



**Frequently Asked Questions (FAQs)**  
**About**  
**Speech and Language Development**

**TYPICAL SPEECH & LANGUAGE DEVELOPMENT**

**Q: Is there a difference between speech, language, and communication?**

A: Speech, language, and communication are three different things. Knowing the difference between these terms can be helpful. If a child has developmental delay, it is important to know which area the delay is in so that it can be treated.

Communication: sharing information.

For example:

- Waving and/or saying “hello”.
- Using sign language to say, “I’m Matt.”

Speech: communication through spoken words made up of sounds.

For example:

- Saying “rabbit” or “wabbit”.

Language: rules for what words mean, how to make new words, and how to put words together in phrases and sentences.

For example:

- *Star* means a bright object in the sky at night.
- *Friend* is a noun and *friendly* is an adjective.
- “I like to eat pizza” is grammatical, but “Me likes pizza” is not.

Children may not develop in all of these areas equally, and when they fall noticeably behind in any one of these areas, professional help should be sought from a certified Speech-Language Pathologist.

**Q: What are important communication, speech, and language milestones for young children?**

A: The first few years of life are an exciting time of development for children. Here are some of the milestones that are important to speech, language, and communication development:

Communication Milestones:

- Smile between 4-6 weeks of age.
- Look toward voices around 4 months
- Pay attention to caregivers (e.g., mom, dad, babysitter grandma) and reach up to be picked up near 6-7 months
- “Take turns” making sounds (usually cooing) and wave around 8-9 months
- Point at objects (e.g., toys or lights) around 11 months, and shake their head “no” around 13 months.

Speech Milestones:

- “Coo” or make vowel-like sounds (e.g., “oooo” “eeee”) between 4-6 months
- Make a single sound (e.g., “ba” or “ga”) by five months
- Repeat a single sound (e.g., “bababa”) between 7-9 months
- Babble, or mix sounds (e.g., “bagabaga) around 10-12 months

Language Milestones:

- First word used around 12 months.
- Use about 20 words near 18-20 months.
- Use 50 words and use two-word phrases (e.g., “me up,” “more please”) by 2 years

Milestones are only “rough” guides for development. Each child develops speech, language, and communication differently. “Normal” development is not set in stone. However, a concerned caretaker should contact a certified Speech-Language Pathologist.

**Q: Is it true that boys and girls develop speech/language differently?**

A: Yes, it is true that boys and girls develop language differently- we don't know why! It is possible that boys' and girls' brains work differently. It is also possible that differences in hormones effect speech and language development.

Girls usually develop speech and language faster than boys. Keep in mind that it is okay for children to develop at different speeds. There is not one specific age that all children begin to use language. If there is concern that a child is not reaching milestones, contact a certified Speech-Language Pathologist (SLP) for evaluation.

**FACILITATING SPEECH & LANGUAGE DEVELOPMENT**

**Q: Can speech/language problems be prevented?**

A: There is no magical solution to prevent a child from developing a speech or language delay or disorder. But there are things that caregivers and families *can* do to improve a child's speech and language outcomes.

Some speech and language problems are linked to a child's environment during pregnancy, infancy, and early childhood. We know from research that a child's speech and language will be better if their parents do not smoke or drink during pregnancy. We also know that neglect and abuse are harmful to speech and language development. Speech and language development are usually better when a mother receives prenatal care from doctors and other specialists. Breastfeeding up to nine months can also help. If a child cannot be breastfed, do not feel bad. There are many other ways to promote good speech and language development! One of the best things that a caregiver can do is to communicate with children *often*!

It is important to know that there is no way to guarantee that a child will NOT have speech or language problems. If something about a child's speech or language seems unusual, a certified Speech-Language Pathologist (SLP) should be contacted. SLPs evaluate speech and language development, provide therapy, and teach families/caregivers how to facilitate language development at home.

## Q: What are the best ways to encourage a child's language development?

A: There are many ways to draw attention to language at home. Making language the focus of everyday life can make a big difference in a child's development. Remember, encouraging language at home should be *natural* and not forced.

