language skills scale ranged between 3.292 for item number 16, indicating a high level for the statement "Responds to commands such as Come, Go, Bring," and 1.146 for item number 12, indicating a low level for the statement "Writes a short letter and sends it without assistance." Standard deviations for the items ranged between 1.0994 for item number 1, "States name and surname when asked," and 0.3567 for item number 12, "Writes a short letter and sends it without assistance." These values indicate clear variation among study participants in responses to items of the language skills scale. The results also revealed that the mean score for the overall scale reached 2.1525, reflecting a moderate level of language skills.

Regarding the second research question concerning the degree of social skills among children with mild intellectual disabilities, mean scores obtained from the study sample on each item of the social skills scale and on the total score were calculated. Standard deviations, ranks, and performance levels were also determined, as presented in Table 5 below.

Table 5

The means and standard deviations of the study sample's estimates of the items of the social skills scale and the total scale

Item No.	Item	Mean	Standard Deviation	Rank	Level
5	The child smiles when meeting friends and familiar people.	2.771	.9507	1	Moderate
4	The child shakes hands with others in a friendly way.	2.708	1.1662	2	Moderate
9	The child distinguishes his belongings from those of others.	2.667	1.2262	3	Moderate
11	The child tries to answer questions when the teacher asks.	2.500	1.0314	4	Moderate
8	The child follows up and executes instructions related to organized play.	2.458	.8495	5	Moderate
15	The child works collaboratively with others.	2.437	1.1281	6	Moderate
12	The child listens to the one talking to the other students.	2.375	1.1228	7	Moderate
14	The child shares tools with others appropriately during activities.	2.354	1.1011	8	Moderate
6	The child helps the teacher and peers when requested.	2.333	1.2262	9	Moderate
16	The child performs the roles and functions assigned to him properly.	2.271	1.1250	10	Moderate
2	The child approaches the teacher and asks for help in an appropriate way.	2.229	.9048	11	Moderate
1	The child expresses anger in a more appropriate way than in verbal or physical violence.	2.229	.9280	12	Moderate
13	The child responds appropriately to different social situations.	2.229	1.0156	13	Moderate
17	The child takes the initiative to make friends properly.	2.188	1.0650	14	Moderate
7	The child sympathizes with his peers when they experience problems and difficulties.	1.917	1.1077	15	Low
3	When dealing with others, the child uses appropriate words,	1.813	.9600	16	Low

	such as: Excuse me, thank you, etc.				
10	The child requests permission from others to use their belongings.	1.750	.8379	17	Low
	Total scale	2.3076	.88392		Moderate

Examination of Table 5 shows that the mean score on the social skills scale for individuals with intellectual disabilities ranged from 2.771 for item 5, indicating a moderate level for the statement “Smiles when meeting friends and familiar people,” to 1.750 for item 10, indicating a low level for the statement “Requests permission from others to use their belongings.” Standard deviation values ranged from 1.2262 for item 9, “Distinguishes personal belongings from those of others,” and item 6, “Assists teacher and peers when requested,” to 0.8379 for item 10, “Requests permission from others to use their belongings.” These findings indicate variation among study participants in responses to items of the social skills scale. Research concerning social and language abilities among individuals with mild intellectual disabilities produced substantive outcomes. Findings demonstrated a moderate level of social skills, with a total mean score of 2.3076 on the social skills scale.

Examination of the relationship between language and social skills produced statistically significant results, addressing the third research question: Is there a statistically significant correlation between language and social skills among individuals with mild intellectual disabilities at α less than or equal to 0.05. Analysis revealed significant correlations underscoring the interrelated nature of these essential abilities, providing implications for targeted intervention and structured support to enhance social communication and overall well-being.

Investigation of the association between language skills and social skills among individuals with mild intellectual disabilities yielded compelling results. Based on Pearson correlation coefficient analysis, a statistically significant positive correlation was identified, with a coefficient value of 0.854 and a significance level of p equal to 0.000, indicating a strong positive relationship between language skills and social skills. To determine the predictive capacity of language skills regarding social abilities, simple linear regression analysis was conducted, producing meaningful findings presented in Table 6. This analysis addressed the fourth research question: What is the predictive ability of language on social skills for children with mild intellectual disabilities, illustrating the critical function of language in forecasting levels of social competence among this population.