Here are some ways to help a child's speech and language development in the home and community:

- Use lots of facial expressions.
- Spend time with the child.
- Be at his/her eye level (even when it is on the floor).
- Follow the child's lead.
- Find out what the child is interested in doing, and do it *with* them.
- Talk about the things the child is playing with.
- Example: "That is such a big ball! You are rolling the ball across the floor!"
- Use language that is grammatically correct- not "baby talk."
- Example: "Mae wants the ball!" instead of "Mae want ball!"
- When the child says something that is short or not-quite-accurate, repeat what the child says with the right grammar. Then, add some extra information about the topic!
- Example: If the child says, "Car go," you could say, "You're right! The car is going up the ramp and through the tunnel."
- Ask the child questions that are just a little bit challenging.
- Example: ask questions during book-reading or during morning and night-time routines. For example, ask, "This boy looks sad. Can you remember a time that you were sad?" or "You are washing your hands with pink soap. Look at all the bubbles! Where do you think the bubbles come from?"

Visit [http://www.speechaccentsolutions.com/language\\_facilitation\\_techniques.html](http://www.speechaccentsolutions.com/language_facilitation_techniques.html) to learn more about how to encourage (facilitate) a child's language development.

Children learn language through caregivers' examples, but caregivers do not need to *purposefully* encourage language every moment of the day. No matter how much caregivers use strategies like those listed above, they should also be sure to give the child *a lot* of opportunities to talk or communicate in other ways. For example, caregivers should give children opportunities to ask and answer questions, to talk about their likes, dislikes, and ideas, and to describe the world around them.

Encouraging language is important for children who have normal *or* delayed language. If a child has a language delay or disorder, language encouragement is *especially* important. Everyone that interacts with the child- parents, siblings, friends, relatives, and day care/school staff- can all use these strategies to help a child's language develop. *However*, if a child has a language delay or disorder, encouraging language at home will not be enough to "fix" his/her language. The child will also require therapy from a certified Speech-Language Pathologist.

**Q: What is the best way to talk to small children?**

A: When children are young (under 22 months), “simple speech” helps them to learn how different words *sound*. “Simple speech” is spoken in sing-song, meaning the adult should move his/her pitch up and down while talking. Simple speech should always be grammatical, meaning it shouldn’t be “baby talk” that leaves out words. Saying “baby so pretty” is not grammatical and would not be as helpful as saying, “Look at the pretty baby.”

Once a child can *hear* the difference between words, “complex speech” can be used to help a child learn the *meaning* of words. This usually happens when the child is around two years old. In “complex speech”, the adult talks to the child in a regular voice, instead of in sing-song.

Adults also say longer sentences. An example of complex speech is, “It’s time to brush your teeth so they can be nice and clean!”

Children naturally learn to *hear* the difference between words and learn their *meaning* by listening to and watching adults when they are young. If a child has a language disorder or delay, he/she might have a hard time learning words in this way, and might require professional help. If there is concern about a child’s language development, consult with a certified Speech-Language Pathologist (SLP), who can evaluate and provide therapy for the child and his/her family.

**Q: Should you understand everything a toddler is saying?**

A: No, it isn’t normal for adults to understand everything a toddler says. Two- and three-year-old children are in the *process* of learning language. They learn best by practicing how to make sounds, how to put sounds together to make words, and how to put words together to make sentences. Since toddlers are *practicing* speech and language, we cannot expect them to be perfect at it! Toddlers are not usually understood all of the time, even by their parents!

**Q: How do you understand what a child is saying when he/she is hard to understand?**

A: There are many ways to work through tough communication with a child. Many caregivers try to understand a young child that is hard to understand by repeatedly asking, “What?” Asking and answering this question many times in a day can cause frustration for both the adult and the child. And it does not always work!

Here are other ways to understand what a child is saying:

- *Learn how the child talks*- Children usually make the same “error” when they are speaking over and over again. For example, some children (especially those under three and a half years old) consistently put a “t” sound where a “k” sound should be (e.g., saying “tate” instead of “cake”). Learn what the child’s special speaking patterns are. If patterns are hard to notice or seem like they are not normal, talk to a certified Speech-Language Pathologist, who is trained in abnormal speech and language development.

- *Read nonverbal clues*- Pay attention to what the child is NOT saying. Watch the child’s body language, facial expressions, eye gaze (what the child is looking at), and gestures. Encourage the child to use gestures (like pointing) by saying, “Can you show me?”
- *Ask questions*- Start with more general questions like “Are you talking about something in the room?” Then, ask more specific questions. Keep it simple and try offering choices if it is hard to tell what the child wants. At snack-time, for example, instead of asking, “What do you want to eat?” ask the child, “Do you want an apple or a banana?” while you show him/her the two choices.
- *Find out what everyone else knows*- If the child spends some of their day away from you (like at preschool), find out what happened during the day from adults there. This will make it easier to understand what the child is saying when he/she talks about being there.

If there is concern about how difficult it is to understand a child, contact a certified Speech-Language Pathologist (SLP). SLPs are professionals who assess, treat, and help prevent speech and language problems from birth through adulthood. A certified SLP can be contacted through local school districts, the Yellow Pages, or the American Speech-Language-Hearing Association (ASHA) website.

Click on ***Find a Professional*** at [www.asha.org](http://www.asha.org), or call 1-800-638-8255 to locate an SLP who specializes in helping young children in your area.

**Q: What is the best way to encourage language while you are reading with children? Is it okay to let the children ask questions? How many questions are too many?**

Here’s how dialogic reading works: A: It is great that your children want to ask questions while you read! There is no reason to limit the amount of questions your children ask when you are reading, unless you have to stop so much that they cannot understand the story anymore. If this happens, it is okay to tell the children that you are going to read the story once without stopping, and then you will read it again and they can ask questions.

Another option is for *you* to ask *them* questions about the story. Teachers and Speech-Language Pathologists often use a style of reading called “dialogic reading.” Dialogic reading gives children lots of opportunities to talk about what is happening in the book. Research has shown that dialogic reading helps children to build stronger vocabularies, to understand and tell stories in an organized way, and to interact more with their peers and adults.

- The adult reading the book asks the child lots of questions about the story. This makes reading more like a conversation, and gives the child opportunities to think about the story. At first, the questions might be easier, like “Who ate the banana?” or “What is on his head?”
- When the child answers the adult’s question, the adult takes what the child says and adds more information. For example, if the adult asks, “What is that?” and the child answers, “Truck,” then the adult can respond, “Yes, that is a **green** truck.”

- As the child grows, the adult can ask the child questions that are a little bit harder. Open-ended questions are the best- they can't be answered in one word. Examples of open-ended questions include: "Why does the boy feel sad?" or "What will the girl see at the zoo?"
- Adults can also make comments that help the child to think about how the book relates to his/her world. Here's an example: "This little boy is sad because he lost his shoe. One time I lost my keys and it made me sad. I wonder if you've ever been sad because you lost something...." When children respond to comments like this, they become *great thinkers!*

If a child is asking questions during book-reading that cause concerns about his/her ability to hear or understand a story (e.g., the child asks, "What did you say?" or "Huh?" or just does not respond to questions), an Audiologist or Speech-Language Pathologist should be contacted for a hearing and/or language assessment. If you have no concerns about a child's hearing or comprehension, keep reading with the child in a way that gives him/her lots of opportunities to communicate.

## **SPEECH & LANGUAGE DELAYS AND DISORDERS**

### **Q: If I am concerned about a child's speech or language development, what should I do?**

A: Trust your instincts! Most of the time, a caretaker's instincts about a child are absolutely *right!* It is not helpful to ignore those instincts. Others may say that the child will simply "outgrow" a speech or language delay. While this *could* be true, it is impossible to know which children will outgrow their delay and which will need support from speech-language therapist to help them academically or socially.

If a child needs help with his/her speech or language, it is important to get that help as early as possible. Language problems often run in families. If any of the child's relatives has a language problem, it's even more important to talk to an expert in children's speech and language development as soon as possible. Speech-Language Pathologists (SLPs) are licensed professionals who can diagnose and treat speech and language delays and disorders. SLPs evaluate speech and language using tests that are all non-medical and involve mainly observation and conversation.

To find a certified Speech-Language Pathologist near you, use the "Find a Professional" tool on the American Speech-Language-Hearing Association's website (<http://www.asha.org/findpro/>). SLPs can also be located through local universities or through Early Intervention, Head Start or First Things First programs. Give the SLP a call, and he or she will be happy to help by answering questions, providing direction, and/or scheduling an assessment!