Table 6

The results of simple linear regression analysis of the degree of language skills on the degree of social skills among individuals with intellectual disabilities

Independent variable	Correlation coefficient	Determination Coefficient	Constant value	Regression coefficient	t	Sig.
Degree of language skills	.854	.730	.028	1.059	11.139*	.000
Regression equation (Social skills score = .028 + 1.059 * Language skills score)						

*Statistically significant at the level of significance of (α ≤ 0.05)

Table 6 Illustrates that there is a strong positive correlation between the degree of language skills and the degree of social skills among individuals with intellectual disabilities. It further indicates that 73% of the change in the degree of social skills is due to their degree of language skills. This signifies a statistically significant impact of the degree of language skills on the degree of social skills. The regression equation can be illustrated as follows: Social Skills Degree = 028 + 1.059 * Language Skills Degree.

4. DISCUSSION

The present study aimed to highlight language skills and explore the social skills of children with mild intellectual disabilities, examining the relationship between language skills and social competence and identifying the predictive capacity of language performance on social abilities. Findings demonstrated a moderate level of both language and social skills among participants, accompanied by a statistically significant positive correlation between the two variables. Regression analysis indicated that language skills accounted for 73 percent of the variance in social skills, demonstrating a substantial influence on social competence. These outcomes provide valuable insight into the interdependence between language and social functioning and contribute to the development of targeted interventions and structured support intended to enhance social communication and overall well-being among children with mild intellectual disabilities.

Existing research indicates that students with intellectual disabilities typically display moderate levels of social and language skills due to inherent challenges that include limited adaptive behavior and reduced linguistic performance. Additional constraints involve insufficient availability of specialized staff, absence of multidisciplinary support teams, and limited access to early intervention programs, all of which impede optimal development. Studies such as those conducted by Mire and Montgomery (2009) and Case, Smith, and Holland (2009) affirmed the significance of early intervention programs in enhancing the acquisition and development of language abilities among children with intellectual disabilities. Early childhood, particularly between three and five years of age, represents a crucial developmental period for language establishment and the foundation of subsequent learning. This developmental window determines essential skill acquisition and plays an important role in shaping cognitive, social, and linguistic growth. Consistent with this evidence, results regarding social skills aligned with research reporting moderate performance among children with mild intellectual disabilities. Findings related to language skills revealed mixed comparison results, demonstrating both alignment with prior studies and divergence from others, reflecting the complexity of language development in this population and indicating a need for continued examination of influencing variables associated with language acquisition and social competency.

Regarding the association between linguistic skills and social abilities, theoretical reasoning supports the premise that interaction within social environments constitutes an essential factor in language growth by providing opportunities for observation of communicative models, repetition of learned structures, and refinement of communication abilities. Establishment of social communication is, therefore, necessary for linguistic advancement. Language proficiency contributes substantially to the enhancement of social relationships and adaptive behavior. The language structure of individuals with intellectual disabilities reflects a simplified and fundamental form of standard language rather than an abnormal system. Outcomes of the current study presented a positive association between language skills and social skills, attributable to the moderate performance of individuals with mild intellectual disabilities in both dimensions. An additional contributing factor is the emphasis placed by families on the development of language abilities, which positively influences social functioning and supports reciprocal reinforcement between language and social

skills. Higher verbal and nonverbal competence and frequent social interaction with peers within educational settings serve as important indicators of positive social skill development. Results correspond with findings demonstrating that 73 percent of the variance in social skill levels among children with mild intellectual disabilities can be explained by language skill levels, and support previous research reporting moderate proficiency in both language and social domains.

5. CONCLUSION

This study investigated the relationship between language skills and social skills among children with mild intellectual disabilities, revealing a moderate level of both skills and a statistically significant positive correlation. Language skills predicted 73% of the variance in social skills, highlighting their critical role in social competence. The findings emphasize the importance of integrated support strategies, specialized education, and early intervention programs to enhance social communication, language development, and overall well-being for children with mild intellectual disabilities. By addressing the interconnectedness of language and social skills, educators and caregivers can provide targeted support, fostering optimal development and social participation among individuals with intellectual disabilities.

Increasing attention to language and social skills in programs for scholars with intellectual disabilities at singular teaching centers in the south of Jordan. Providing intellectual disabilities centers, especially in the southern region of Jordan, with speech and language specialists and trainers to develop language skills for children with mild intellectual disabilities, thereby contributing to the development of their social skills. Increasing the social interactions of children with mild intellectual disabilities with ordinary peers in instruction to give the former more opportunities to repeat language services in communicating situations through integration programs. Teachers of children with mild intellectual disabilities should create different potentials and opportunities for establishing social communication and promoting social interactions, such as organizing social games and interactions during breaks, that aim to develop the language and social skills of these children.

Conflict of Interest: The authors declare no conflict of interest.

Ethical Approval: The study adheres to the ethical guidelines for conducting research.

Funding: This research received no external funding.

REFERENCES

Babik, I., & Gardner, E. S. (2021). Factors affecting the perception of disability: A developmental perspective. *Frontiers in psychology*, *12*, 702166. https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2021.702166/full

Barrouillet, P. (2015). Theories of cognitive development: From Piaget to today. *Developmental Review*, *38*, 1-12. https://www.sciencedirect.com/science/article/pii/S0273229715000325

Bernadt, A. (1995). Augmentative and alternative communication (AAC). *Current Paediatrics*, *5*(2), 106–109. https://doi.org/10.1016/s0957-5839(95)80204-5

Al Dhamit, Y.A. (2025). Examining the relationship between language ability and social skills in children with mild intellectual disabilities. *International Journal of Special Education and Information Technology, 11*(1), 21-37. https://doi.org/10.18844/jeset.v11i1.9878

Case-Smith, J., & Holland, T. (2009). Making decisions about service delivery in early childhood programs. *Language, Speech, and Hearing Services in Schools*, *40*(4), 416-423. https://pubs.asha.org/doi/full/10.1044/0161-1461(2009/08-0023)

Cillessen, A. H., & Marks, P. E. (2017). Methodological choices in peer nomination research. *New directions for child and adolescent development*, *2017*(157), 21-44. https://onlinelibrary.wiley.com/doi/abs/10.1002/cad.20206

Davidson, I. (2014). Cognitive evolution and origins of language and speech. In *Encyclopedia of global archaeology* (pp. 1530-1543). Springer, New York, NY.

De Bildt, A., Serra, M., Luteijn, E., Kraijer, D., Sytema, S., & Minderaa, R. (2005). Social skills in children with intellectual disabilities with and without autism. *Journal of Intellectual Disability Research*, *49*(5), 317-328. https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2788.2005.00655.x

De Oliveira, L. C., & Smith, S. L. (2019). Systemic functional linguistics in teacher education. In the *Oxford research encyclopedia of education*. https://oxfordre.com/education/education/view/10.1093/acrefore/9780190264093.001.0001/acrefore-9780190264093-e-494

Fabiano-Smith, L. (2019). Standardized tests and the diagnosis of speech sound disorders. *Perspectives of the ASHA special interest groups*, *4*(1), 58-66. https://pubs.asha.org/doi/abs/10.1044/2018_PERS-SIG1-2018-0018

Feldman, H. M. (2019). How young children learn language and speech. *Pediatrics in review*, *40*(8), 398-411. https://publications.aap.org/pediatricsinreview/article-abstract/40/8/398/35313

Gréaux, M., Moro, M. F., Kamenov, K., Russell, A. M., Barrett, D., & Cieza, A. (2023). Health equity for persons with disabilities: a global scoping review on barriers and interventions in healthcare services. *International Journal for Equity in Health*, *22*(1), 236. https://link.springer.com/article/10.1186/s12939-023-02035-w

Hallahan, D. E., Kauffman, J. M., & Pullen, P. C. (2013). *Exceptional Learners: An Introduction to Special Education: Pearson New International Edition*. Pearson Higher Ed.