**Q: What are the red flags that mean a child might need assistance in developing speech and language?**

A: “Red flags” for speech and language development are signs that a child might not be developing like his/her peers.

Some “red flags,” for speech or language delay include:

- The child does not respond to his/her surroundings in the usual way.
- The child does not play with peers or toys in ways that other kids his/her age do.
- The child does not use a variety of sounds or words.
- The child does not understand (or respond) when he/she is asked a question.
- The child does not follow instructions.
- The child does not use words to tell adults what he/she needs.
- Instead, lots of gestures or even tantrums are used.

If a child is showing any of these “red flags,” contact a Speech-Language Pathologist in your area. If a child is not showing any of these “red flags” but there is still concern about his/her speech, language, or social development, you should also contact a Speech-Language Pathologist (SLP) for a speech and language evaluation. An evaluation is a great opportunity for a professional SLP to learn about what a child is *currently* doing and what a child *can* do. With this information, an SLP can help to improve a child’s speech and language development.

**Q: When should a child start using words like “he” and “him/his” correctly?**

A: *He*, *him* and *his* are all examples of pronouns, words used to refer to people, places or things. Some describe who something belongs to (e.g., “That is *his* food.”). Others describe who is carrying out the action of a sentence (e.g., “*He* bought food.”) or who is on the receiving end of an action (e.g., “Sally bought food for *him*.”).

Children begin to use the different groups of pronouns in a specific order. The first pronouns used are those that describe who is carrying out the action of a sentence (e.g., I, you, he, she, we, they) and those that describe who something belongs to (e.g., my, your, his, her, our, their). Later, around four years old, children use pronouns that describe who receives the action in the sentence (e.g., me, you, him, her, us, them).

Before pronouns are well-learned, children might make mistakes using them. Even after a child learns to use pronouns correctly, it is normal for him/her to still mix them up every once in a while. If a child is over four years old, hears and speaks only Standard American English at home, and mixes up pronouns like *he*, *him* and *his* frequently (for example, once every couple of sentences), he/she should be evaluated by a certified Speech-Language Pathologist.

**Q: Do you feel that pediatricians are doing a good job helping parents identify if their child has a language delay or disorder?**

A: Pediatricians are the primary care providers for children between birth and age five. The American Academy of Pediatrics (AAP) made a set of rules that helps pediatricians identify language and/or other developmental delays in children. Pediatricians are responsible for regularly surveying and periodically screening children for developmental delays. When a speech or language delay (or disorder) is suspected, pediatricians should refer the child to a certified Speech-Language Pathologist (SLP). A Speech-Language Pathologist is a specialist in normal and disordered speech and language development.

For many different reasons, most pediatricians do not follow the rules set by the AAP for identification of language delays. Unfortunately, many children with language delays or disorders are not identified until kindergarten, and they miss the benefits of early treatment.

Caregivers can work with pediatricians to help them accurately identify a child with a language delay or disorder early on. Pediatricians should see the child for regular check-ups, compare his/her development to typical milestones, and listen to caregivers' concerns about a possible language delay or disorder. Research shows that caregivers' instincts about a child's development are usually correct. Caregivers should share any concerns that they have about a child's language development with the pediatrician for this reason.

If a caregiver feels that his/her concerns are not being addressed by the child's pediatrician, he/she should consult with a certified Speech-Language Pathologist (SLP). It is better for a child to be identified and begin therapy before kindergarten, but if the child is identified late, it is okay. No matter when a child is identified with a language delay, therapy from a Speech-Language Pathologist can help improve the child's academic performance, social abilities, and over-all quality of life.

**Q: What is involved in the evaluation of a child with a possible language delay or disorder?**

A: A speech-language evaluation is an official assessment of a child's language abilities performed by a Speech-Language Pathologist (SLP). Information gained during an evaluation helps the SLP to decide whether the child has a speech-language delay or disorder. The SLP also discovers how much extra support the child will need to develop speech and language skills.

During an evaluation, the SLP will use formal measures (e.g., labeling pictures, answering questions, etc.) to compare the child's skills to those of other kids his/her age. Informal measures also provide important information about the child's language development. These include interviews with caregivers, teachers, and others who know the child well. During the evaluation, the Speech-Language Pathologist will also watch the child as he/she plays to find out more about his/her speech, language, and social skills. Based on information gained during the evaluation, the SLP will decide child's behavioral diagnosis and make recommendations for therapy.