Haring, N. G., & McCormick, L. (1986). *Exceptional Children and Youth: An Introduction to Special Education*. C.E. Merrill Publishing Company. https://books.google.ie/books?id=4HnuAAAAMAAJ&q=Exceptional+children+and+youth:+An+introduction+to+special+education&dq=Exceptional+children+and+youth:+An+introduction+to+special+education&hl=&cd=1&source=gbs_api

Hofmann, V., & Müller, C. M. (2021). Language skills and social contact among students with intellectual disabilities in special needs schools. *Learning, Culture and Social Interaction*, *30*, 100534. https://www.sciencedirect.com/science/article/pii/S2210656121000453

Huseyin, U., & Gönül, A. (2020). A content and citation analysis of the studies on learning environments and special education. *International Journal of Cognitive Research in Science, Engineering and Education*, *8*(2), 95-104. https://cyberleninka.ru/article/n/a-content-and-citation-analysis-of-the-studies-on-learning-environments-and-special-education

Ishizuka, Y., & Yamamoto, J. I. (2016). Contingent imitation increases verbal interaction in children with autism spectrum disorders. *Autism*, *20*(8), 1011-1020. https://journals.sagepub.com/doi/abs/10.1177/1362361315622856

Al Dhamit, Y.A. (2025). Examining the relationship between language ability and social skills in children with mild intellectual disabilities. *International Journal of Special Education and Information Technology, 11*(1), 21-37. https://doi.org/10.18844/jeset.v11i1.9878

Jacob, U. S., Edozie, I.S., & Pillay, J. (2022). Strategies for enhancing social skills of individuals with intellectual disability: A systematic review. *Frontiers in rehabilitation sciences*, *3*, 968314. https://www.frontiersin.org/articles/10.3389/fresc.2022.968314/full

Kuder, S. J. (2003). *Teaching students with language and communication disabilities*. Allyn & Bacon, 75 Arlington Street, Suite 300, Boston, MA 02116. https://eric.ed.gov/?id=ED479108

Kulnazarova, G., Namazbaeva, Z., Butabayeva, L., & Tulepova, L. (2023). Cognitive therapy for children with intellectual disabilities: A new look at social adaptation skills and interpersonal relationships. *Occupational therapy international*, *2023*(1), 6466836. https://onlinelibrary.wiley.com/doi/abs/10.1155/2023/6466836

Lecavalier, L., & Butter, E. M. (2009). Assessment of social skills and intellectual disability. In *Practitioner's guide to empirically based measures of social skills* (pp. 179-192). New York, NY: Springer New York. https://link.springer.com/chapter/10.1007/978-1-4419-0609-0_12

Lieven, E., & Tomasello, M. (2008). Children's first language acquisition from a usage-based perspective. In *Handbook of cognitive linguistics and second language acquisition* (pp. 178-206). Routledge. https://www.taylorfrancis.com/chapters/edit/10.4324/9780203938560-16/children-first-language-acquistion-usage-based-perspective-elena-lieven-michael-tomasello

Marrus, N., & Hall, L. (2017). Intellectual disability and language disorder. *Child and Adolescent Psychiatric Clinics*, *26*(3), 539-554. https://www.childpsych.theclinics.com/article/S1056-4993(17)30040-8/abstract

Matson, J. L., & Wilkins, J. (2007). A critical review of assessment targets and methods for social skills excesses and deficits for children with autism spectrum disorders. *Research in Autism Spectrum Disorders*, *1*(1), 28-37. https://www.sciencedirect.com/science/article/pii/S1750946706000043

Matson, J. L., & Wilkins, J. (2009). Psychometric testing methods for children's social skills. *Research in Developmental Disabilities*, *30*(2), 249-274. https://www.sciencedirect.com/science/article/pii/S0891422208000425

Matson, J. L., Mayville, E. A., Lott, J. D., Bielecki, J., & Logan, R. (2003). A comparison of social and adaptive functioning in persons with psychosis, autism, and severe or profound mental retardation. *Journal of Developmental and Physical Disabilities*, *15*(1), 57-65. https://link.springer.com/article/10.1023/A:1021404304361

Mire, S. P., & Montgomery, J. K. (2009). Early intervening for students with speech sound disorders: Lessons from a school district. *Communication Disorders Quarterly*, *30*(3), 155-166. https://journals.sagepub.com/doi/abs/10.1177/1525740108326593

Moore, B. J., & Montgomery, J. K. (2018). *Speech-language pathologists in public schools: Making a difference for America's children*. PRO-ED, An International Publisher. https://www.proedinc.com/Products/14233/speechlanguage-pathologists-in-public-schools-making-a-difference-for-americas-childrenthird-edition.aspx