One common diagnosis for children with a language disorder is specific language impairment (SLI), a disorder that affects parts of the brain that control oral language. The cause of specific language impairment (SLI) is uncertain, but researchers believe that it runs in families.

**Q: How important is a child's early speech/language development to later success in elementary school, middle school, high school and college?**

A: Early speech and language development are very important to a child's academic success. Children who reach developmental language milestones earlier are more likely to do better academically later in life.

This *does not* mean that a child who shows some delay in developing language will not be successful in school. In fact, children with language delays can "catch up" to their peers if (1) they are identified before kindergarten, and (2) they receive needed treatment from a Speech-Language Pathologist starting immediately after they are identified. If there is concern that a child is not following typical speech and language development, contact a certified Speech-Language Pathologist for an evaluation.

## LEARNING MORE THAN ONE LANGUAGE

**Q: If I want a child to learn two languages, what is the best way to go about it? Is the answer the same if the child has a language delay?**

A: Babies and children learn a language by spending time with people who speak that language. These people are called “language models”. A young child’s parents, siblings, caregivers, grandparents, aunts and uncles, and cousins are his/her “language models”.

Children learning two languages need “language models” in both languages. In bilingual homes, a child is exposed to “language models” for both languages.

Sometimes, only one language is spoken in the home, but caregivers want the child to learn a second language. If this is the case, the child will need to spend lots of time with “language models” for the second language. Second language “models” might be a full-time babysitter, a school teacher, or other children who speak the second language.

To learn a second language, a child should:

- Start as young as possible!
- Spend time with “language models” that are *native speakers* of the second language.
- Spend time with “language models” in a variety of settings. It is easier for children to learn a second language when they hear it a lot and in many different settings (e.g., at the grocery store, at the park, in the car, at day-care).

Sometimes, when a child has a language delay or impairment, parents are worried that teaching their child a second language is a bad idea. This is not true! He/she will learn two languages in the same amount of time it would take to learn one. There is no reason to keep a child from learning a second language just because he or she has a language-related delay or disability.

**Q: When a child learns two languages, when should he/she know the difference between the languages? Is it okay if the child mixes the two languages when he/she speaks? What if the child has a language delay or disorder?**

A: When a child can speak two languages, such as English *and* Spanish, he/she is called “bilingual”. A bilingual child’s brain can tell that he/she is hearing two different languages as early as four months of age. However, the child will not *realize* that he/she knows two languages until much later. This usually happens when the child is four or five years old.

At first, it might be difficult for the child to separate between the two languages, and he/she might “mix” the languages when he/she is speaking. Caregivers might be concerned if they hear a child say something like, “I need a *cuchara* (spoon).” DON’T WORRY. Mixing languages is normal in bilingual children’s language... It is also common in *adult* bilingual language! Don’t think that teaching a child two languages will “mess them up” in any way. They will sort it out!

What if the child has a language delay or disorder? Should mixing languages cause concern? Unfortunately, we don't know. We *do* know that speaking two languages will not (1) *cause* a language delay or (2) *worsen* a language delay. If there are concerns about a child's speech or language development- whether the child speaks one or ten languages- a certified Speech-Language Pathologist should be contacted for a professional opinion and/or formal evaluation.

**Q: How are children able to learn two languages?**

A: Learning one language is tough. Learning two is a miracle! However, young children are *good* at learning two languages. Babies who are learning two languages start to hear the differences between the languages before they turn six months old. Even though they are doing "extra" work to learn two languages, bilingual babies will still reach their first-word milestone at around 12 months. Sometimes young bilingual children might mix up the two languages, but these are normal mistakes that children make during language development. Bilingual children will eventually master both languages if they hear the languages spoken frequently and if they use both languages often.

Is the answer the same if the child has a language delay? A child with a language delay or disorder who is trying to learn two languages at the same time will *not* develop language in the same way as normally-developing bilingual children. He/she will struggle with both languages and will learn them at a slower rate, but not because of the fact that he/she is learning two languages! Children with language delays learn at a slower rate, no matter how many languages they are learning. To help a child with language impairment to learn two languages, provide lots of opportunities for him/her to listen to and use both languages.