O'Brien, P., Garcia Iriarte, E., McConkey, R., Butler, S., & O'brien, B. (2022). Inclusive research and intellectual disabilities: Moving forward on a road less well-travelled. *Social Sciences*, *11*(10), 483. https://www.mdpi.com/2076-0760/11/10/483

Ozcan, D., & Uzunboylu, H. (2020). School counsellors' perceptions of working with gifted students. *South African Journal of Education*, *40*(1), S1-S9. https://www.ajol.info/index.php/saje/article/view/196014

Al Dhamit, Y.A. (2025). Examining the relationship between language ability and social skills in children with mild intellectual disabilities. *International Journal of Special Education and Information Technology, 11*(1), 21-37. https://doi.org/10.18844/jeset.v11i1.9878

Patel, D. R., Cabral, M. D., Ho, A., & Merrick, J. (2020). A clinical primer on intellectual disability. *Translational pediatrics*, *9*(Suppl 1), S23. https://pmc.ncbi.nlm.nih.gov/articles/PMC7082244/

Pérez-Jorge, D., González-Luis, M. A., Rodríguez-Jiménez, M. D. C., & Ariño-Mateo, E. (2021). Educational programs for the promotion of health at school: a systematic review. *International journal of environmental research and public health*, *18*(20), 10818. https://www.mdpi.com/1660-4601/18/20/10818

Rhees, R., & Phillips, D. Z. (2008). Thought and language. In *Blackwell Publishing Ltd eBooks*, 27–33. https://doi.org/10.1002/9780470776247.ch5

Ruggiero, G. M., Spada, M. M., Caselli, G., & Sassaroli, S. (2018). A historical and theoretical review of cognitive behavioral therapies: From structural self-knowledge to functional processes. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, *36*(4), 378-403. https://link.springer.com/article/10.1007/s10942-018-0292-8

Schalock, R. L., Luckasson, R., & Tassé, M. J. (2021). An overview of intellectual disability: Definition, diagnosis, classification, and systems of supports. *American journal on intellectual and developmental disabilities*, *126*(6), 439-442. https://meridian.allenpress.com/ajidd/article-abstract/126/6/439/472446

Shree, A., & Shukla, P. C. (2016). Intellectual Disability: Definition, classification, causes, and characteristics. *Learning Community-An International Journal of Educational and Social Development*, *7*(1), 9-20.

Silverman, W., Miezejeski, C., Ryan, R., Zigman, W., Krinsky-McHale, S., & Urv, T. (2010). Stanford-Binet and WAIS IQ differences and their implications for adults with intellectual disability (aka mental retardation). *Intelligence*, *38*(2), 242-248. https://www.sciencedirect.com/science/article/pii/S0160289610000024

Smith, D. D., Tyler, N. C., Smith, S., & Skow, K. (2018). *Introduction to Contemporary Special Education: New Horizons*. Pearson Education. https://books.google.ie/books?id=KUdIswEACAAJ&dq=Introduction+to+contemporary+special+education:+New+Horizons&hl=&cd=1&source=gbs_api

Sönmez, N., & Alptekin, S. (2025). Enhancing addition fact fluency in children with mild intellectual disabilities: simultaneous prompting with performance feedback. *BMC psychology*, *13*(1), 926. https://link.springer.com/article/10.1186/s40359-025-03311-w

Sullivan, K., Zaitchik, D., & Tager-Flusberg, H. (1994). Preschoolers can attribute second-order beliefs. *Developmental psychology*, *30*(3), 395. https://psycnet.apa.org/record/1994-36931-001

Taylor, R. L. (2014). *Cognitive and Intellectual Disabilities: Historical Perspectives, Current Practices, and Future Directions*. Routledge.

World Health Organization. (2004). *International Statistical Classification of Diseases and related health problems: Alphabetical index* (Vol. 3). World Health Organization.

Wu, H., Liu, X., Hagan, C. C., & Mobbs, D. (2020). Mentalizing during social InterAction: A four-component model. *Cortex*, *126*, 242-252. https://www.sciencedirect.com/science/article/pii/S0010945220300277

Zare, Z., Sarpourian, F., Jalali, F. S., & Bahrami, M. A. (2025). Identifying challenges in meeting the unmet health care needs of children with intellectual disabilities: a scoping review. *BMC Health Services Research*, *25*(1), 1056. https://link.springer.com/article/10.1186/s12913-025-13236-0